

PREA Facility Audit Report: Final

Name of Facility: Greene County Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/28/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 05/28/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	lateradavis@djj.state.ga.us
Start Date of On-Site Audit:	03/08/2022
End Date of On-Site Audit:	03/09/2022

FACILITY INFORMATION	
Facility name:	Greene County Juvenile Justice Center
Facility physical address:	1111 North Robberson Avenue, Springfield, Missouri - 65802
Facility mailing address:	SAME,

Primary Contact	
Name:	Dustin Hathcock
Email Address:	Dustin.Hathcock@courts.mo.gov
Telephone Number:	417-829-6111

Superintendent/Director/Administrator	
Name:	Dustin Hathcock
Email Address:	Dustin.Hathcock@courts.mo.gov
Telephone Number:	417-829-6111

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

Facility Health Service Administrator On-Site	
Name:	Nancy Martin-Hinds
Email Address:	nancy.martinhinds@mercy.net
Telephone Number:	417-820-6446

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	6
Average daily population for the past 12 months:	2
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:	11-18
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	19
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	15
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	31st Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	1010 North Booneville Avenue, Springfield, Missouri - 65802
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Dustin Hathcock	Email Address:	Dustin.Hathcock@courts.mo.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-08
2. End date of the onsite portion of the audit:	2022-03-09

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	3
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):	During the onsite portion, there was one resident that was hospitalized.
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:	18
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:	7
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:	During the onsite portion there were two staff assigned to the hospital to supervise a resident.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	3
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
If "None," explain:	There were three residents at the facility; therefore, all were interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were three residents at the facility; therefore, all were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were three residents at the facility; therefore, all were interviewed.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were three residents at the facility; therefore, all were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were three residents at the facility therefore all were interviewed and non were identified as being targeted.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> 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).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Two staff was working a shift at the hospital for a resident who was hospitalized, and the other staff was not scheduled for work. All staff scheduled for work and in the building were interviewed. The interviewed staff represented all three shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>35</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	No text provided.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Reviewed all current residents' records and a sample of prior residents. The sample was selected by the auditor.

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	1	0	0	1
Total	1	0	0	1

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	1	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

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

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:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero reported sexual harassment investigations.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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Staff-on-inmate sexual harassment investigation files

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

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

<p>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.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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

Mission Statement

It is the mission of the Greene County Juvenile Detention Center to treat all juveniles who enter through its doors with compassion, dignity and respect, and to provide a safe and secure environment for all residents and staff.

Overview of Detention

The Family Court - Juvenile Division operates a secure 24 bed residential Detention Center to house juveniles coming within the jurisdiction of the Court for alleged law violations or by Court Order. Youth are detained in the Center because they may pose a threat to the community or be at risk for failure to appear in court. Greene County Juvenile Detention Center is a participating Juvenile Detention Alternatives Initiative (JDAI) site.

The following evidence was analyzed in making compliance determination:

Documents: (Policies, directives, forms, files, records, etc.):

Pre-Audit Questionnaire (PAQ)

Policy: Greene County Juvenile Detention Center Operations Manual

Organizational Chart

Interviews:

PREA Coordinator

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.

Policy: The Greene County Juvenile Detention Center Operations Manual, "the Greene County Juvenile Detention Center has a zero tolerance for sexual assault, abuse, and harassment and will follow all standards of the Prison Rape Elimination Act (PREA) with regard to the prevention, detection, and response to sexual abuse and harassment" (p. 3). The policy provides a process for which the facility will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Policy: The Greene County Juvenile Detention Center Operations Manual, further states that "Staff engaging in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to disciplinary action up to and including termination of employment. PREA Standards require that staff terminated for inappropriate contact with any juvenile, including sexual assault or harassment will have that recorded in their personnel file. This information will be disclosed to future employers if relevant to ensure the safety of other juveniles" (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. No corrective action is warranted.

115.311 (b). The facility employs an upper level, agency wide PREA coordinator, Dustin Hatchcock . According to the agency organizational chart, the agency PREA coordinator reports to the Chief Juvenile Officer/Family Court Administrator.

Documentation Reviewed

Agency Organization Chart

Interviews

PREA Coordinator -The interviewed PREA coordinator reported that they have adequate time to manage all PREA related duties. Due to the size of the facility there are no PREA compliance managers. If there are any issues with complying with a PREA standard, we would review policy and retrain to monitor for the effectiveness of documents as needed.

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 does not have a designated PREA compliance manager. The facility provided an organizational chart outlining the setup of the organization.

Corrective Action and 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
	<p>The following evidence was analyzed in making compliance determination</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Contracts</p> <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings (By Provision):</p> <p>115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012 or since the last PREA audit.</p> <p>115.312 (b). N/A the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012 or since the last PREA audit.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual Staffing Plans</p> <p>Monthly Schedule</p> <p>Greene County Juvenile Detention Staffing Plan Annual Review</p> <p>Unannounced Program Visits (12 months)</p> <p>Interviews:</p> <p>Superintendent (Facility Director)</p> <p>PREA Coordinator</p> <p>Intermediate or higher-level staff - 2</p> <p>Findings (By Provision):</p> <p>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 2. Additionally, the average daily number of residents in which the staffing plan was predicted is 2.</p> <p>Documentation Reviewed</p> <p>Monthly Schedule</p> <p>Camera Placement</p> <p>Staffing Plan</p> <p>Interviews</p> <p>Superintendent (Facility Director)– The interviewed director reported that the facility has a regular staffing plan. We have an annual plan that we develop. We work with the quality control staff and annually review the staffing numbers and the needs based on the Missouri and PREA standards. We are always looking for ways to enhance video monitoring. However, since we are very small we don't have a lot of different needs as a larger location. We are trying to secure a new building. The director reported that they are very small and have a small number of kids but they always ensure that the PREA ratio requirements are followed.</p> <p>It was further reported that the facility will consider all of the above areas when assessing adequate staffing levels and the need for video monitoring. The PREA standards and Missouri rules are followed. The facility does not have any judicial findings.</p> <p>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.</p> <p>115.313 (b). According to the PAQ the facility has not 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 1:8 through the waking hours and 1:8 during sleeping hours.</p> <p>Interviews</p> <p>Superintendent (Facility Director)– The interviewed director reported that during COVID there was a few issues with staff being out for medical reasons. We are just now documenting. We are a new leadership and recently became aware of the</p>

requirements to document so that it is a new practice for us.

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.

115.313 (c). According to the PAQ, the facility met staffing ratios by maintaining the staffing ratios of minimum 1:8 during resident waking hours and 1:16 during resident sleeping hours. As reported, the facility has not deviated from the staff ratios of 1:8 during waking hours and 1:16 during resident sleeping hours. The current 1:8 and 1:8 ratios exceed the staffing requirements.

Interviews

Superintendent (Facility Director)– The interviewed director reported that they follow the Missouri and PREA 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. No corrective action is warranted.

115.313 (d). According to the Facility Staffing Plan (dated July 2021), there have been no known changes to the staffing numbers within the last 12 months. As reported in the PAQ, at least once a year the facility, in collaboration with the agency's PREA coordinator; reviews the staffing plan to see whether adjustments are needed to:

- The staffing plan;
- Prevailing staffing patterns
- The deployment of monitoring technology; or
- The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Documentation Reviewed

Greene County Juvenile Detention Staffing Plan Annual Review

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that on a yearly basis we will review any needed changes to the staffing plan.

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.

115.313 (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.

Policy: The Greene County Juvenile Detention Center Operations Manual states that “the detention center superintendent, “the Detention Superintendent and the Assistant Detention Superintendent, under the direction of the Superintendent, will conduct and document unannounced rounds or visits to the detention center during all shifts (overnight, day, and evening) to identify and deter staff sexual abuse and sexual harassment and to deter any other form of employee misconduct. Staff shall not be allowed to alert other staff of these supervisory rounds when they are occurring” (p. 6).

The facility provided a sample of unannounced rounds for the last 12 months. It should be noted that the facility was temporarily shut down for several months during the later part of 2021. Therefore there is a gap of dates for the unannounced rounds.

Documentation Reviewed

Unannounced Program Visits (12 months)

Interviews

Intermediate or Higher Level Staff- Two intermediate or higher level staff who conduct unannounced rounds reported that management team will come into the facility unannounced. Sometimes we just show up and buzz in, we also have a key and can access the building unnoticed. We will determine where the kids are based on the schedule. We will check on the kids and the staff. We will also do a security check, to monitor that everything is secured, monitor cameras and check on the activity log and ensure that it is up to date. check for sanitation and check in with the kids and talk to them. The unannounced rounds are logged. The interviewed staff reported that they can access the building undetected and they will monitor the radio

dialogue. . One example, we heard the control room notify/alert staff we were in the building. We met with the staff and notified them that they could not do that-announce to staff that the management team is in the building.

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.

Corrective Action and 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.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Acknowledgement and Receipt of Training (19)</p> <ul style="list-style-type: none"> · Guidance on Cross Gender and Transgender Pat Searches <p>Interviews:</p> <p>Random sample of staff -9</p> <p>Random sample of residents - 3</p> <p>Findings (By Provision):</p> <p>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. The facility reported that staff receive the following training: Guidance in Cross Gender and Transgender Pat Searches. In the past 12 months there have been zero reported cross-gender strip or cross gender visual body cavity searches of residents.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual, provides guidance on how and when a cross gender pat search can be conducted (pp. 19-21). Additionally, the policy states that “There should be both male and female staff on duty at all times. No cross-gender pat down searches, or visual body cavity searches should ever occur unless in the most rare of exigent circumstances and only after contacting the Detention Superintendent” (p. 12).</p> <p>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.</p> <p>115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. It was also reported that there were zero pat-down searches of female residents that were conducted by male staff; and zero pat down searches of male residents conducted by female staff that did not involve exigent circumstances. The facility reported that staff receive the following training: Guidance in Cross Gender and Transgender Pat Searches.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that “there should be both male and female staff on duty at all times. No cross-gender pat down searches, or visual body cavity searches should ever occur unless in the most rare of exigent circumstances and only after contacting the Detention” (p. 12).</p> <p>Documentation Reviewed</p> <p>Guidance in Cross Gender and Transgender Pat Searches Curriculum</p> <p>Acknowledgement and Receipt of Cross Gender Searches Training -19</p> <p>Interviews</p> <p>Random Sample of Staff- All but one of 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. 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. It should be noted that the one staff not trained had started working the week of the audit.</p> <p>Random Sample of Residents- All of the interviewed random sample of residents reported that opposite gender staff have never performed a pat down search of their bodies.</p> <p>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.</p>

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.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "there should be both male and female staff on duty at all times. No cross gender pat down searches, or visual body cavity searches should ever occur unless in the most rare of exigent circumstances and only after contacting the Detention" (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. No corrective action is warranted.

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.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "Residents will be allowed to shower, perform bodily functions, and change clothes individually and without staff of either gender viewing them" (p. 12).

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 the male and female residents are currently housed on one unit; and male and female staff always work those units. 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.

Random Sample of Residents- 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.

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.

115.315 (e.) Per the PAQ, no searches or physical examination of a transgender or intersex resident for the sole purposes of determining the resident's genital status occurred at the facility in the past 12 months.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "Under no circumstances is a detention staff to conduct visual or pat down searches for the purpose of determining genital status of a resident" (p. 20).

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.

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.

115.315 (f). As reported in the PAQ, the facility trained one hundred percent of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs as such searches are prohibited. The auditor reviewed documentation of training that occurred in December 202. The facility reported that staff receive the following training: Guidance in Cross Gender and Transgender Pat Searches.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "there should be both male and female staff on duty at all times. No cross gender pat down searches, or visual body cavity searches should ever occur unless in the most rare of exigent circumstances and only after contacting the Detention" (p. 12).

Documentation Reviewed

Guidance on Cross Gender and Transgender Pat Searches Training

Acknowledgement and Receipt of Training -19

Memo: PREA Standard-Employee Training and signage of completion of training

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. It should also be noted that all of the interviewed staff have worked at the facility for less than two 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. No corrective action is warranted.

Corrective Action and 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:

Pre-Audit Questionnaire (PAQ)

Policy: The Greene County Juvenile Detention Center Operations Manual

Court Interpreters

Interpreter Contract

Youth Safety First Training and Youth Training Record

Preventing Sexual Assault Abuse and Harassment Brochure (Spanish and English)

Youth Admission Rights Sheet (23)

Interviews:

Superintendent

Random sample of staff -9

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 Greene County Juvenile Detention Center Operations Manual states that:

1. Every effort will be made to accommodate Juveniles with identified disabilities, including contact with providers within the community that can assist.
2. Parents and custodians will be consulted with regard to providing the best accommodations for their child with a disability while in secure detention.
3. Staff will use interpreters when available and/or internet and phone resources for Juveniles with limited English proficiency.
4. The following documents are available in Spanish: Juvenile Rights form, Resident handbook, PREA Brochure. All staff have access to a translator book for limited communication with youth.
5. The "Foreign Language Certified Court Interpreters" guide is made available to all staff.
6. It is prohibited to use resident interpreters except under exigent circumstances to protect the safety of another resident. All such use of resident interpreters and the reason for use will be documented in an Incident Report completed by the shift supervisor (pp. 7-8)

In addition, upon admission in a facility, the youth sign an admission rights sheet describing their right to be from sexual abuse and sexual harassment.

Documentation Reviewed

Court Interpreters

Interpreter Contract

Youth Safety First Training and Youth Training Record

Preventing Sexual Assault Abuse and Harassment Brochure (Spanish and English)

Youth Admission Rights Sheet (23)

Interviews

Agency Head-The interviewed agency head reported that the Greene County Juvenile Office detention facility was constructed in 1991. There have been no significant modifications to the facility since then. There has been an installation of enhanced cameras to always ensure eyes on staff and residents and to ensure that residents would be free from 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. No corrective action is warranted.

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 Greene County Juvenile Detention Center Operations Manual states that:

1. Every effort will be made to accommodate Juveniles with identified disabilities, including contact with providers within the community that can assist.
2. Parents and custodians will be consulted with regard to providing the best accommodations for their child with a disability while in secure detention.
3. Staff will use interpreters when available and/or internet and phone resources for Juveniles with limited English proficiency.
4. The following documents are available in Spanish: Juvenile Rights form, Resident handbook, PREA Brochure. All staff have access to a translator book for limited communication with youth.
5. The "Foreign Language Certified Court Interpreters" guide is made available to all staff.
6. It is prohibited to use resident interpreters except under exigent circumstances to protect the safety of another resident. All such use of resident interpreters and the reason for use will be documented in an Incident Report completed by the shift supervisor (pp. 7-8)

Documentation Reviewed

Contracts with interpreters

Written Material

Staff Training

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.

115.316 (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 Greene County Juvenile Detention Center Operations Manual states that "It is prohibited to use resident interpreters except under exigent circumstances to protect the safety of another resident. All such use of resident interpreters and the reason for use will be documented in an Incident Report completed by the shift supervisor (pp. 7-8)".

Documentation Reviewed

Contracts with interpreters

Written Material

Staff Training

Interviews

Random Sample of Staff- The interviewed random sample of staff reported that they do not believe the agency has ever allowed 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. Several of the staff further reported that they would obtain an interpreter if needed.

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.

Corrective Action and 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
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-audit Questionnaire (PAQ)</p> <p>The Greene County Juvenile Detention Center Operations Manual</p> <p>Greene County Juvenile Detention PREA Employment Questionnaire-19</p> <p>Employee Reference Check-18</p> <p>Background Checks</p> <ul style="list-style-type: none"> · Staff (8) · Volunteers (12) · Contractors <p>Interviews:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that the Greene County Juvenile Detention Center shall not hire or promote anyone who</p> <ol style="list-style-type: none"> a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility , or other institution b. 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 result c. Has been civilly or administratively adjudicated to have engaged in the activity described in this this section (p. 10). <p>Documentation Reviewed</p> <p>Greene County Juvenile Detention PREA Employment Questionnaire-19</p> <p>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.</p> <p>115.316 (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.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that the Greene County Juvenile Detention Center shall not hire or promote anyone who</p> <ol style="list-style-type: none"> a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility , or other

institution

- b. 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 result
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in this this section (p. 10).

Documentation Reviewed

Greene County Juvenile Detention PREA Employment Questionnaire-19

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility consider 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 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. No corrective action is warranted.

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 22 reported new hires.

Policy: The Greene County Juvenile Detention Center Operations Manual states that the Greene County Juvenile Detention Center shall not hire or promote anyone who

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility , or other institution
- b. 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 result
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in this this section (p. 10).

Documentation Reviewed

Personnel Files (Background Checks)

Interviews

Administrative (Human Resources)- The interviewed human resources staff reported that the facility perform 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. This is also done for contractors who may have contact with residents. It was further reported that before hiring new employees or contractors who may have contact with residents, the facility consult any child abuse registry maintained by the State or locality in which a potential employee/contractor would work.

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.

115.317 (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.

According to the PAQ, in the past 12 months there were seven contracts for services where criminal background record checks were conducted on all staff covered in the contract who may have contact with residents.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "once employed, a criminal background check will be conducted annually" (p. 10). The policy also states that "potential candidates for employment shall undergo a thorough background investigation including a criminal records check, a check of central registry of suspected child abuse and neglect reports and reference checks to include an inquiry as to substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse" (p. 10).

Documentation Reviewed

Employee Reference Check -18

Interviews

Administrative (Human Resources)— The interviewed human resources staff reported that the facility perform 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. This is also done for contractors who may 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. No corrective action is warranted.

115.371 (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 Greene County Juvenile Detention Center Operations Manual states that "once employed, a criminal background check will be conducted annually" (p. 2) and "all interns, volunteers and contract employees are subject to an initial background check which includes a criminal check, a check of the child abuse/neglect registry, and a check of court records via case.net prior to contact with the residents. Yearly background checks will be done in an on-going effort to ensure safety of the residents" (p. 5).

There are no employees who have been employed in the last five years.

Interviews

Administrative (Human Resources)-The interviewed human resources 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 Missouri Uniform Law Enforcement System. It was further reported that background checks are conducted at least every five 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. No corrective action is warranted.

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.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "as part of the application process and/or during an interview for a position within the Greene County Juvenile Office, applicants may be asked directly about previous misconduct, including sexual abuse and/or harassment. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of the hiring process and/or termination of employment" (p. 10).

Documentation Reviewed

Greene County Juvenile Detention PREA Employment Questionnaire-19

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility ask all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self--evaluations conducted as part of reviews of current employees. This is done using the PREA agreement document. It was further reported that they conduct a family care safety registry that would provide any claims of child abuse or neglect.

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.

115.317 (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.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "As part of the application process and/or during an interview for a position within the Greene County Juvenile Office, applicants may be asked directly about

previous misconduct, including sexual abuse and/or harassment. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of the hiring process and/or termination of employment” (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. No corrective action is warranted.

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 human resources staff reported that when a former employee applies for work at another institution, upon request from that institution, the facility provides 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. No corrective action is warranted.

Corrective Action and 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency head</p> <p>Superintendent (Facility Director)</p> <p>Findings (By Provision):</p> <p>115.318 (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 tour of the facility; the auditor observed that the facility is older and does not appear to have had any modifications or expansions.</p> <p>Documentation Reviewed</p> <p>Documentation on facility design, renovation, modification, or expansion.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the Greene County Juvenile Office detention facility was constructed in 1991. There have been no significant modifications to the facility since then; except the installation of an enhanced camera system designed to ensure eyes on staff and residents at all times and to ensure residents would be free from sexual abuse.</p> <p>Superintendent (Facility Director)– The interviewed director reported that they have not had any building structure changes.</p> <p>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.</p> <p>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.</p> <p>Documentation Reviewed</p> <p>Minutes from meetings referencing installing or updating monitoring technology</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the agency uses new monitoring technology to enhance protection of residents from incidents of sexual abuse.</p> <p>Superintendent (Facility Director)– The interviewed director reported that the video monitoring system was updated before the current leadership; maybe around 2019 or 2020.</p> <p>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.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual</p> <p>Policy: OHI Policy and Procedures Manual</p> <p>Child Advocacy Center MOU</p> <p>Green County Services</p> <p>Memo (DYS External Investigative Agencies)</p> <p>Interviews:</p> <p>Random sample of staff - 9</p> <p>Child Advocacy Center</p> <p>Findings (By Provision):</p> <p>115.321 (a). N/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. Criminal investigations are conducted by law enforcement. Administrative investigations are conducted by Children's Division's OHI Unit.</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that "the Greene County Juvenile Detention Center will act in cooperation with the Missouri Children's Division and the Missouri Highway Patrol in all investigations that arise from allegations of sexual abuse, sexual assault or sexual harassment of a resident" (p. 9).</p> <p>While the facility does not conduct investigations, the auditor recommended that a staff member at the facility complete the specialized training for investigators so that they can properly address conducting onsite interviews and preparing information for the offsite investigator.</p> <p>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.</p> <p>115.321(b). As reported by the PAQ, the facility does not conduct any investigations.</p> <p>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".</p> <p>Policy: The OHI Policy and Procedures Manual was reviewed. The manual provides a detailed description of the investigation process utilized by OHI to investigate allegations of sexual abuse and sexual harassment.</p> <p>Documentation Reviewed</p> <p>Memo: DHS External Investigative Agencies</p> <p>OHI Policy and Procedures Manual</p> <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that the agency uses new monitoring technology to enhance protection of residents from incidents of sexual abuse.</p> <p>Superintendent (Facility Director)- The interviewed director reported that the video monitoring system was updated prior to the current leadership; maybe around 2019 or 2020.</p>

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.

115.321 (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.

Policy: The Greene County Juvenile Detention Operations Manual policy states that "If medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs at no expense to the juvenile" (p. 25).

Documentation Reviewed

Child Advocacy MOU

Green County Services

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. No corrective action is warranted.

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 makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member. The facility has an MOU with the local Child Advocacy Center for the following services:

- Provide forensic interview of the victim or victims
- If appropriate provide a forensic medical examination of the victim or victims at no financial cost to the victim
- Conduct a physical examination with a SAFE examiner
- Provide a victim/victims with information regarding community victim advocacy centers
- Cooperate with local or state law enforcement with the Missouri Children's Division on on-going investigation, by provided interview and examination results

Documentation Reviewed

Child Advocacy MOU

Green County Services

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, 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, 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.

115.321 (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 an MOU with the local Child Advocacy Center for the following services:

- Provide forensic interview of the victim or victims
- If appropriate provide a forensic medical examination of the victim or victims at no financial cost to the victim
- Conduct a physical examination with a SAFE examiner
- Provide a victim/victims with information regarding community victim advocacy centers
- Cooperate with local or state law enforcement with the Missouri Children's Division on on-going investigation, by provided interview and examination results

Documentation Reviewed

Child Advocacy MOU

Green County Services

Interviews

Residents who Reported a Sexual Abuse - Q: 9A 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.

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, 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.

115.321 (f). As indicated in the PAQ the facility is not responsible for conducting administrative or criminal investigations. 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 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".

Policy: The OHI Policy and Procedures Manual was reviewed. The manual provides a detailed description of the investigation process utilized by OHI to investigate allegations of sexual abuse and sexual harassment.

Documentation Reviewed

Memo: DYS External Investigation Agencies

OHI Policy and Procedures Manual

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, 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.

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

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

Corrective Action and 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Operations Manual</p> <p>Letter: Referral for Investigation (Missouri State Patrol)</p> <p>Missouri Department of Social Services: findings of investigation</p> <p>Interviews:</p> <p>Agency head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that “in compliance with PREA Standards, any allegation of sexual abuse, sexual assault or sexual harassment will be reported to the child abuse/neglect hotline and/or the appropriate investigative agency” (p. 6).</p> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 1</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation: 1</p> <p>In the past 12 months, the number of allegations referred for criminal investigation: 0</p> <p>The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.</p> <p>Documentation Reviewed</p> <p>Letter: Referral for Investigation (Missouri State Patrol)</p> <p>Missouri Department of Social Services: findings of investigation</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head stated that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. The allegations would be investigated by Missouri Highway Patrol.</p> <p>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.</p> <p>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. In addition, the facility reported in the PAQ that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is not published on the agency website or made publicly available via other means.</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that “Greene County Juvenile Detention Center will act in cooperation with the Missouri Children’s Division and the Missouri Highway Patrol in all investigations that arise from allegations of sexual abuse, sexual assault or sexual harassment of a resident” (p.9).</p> <p>The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A finding of investigation was provided to the facility.</p>

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of investigation

Interviews

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. No corrective action is warranted.

115.322 (c). As reported, the facility is not responsible for conducting the administrative or criminal investigations. The Greene County Juvenile Detention Operations Manual states that "Greene County Juvenile Detention Center will act in cooperation with the Missouri Children's Division and the Missouri Highway Patrol in all investigations that arise from allegations of sexual abuse, sexual assault or sexual harassment of a resident"(p.9).

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of 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. No corrective action is warranted.

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.

Corrective Action and 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
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Operations Manual</p> <p>Training PPT</p> <p>Contracted Service Providers, Volunteers, and Non-Detention Juvenile Office Staff Agreement (74)</p> <p>Acknowledgement and Receipt of Training (19)</p> <ul style="list-style-type: none"> · Mandated Reporting · Making PREA and Victims Services Accessible for People with Disabilities/PREA (PREA Resource Center) · Guidance on Cross Gender and Transgender Pat Searches · Initial PREA Training <p>Interviews:</p> <p>Random sample of staff - 9</p> <p>Findings (By Provision):</p> <p>115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:</p> <ul style="list-style-type: none"> · 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. <p>Policy: The Greene County Juvenile Detention Operations Manual has a detailed list of staff required trainings. The manual states that:</p> <ol style="list-style-type: none"> 1. Employee Orientation – Before beginning direct care responsibilities, all new detention employees will receive a minimum of 40 hours of orientation training which provides familiarization with the overall philosophy, purpose, and goals of the detention facility including working conditions and regulations. The specific items involved in this orientation shall be checked off on the Employee Orientation checklist to be filed in the employee's personnel file. <ol style="list-style-type: none"> a. Until all orientation requirements have been met, new direct care staff will be teamed with properly trained co-workers

and will shadow that co-worker.

2. Within the first year of employment new detention direct care staff shall receive a minimum of 40 hours of Fundamental Skill Training or its equivalent.

3. The Greene County Juvenile Detention unit will rely on in-house training programs as much as possible, enabling a larger number of staff to participate. Training opportunities on a state and national level will also periodically be made available to detention employees. Instructional materials, manuals, videos, and directories are also available to staff in addition to on-line training.

4. Contractors and volunteers shall receive orientation and updated training appropriate to their respective duties and obligations. Contractors and volunteers who have contact with the residents will be trained on the zero tolerance policy for sexual abuse and harassment prevention, detection, and how to report such incidents. Additionally, Medical staff and Mental Health Staff will complete respective training curricula provided by the PREA Resource Center.

5. Formal training programs will include requirements for completion, attendance, and recognition of completion. Documentation of the training received will be kept for all employees, contractors, and volunteers in their personnel files.

6. Additional training, to be completed as soon as possible but within the first year of employment, shall include but not be limited to:

- a. Adolescent development
- b. Basic health care and admission screening
- c. First aid, including CPR, provided by a certified instructor
- d. Safe Crisis Management
- e. Behavior management
- f. Behavior observation and recording
- g. Mental Health, medical and suicide assessment and risk reduction
- h. Conflict resolution
- i. Critical issues impacting juvenile justice
- j. Cultural diversity
- k. Interpersonal communication skills
- l. Juvenile rights
- m. Principals of supervision
- n. Managing special needs
- o. Reentry
- p. Safety and security
- q. Ethics and professionalism
- r. Gender specific skills
- s. Sexual harassment/abuse prevention and reporting:

- Including zero-tolerance policy and the right of residents and staff to be free from sexual abuse/harassment.
- The right of residents and employees to be free from retaliation for reporting sexual abuse/harassment.
- The dynamics of sexual abuse/harassment.
- Common reactions of juvenile victims of sexual abuse/harassment.
- How to detect and respond to signs of threatened or actual sexual abuse/harassment.
- How to distinguish between sexual abuse and consensual sexual contact and Missouri Laws regarding age of consent.
- Maintaining professional boundaries with residents.
- How to communicate effectively and professionally with Lesbian, Gay, Bi-sexual, Transgender, Questioning, and Intersex (LGBTQI) residents.

- to comply with Missouri laws related to mandated reporting of sexual abuse.

Deputy Juvenile Officers will receive additional training in areas specific to their duties and responsibilities including but not limited to: Dispensing of Medication and Juvenile Information System.

All detention direct care staff shall receive a minimum of 24 hours of updated and specialized training per year to reinforce and enhance their ability to meet the requirements of their specific duties. (pp. 16-17)

Documentation Reviewed

Acknowledgement and Receipt of PREA Training (19)

Memo: PREA Standard-Employee Training

Memo: PREA Standard 115.331 (b)-2

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. It should be noted that all of the direct care staff have worked at the facility less than two years.

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. No corrective action is warranted.

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 the facility houses male and female offenders therefore everyone is given training that applies to the entire facility population.

Policy: The Greene County Juvenile Detention Operations Manual has a detailed list of required trainings to include the unique needs of the juvenile residents.

Documentation Reviewed

Acknowledgement and Receipt of PREA Training (19)

PREA Training PPTs

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

115.331 (c). The PAQ indicated that 23 of the staff currently employed were trained or retrained on the PREA requirements. Refresher training is conducted annually.

Documentation Reviewed

Sample of Training Records

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.

115.331 (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 facility will have the service providers, volunteers, and non-detention juvenile office staff sign an agreement acknowledging the facilities zero tolerance policy for sexual abuse and sexual harassment along with the duty to report.

Documentation Reviewed

Contracted Service Providers, Volunteers, and Non-Detention Juvenile Office Staff Agreement (74)

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.

Corrective Action and 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
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Operations Manual</p> <p>Contracted Service Providers, Volunteers, and Non-Detention Juvenile Office Staff Agreement (6)</p> <p>Acknowledgement of Training Videos/Initial Trainings for PREA (Video) (6)</p> <p>Interviews:</p> <p>Contractor</p> <p>Volunteer</p> <p>Findings (By Provision):</p> <p>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.</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that "contractors and volunteers shall receive orientation and updated training appropriate to their respective duties and obligations. Contractors and volunteers who have contact with the residents will be trained on the zero tolerance policy for sexual abuse and harassment prevention, detection, and how to report such incidents. Additionally, Medical staff and Mental Health Staff will complete respective training curricula provided by the PREA Resource Center" (p. 14). The facility will have the service providers, volunteers, and non-detention juvenile office staff sign an agreement acknowledging the facilities zero tolerance policy for sexual abuse and sexual harassment along with the duty to report.</p> <p>Documentation Reviewed</p> <p>Contracted Service Providers, Volunteers, and Non-Detention Juvenile Office Staff Agreement (6)</p> <p>Acknowledgement of Training Videos/Initial Trainings for PREA (Video) (6)</p> <p>Training Curriculum</p> <p>Interviews</p> <p>Volunteer(s) or Contractor(s) who have Contact with Residents – The interviewed volunteer and contractor reported that they were trained on the sexual abuse or sexual harassment policy at the initiation of services. It was further reported that they received additional training in the last year.</p> <p>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.</p> <p>115.332 (b). The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor reviewed acknowledgment forms for 6 of the volunteers and contractors.</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that "contractors and volunteers shall receive orientation and updated training appropriate to their respective duties and obligations. Contractors and volunteers who have contact with the residents will be trained on the zero tolerance policy for sexual abuse and harassment prevention, detection, and how to report such incidents. Additionally, Medical staff and Mental Health Staff will complete respective training curricula provided by the PREA Resource Center" (p. 14). The facility requires the service providers, volunteers, and non-detention juvenile office staff sign an agreement acknowledging the facilities zero tolerance policy for sexual abuse and sexual harassment along with the duty to report.</p>

Documentation Reviewed

Contracted Service Providers, Volunteers, and Non-Detention Juvenile Office Staff Agreement (6)

Acknowledgement of Training Videos/Initial Trainings for PREA (Video) (6)

Interviews

Volunteer(s) or Contractor(s) who have Contact with Residents – When probed the interviewed volunteer and contractor reported that the training was comprehensive and addressed the policy, correct use of anatomical terms, and safety of residents. It was further reported that it is their responsibility to make a report to staff or the hotline if they are aware of any resident sexual abuse or sexual harassment.

115.332 (c). As reported in the PAQ, the facility maintains documentation confirming that volunteers/contractors understand the training they have received. The auditor reviewed acknowledgment forms for 6 of the volunteers and contractors. The facility requires the service providers, volunteers, and non-detention juvenile office staff sign an agreement acknowledging the facilities zero tolerance policy for sexual abuse and sexual harassment along with the duty to report.

Documentation Reviewed

Contracted Service Providers, Volunteers, and Non-Detention Juvenile Office Staff Agreement (6)

Acknowledgement of Training Videos/Initial Trainings for PREA (Video) (6)

Corrective Action and 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: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Resident Handbook</p> <p>Youth Rights at Admission/Acknowledgement and Receipt of PREA Training (19)</p> <p>PREA Safety First</p> <p>Interviews:</p> <p>Intake staff - 8</p> <p>Random sample of residents - 3</p> <p>On-site observation</p> <p>PREA Posters</p> <p>Findings (By Provision):</p> <p>115.333 (a). As reported in the PAQ, 78 residents were admitted during the past 12 months received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The Resident Handbook informs the residents about their right to be free from sexual abuse and sexual harassment (p. 1). Upon admission the facility staff will provide the PREA related education to the residents. The residents will sign an Admission for Detention Acknowledgement Form to acknowledge the receipt of information.</p> <p>Documentation Reviewed</p> <p>Youth Rights at Admission/Acknowledgement and Receipt of PREA Training (19)</p> <p>Resident Handbook</p> <p>Safety First</p> <p>Interviews</p> <p>Intake Staff – The interviewed intake staff reported that the facility provides residents with information about the agency's zero--tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. 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 providing the information to the residents and giving them a brochure. We will go over the information during orientation and there is postings throughout the facility.</p> <p>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.</p> <p>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.</p> <p>115.333 (b). As reported in the PAQ, 78 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. It should also be noted that the facility reported that education is provided by giving the residents a brochure and the education classes have been suspended due to COVID.</p> <p>Documentation Reviewed</p> <p>Youth Rights at Admission/Acknowledgement and Receipt of PREA Training (19)</p>

Resident Handbook

Safety First

Interviews

Intake Staff - The interviewed intake staff reported that the agency 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, and regarding agency policies and procedures for responding to such incidents; by reading and explaining the information and the intake process typically occurs immediately upon placement at the detention center.

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. No corrective action is warranted. Upon review of resident records, it was found that residents consistently received PREA education within the same day of arrival the program.

115.333 (c). 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. It was further reported that the residents receive PREA education within one day. The Resident Handbook provides some basic information related to zero tolerance and sexual abuse and sexual harassment at the facility.

Documentation Reviewed

Youth Rights at Admission/Acknowledgement and Receipt of PREA Training (19)

Resident Handbook

Safety First

Interviews

Intake Staff – The interviewed intake staff reported that they 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 providing the information to the residents and giving them a brochure. We will go over the information during orientation and there is postings throughout 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.

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

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 Greene County Juvenile Detention Operations Manual states that “The rules of conduct and the range of disciplinary actions shall be posted conspicuously in the day room and made available to new residents in the Detention Handbook. The written rules of conduct shall be stated simply and reviewed by staff individually with each admitted juvenile. Spanish speaking juveniles will be given a Detention Resident Handbook, which includes the rules of conduct, written in Spanish. Reasonable accommodations shall be made for juveniles with limited English proficiency, juveniles with disabilities and any juveniles having difficulties understanding each rule” (p. 30).

Documentation Reviewed

Resident Handbook

Safety First

Interpreter Contracts

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. No corrective action is warranted. There were no residents who met the criteria of this provision to be interviewed at the time of the audit.

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education

sessions. Such documentation is the signage of the Youth Rights at Admission Form

Documentation Reviewed

Youth Rights at Admission/Acknowledgement and Receipt of PREA Training (19)

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.

115.333 (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.

Documentation Reviewed

Education and informational materials (posters, resident handbook, etc.) in compliance with the standard

PREA Audit Site Review: During the onsite portion of the audit, the auditor observed posters, resident handbooks, and brochures readily accessible to 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. No corrective action is warranted.

Corrective Action and 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.

115.334	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 389 611 416">NIC Investigation Training Certificate</p> <p data-bbox="240 448 553 474">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 506 352 533">Interviews:</p> <p data-bbox="240 564 400 591">Superintendent</p> <p data-bbox="240 622 456 649">Investigative Staff (2)</p> <p data-bbox="240 680 483 707">Findings (By Provision):</p> <p data-bbox="240 739 1485 860">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. While the facility does not conduct investigations, the auditor recommended that a facility staff person complete the specialized training for investigations in the event the administrative component is not addressed by the outside investigator.</p> <p data-bbox="240 891 502 918">Documentation Reviewed</p> <p data-bbox="240 949 611 976">NIC Investigation Training Certificate</p> <p data-bbox="240 1008 347 1034">Interviews</p> <p data-bbox="240 1066 1493 1357">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.</p> <p data-bbox="240 1388 1469 1482">Administrative Investigative Staff – The interviewed staff reported they have received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training was received online through the National Institute of Corrections (NIC).</p> <p data-bbox="240 1514 1469 1576">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.</p> <p data-bbox="240 1608 1366 1635">115.334 (b). N/A-the agency does not conduct any form of administrative or criminal sexual abuse investigations.</p> <p data-bbox="240 1666 1406 1729">However, the auditor recommended that an onsite staff complete the training to address any administrative review or findings.</p> <p data-bbox="240 1760 502 1787">Documentation Reviewed</p> <p data-bbox="240 1818 611 1845">NIC Investigation Training Certificate</p> <p data-bbox="240 1877 347 1904">Interviews</p> <p data-bbox="240 1935 1318 1962">Investigative staff: The outside agency investigator was interviewed. It was reported that they are trained on:</p> <ol data-bbox="240 1993 1445 2154" style="list-style-type: none"> <li data-bbox="240 1993 767 2020">1. Interviewing juvenile perpetrators in the past. <li data-bbox="240 2051 1445 2114">2. OHI does not Mirandize the alleged perpetrators and that is done by law enforcement. We co-investigate with law enforcement. <li data-bbox="240 2145 1241 2172">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.

Administrative Investigative Staff – The interviewed staff reported that the training included: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

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.

115.334 (c). The agency does not conduct administrative or criminal sexual abuse investigations. However, the auditor recommended that an onsite staff complete the training to address any administrative review or findings.

Documentation Reviewed

NIC Investigation Training Certificate

115.334 (d). The agency does not conduct administrative or criminal sexual abuse investigations.

However, the auditor recommended that an onsite staff complete the training to address any administrative review or findings.

Documentation Reviewed

NIC Investigation Training Certificate

Corrective Action and Conclusion:

Recommendation: An agency staff complete the specialized training for investigators. The specialized training for investigators was completed. There is no further action recommended for this standard. The standard is in compliance.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Operations Manual</p> <p>Training Records (Metropolitan Organization to Counter Sexual Assault)-1 certificate uploaded</p> <p>Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)</p> <p>PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)</p> <p>Interviews:</p> <p>Medical and mental health staff</p> <p>Findings (By Provision):</p> <p>115.335 (a). The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 1. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 100.</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that “Medical staff and Mental Health Staff will complete respective training curricula provided by the PREA Resource Center” (p. 15).</p> <p>Documentation Reviewed</p> <p>Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)</p> <p>PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed mental health staff reported that they have not received specialized training regarding sexual abuse and sexual harassment.</p> <p>Corrective Action: During the onsite audit phase, it was determined that the mental health staff had not completed the specialized training that addresses:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>During the post onsite phase the facility ensured that the mental health staff received the required training. At this time, there is no further action warranted. The provision is in compliance.</p> <p>115.335 (b). Agency medical staff at this facility do not conduct forensic medical exams.</p> <p>Interviews</p> <p>Medical and Mental Health Staff - The interviewed mental health staff reported that they do no conduct forensic examinations.</p> <p>A review of the appropriate documentation and review of relevant polices indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.</p> <p>115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff. A sample of three medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard.</p>

Documentation Reviewed

Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)

PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)

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

115.335 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Documentation Reviewed

Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)

PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)

Corrective Action: During the onsite audit phase, it was determined that the mental health staff had not completed the specialized training that addresses:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: Greene County Juvenile Detention Operations Manual

Training Records (Metropolitan Organization to Counter Sexual Assault)-1 certificate uploaded

Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)

PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)

Interviews:

Medical and mental health staff

Findings (By Provision):

115.335 (a). The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 1. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 100.

Policy: The Greene County Juvenile Detention Operations Manual states that "Medical staff and Mental Health Staff will complete respective training curricula provided by the PREA Resource Center" (p. 15).

Documentation Reviewed

Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)

PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)

Interviews

Medical and Mental Health Staff – The interviewed mental health staff reported that they have not received specialized training regarding sexual abuse and sexual harassment.

Corrective Action: During the onsite audit phase, it was determined that the mental health staff had not completed the specialized training that addresses:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;

- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

During the post onsite phase the facility ensured that the mental health staff received the required training. At this time, there is no further action warranted. The provision is in compliance.

115.335 (b). Agency medical staff at this facility do not conduct forensic medical exams.

Interviews

Medical and Mental Health Staff - The interviewed mental health staff reported that they do not conduct forensic examinations.

A review of the appropriate documentation and review of relevant policies indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff. A sample of three medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard.

Documentation Reviewed

Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)

PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)

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

115.335 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Documentation Reviewed

Mental Health Staff: Contracted Service Providers, Volunteers, and Non Detention Juvenile Office Staff Agreement (3)

PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings Certificate of Completion (3)

Corrective Action: During the onsite audit phase, it was determined that the mental health staff had not completed the specialized training that addresses:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

During the post onsite phase, the facility ensured that the mental health staff received the required training. At this time, there is no further action warranted. The provision is in compliance.

Corrective Action and Conclusion:

During the onsite audit phase, it was determined that the mental health staff had not completed the specialized training that addresses:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

During the post onsite phase, the facility ensured that the mental health staff received the required training. At this time, there is no further action warranted. The provision is in compliance.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Operations Manual</p> <p>Medical/Mental Health Screening (23)</p> <p>Updated Medical/Mental Health Screening (8)</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening - 7</p> <p>Random sample of residents - 3</p> <p>PREA coordinator</p> <p>Findings (By Provision):</p> <p>115.341 (a). As reported in the PAQ, the agency has a process in place to screen and support the residents in care.</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that “upon admission all juveniles will receive a mental health assessment by a professional mental health provider for the purpose of identifying suicidal tendencies, sexual abuse victimization and predatory risk to other residents” (p. 47).</p> <p>The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 55.</p> <p>Documentation Reviewed</p> <p>Medical and Mental Health Screening (23)</p> <p>Updated Medical/Mental Health Screening (8)</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening – The interviewed staff responsible for performing screening for risk of victimization and abusiveness reported that all residents are screened and allowed to disclose sexual abuse victimization at any time. Residents are screened during intakes. The screening occurs within 72 hours. The information is ascertained by asking the residents the questions. In addition, we will review case notes or medical records. If a resident answers yes to a question more information is gathered with follow up questions/conversation. Residents risk level is constantly being reassessed at the facility.</p> <p>Resident Interview Questionnaire – Only one of the 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. Nor could the residents recall if they have been asked any questions again since being at the facility.</p> <p>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.</p> <p>115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument called a Medical/Mental Health Screening.</p> <p>Documentation Reviewed</p> <p>Medical and Mental Health Screening (23)</p>

Updated Medical/Mental Health Screening (8)

Corrective Action: Upon review it was determined that the screening tool was not objective and was missing some of the key elements. During the post onsite phase, the facility updated its screening instrument and will provide 30 days of use of the updated instrument. The auditor reviewed eight completed tools, to show compliance with the provision.

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

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

Documentation Reviewed

Medical and Mental Health Screening (23)

Updated Medical/Mental Health Screening (8)

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that the initial risk screening considers: medical and mental health history, past history, stature, age, and prior history of victimization.

Corrective Action: Upon review it was determined that the screening tool was not objective and was missing some of the key elements. During the post onsite phase the facility updated its screening instrument and will provide 30 days of use of the updated instrument. The auditor reviewed eight completed tools, to show compliance with the provision.

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.

115.341 (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 the information is ascertained by talking to residents, asking follow up questions and reviewing records.

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.

115.341 (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 the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The information is provided to medical, mental health, and security staff.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the the agency outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation.

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.

Corrective Action and Conclusion:

Corrective Action: Upon review it was determined that the screening tool was not objective and was missing some of the key elements. During the post onsite phase, the facility updated its screening instrument and will provide 30 days of use of the

updated and completed instrument. The auditor reviewed eight completed tools, to show compliance with the provision. The is no further action needed. The standard is in compliance.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Operations Manual</p> <p>Medical and Mental Health Screening (23)</p> <p>Updated Medical and Mental Health Screening (8)</p> <p>Interviews:</p> <p>PREA coordinator</p> <p>Staff responsible for Risk Screening - 7</p> <p>Superintendent</p> <p>Medical and mental health staff</p> <p>Randomly selected staff - 10</p> <p>Onsite Inspection</p> <p>Review of housing units</p> <p>Findings (By Provision):</p> <p>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.</p> <p>Policy: Greene County Juvenile Detention Operations Manual states that “upon admission, and no more than 12 hours from admission, the Medical/Mental Health Screening will be conducted one-on-one with the juvenile and a staff member. This screening will be done by the staff member in such a way as to ensure the privacy of the juvenile (a). In compliance with PREA standards, if a juvenile reports any history of sexual abuse/assault on the Medical/Mental Health Screening that information will be provided to the Clinical Coordinator for follow up” (p. 17).</p> <p>Documentation Reviewed</p> <p>Updated Medical and Mental Health Screening (8)</p> <p>Interviews</p> <p>Superintendent (Facility Director)– The interviewed director reported that the facility does not use isolation.</p> <p>Medical and Mental Health Staff - The interviewed mental health staff reported that they do not place residents in isolation.</p> <p>Corrective Action: The facility does not have a formal form that addresses how housing, programming and facility bed assignment is determined based on the results of the risk screening. It is recommended that the facility provide a memo describing the process. The facility updated policy and its screening tool to include housing decision. The auditor reviewed policy and eight screenings/housing conducted during the corrective action phase. There is no further action needed.</p> <p>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.</p> <p>Policy: The Greene County Juvenile Detention Operations Manual states that the “residents will not be placed in isolation or on a high risk status as a means of keeping them safe from discrimination, harassment, violence or abuse. Staff are expected to immediately intervene and address any behaviors that threaten the safety of another resident” (p. 22).</p> <p>The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0</p> <p>The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to</p>

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

PREA Coordinator - The interviewed PREA Coordinator reported that the facility does not have a special housing unit for lesbian, gay, bisexual, transgender or intersex 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.

115.342 (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 Greene County Juvenile Detention Operations Manual states that "based on the needs of the juvenile, room assignment can be reassessed at the time of orientation and at other times as needs present. Room assignment will not be made based on sexual orientation or gender identity or gender expression" (p. 22).

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the facility does not have a special housing unit for lesbian, gay, bisexual, transgender or intersex 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.

115.342 (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.

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

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.

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

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that transgender and intersex are residents given the opportunity to shower separately from other residents. It was further reported that all residents shower separately.

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.

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

Interviews

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, the facility offers a follow-up meeting with a medical and/or medical health practitioner. This typically occurs within 72 hours of intake

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). If reported in a PAQ if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Policy: The Greene County Juvenile Detention Operations Manual states that the "residents will not be placed in isolation or on a high risk status as a means of keeping them safe from discrimination, harassment, violence or abuse. Staff are expected to immediately intervene and address any behaviors that threaten the safety of another resident" (p. 22).

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.

Corrective Action and Conclusion:

115.42 (a). Corrective Action: The facility does not have a formal form that addresses how housing, programming and facility bed assignment is determined based on the results of the risk screening. It is recommended that the facility provide a memo describing the process. The facility updated policy and its screening tool to include housing decision. The auditor reviewed policy and eight screenings/housing conducted during the corrective action phase. There is no further action needed.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Resident Handbook</p> <p>Chapter 210.115 State Statute</p> <p>Grievance Form</p> <p>Interviews:</p> <p>Random sample of staff - 9</p> <p>Random sample of residents - 3</p> <p>Findings (By Provision):</p> <p>115.351 (a). As reported in the PAQ, the facility has established procedures allowing multiple internal ways for residents to privately report sexual abuse or sexual harassment. The resident handbook provides guidance to the residents on the multiple ways to make a report</p> <p>Documentation Reviewed</p> <p>Resident Handbook</p> <p>Interviews</p> <p>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, attorneys, or call the hotline or write a letter.</p> <p>Resident Interview Questionnaire - The interviewed residents reported that they would report sexual abuse by completing a grievance form or tell staff.</p> <p>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.</p> <p>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 does not detail for civil immigration purposes.</p> <p>Policy: The Greene County Juvenile Detention Centers Operations Manual, states that "staff must respond with an incident report any time a resident makes allegations of sexual assault, abuse or harassment whether made in writing, verbally, anonymously or by way of a third party" (p. 8).</p> <p>Chapter 210.115 of state statute provides guidance on the state mandated reporting requirements.</p> <p>Interviews</p> <p>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 or hotline. When asked, do you know if you are allowed to make a report without having to give your name, the residents reported yes.</p> <p>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.</p> <p>115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or</p>

sexual harassment made verbally, in writing, anonymously and from third parties. It further reported that staff are required to document verbal reports within 48 hours.

Policy: The Greene County Operations Manual states that "staff must respond with an incident report any time a resident makes allegations of sexual assault, abuse or harassment whether made in writing, verbally, anonymously or by way of a third party" (p. 8).

Interviews

Random Sample of Staff – All but one of 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. One staff reported that the resident would not be able to do an anonymous report.

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. No corrective action is warranted.

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

Blank Grievance Form

Interviews

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.

115.351 (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.

Policy: The Greene County Juvenile Detention Operations Manual states that, "Detention employees are mandated reporters and as such shall report to the child abuse/neglect hotline any reason to believe a child is being or has been, physically, emotionally, or sexually abused and/or neglected.

1. In compliance with PREA Standards, any allegation of sexual abuse, sexual assault or sexual harassment will be reported to the child abuse/neglect hotline and/or the appropriate investigative agency
2. All reports made shall be recorded on the form provided and kept with the outcomes in the binder for this purpose that is in the control room.

Staff are informed of these processes through various methods such as, email, policy, website, and supervisors (p. 6).

Interviews

Random Sample of Staff - The interviewed random sample of staff reported that staff can privately report by calling the hotline or notify supervisors.

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.

Corrective Action and 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
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 932 474">Policy: Greene County Juvenile Detention Center Operations Manual</p> <p data-bbox="240 506 483 533">Grievance Form (Blank)</p> <p data-bbox="240 564 443 591">Resident Handbook</p> <p data-bbox="240 622 483 649">Findings (By Provision):</p> <p data-bbox="240 680 1382 734">115.352 (a). As reported in the PAQ, the agency does not have an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard.</p> <p data-bbox="240 766 1484 819">Policy: The Greene County Juvenile Detention Center Operations Manual provides guidance on the process for residents to file a grievance.</p> <p data-bbox="240 851 1466 981">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.</p> <p data-bbox="240 1012 1485 1137">Policy: The Greene County Juvenile Detention Center Operations Manual states that: "Juveniles have the right to report any problems or complaints they may have while in the facility without fear of reprisal. In turn, they also have the responsibility to report these incidents and the responsibility to report if any improper action is taken against them as a result of a properly filed grievance.</p> <p data-bbox="240 1169 1490 1263">Upon admission, juveniles shall be informed of their right to grieve any behavior or disciplinary action of staff or other juveniles and any perceived violation of their rights, including the right to be free from sexual harm. The grievance procedure shall be posted and made available to all juveniles.</p> <p data-bbox="240 1294 1406 1352">All grievances shall be handled expeditiously and without threats of or reprisals against the Juvenile per the following procedure:</p> <p data-bbox="240 1384 523 1411">Informal Grievance Process</p> <p data-bbox="240 1442 1490 1568">Grievance against a staff member: unless the grievance is regarding sexual abuse or harassment, the juvenile should first try to politely resolve a grievance against a staff member informally by requesting a conversation with that staff person without the presence of other juveniles. The staff member shall promptly inform the shift supervisor of the conversation and the outcome.</p> <p data-bbox="240 1599 1490 1724">Grievance against another juvenile: unless the grievance is regarding sexual abuse or harassment, the juvenile should first try to resolve a grievance against another juvenile informally by requesting a consultation with a staff person without the presence of other juveniles. The staff member shall promptly inform the shift supervisor of the conversation and the outcome (p. 24).</p> <p data-bbox="240 1756 1469 1850">Emergency Grievance Procedures: If a juvenile alleges sexual abuse or assault by a staff or another juvenile OR staff receives information, has knowledge, or suspects sexual abuse or assault by a staff or another juvenile and a resident is at imminent risk of on-going abuse, the following protocols will be followed:</p> <p data-bbox="240 1881 1192 1908">The juvenile will immediately be placed in a protective environment pending initial investigation.</p> <p data-bbox="240 1939 1473 1966">If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure safety of all residents.</p> <p data-bbox="240 1998 1428 2056">If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room.</p> <p data-bbox="240 2087 501 2114">Documentation Reviewed</p>

Resident handbook

115.352 (c). The agency reported in the PAQ that the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "unless the grievance is regarding sexual abuse or harassment, the juvenile should first try to politely resolve a grievance against a staff member informally by requesting a conversation with that staff person without the presence of other juveniles. The staff member shall promptly inform the shift supervisor of the conversation and the outcome" (p. 24).

Documentation Reviewed

Resident handbook to determine that relevant information is provided.

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. It was further reported in the PAQ that there were zero grievances filled in the past 12 months for sexual abuse or sexual harassment.

Corrective Action:

115.352 (d-f): Policy needs updated to address the specific areas of the provision.

Policy Update: The policy was updated to reflect the below:

- Greene County Juvenile Detention shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- Greene County Juvenile Detention may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
- Greene County Juvenile Detention 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.
- 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.
- Greene County Juvenile Detention shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- Greene County Juvenile Detention 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. Greene County Juvenile Detention 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 residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- 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, Greene County Juvenile Detention 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. Greene County Juvenile Detention shall establish procedures 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, Greene County Juvenile Detention shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document Greene County Juvenile Detention's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
- Greene County Juvenile Detention may discipline a resident for filing a grievance related to alleged sexual abuse only where Greene County Juvenile Detention demonstrates that the resident filed the grievance in bad faith.

The policy was updated; therefore, no further action is needed.

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.

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

Corrective Action:

115.352 (d-f): Policy needs updated to address the specific areas of the provision.

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 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

Corrective Action:

115.352 (d-f): Policy needs updated to address the specific areas of the provision. See above, the policy was updated.

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 Sexual Abuse and Assault policy states that "the facility can limit its ability 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" (p. 2).

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

Corrective Action and Conclusion:

115.352 (d-f): Policy needs updated to address the specific areas of the provision. The policy was updated; therefore no further action is needed. The agency is in compliance with the standard.

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Manual</p> <p>MOA Agreement Dated 2/22/2019</p> <p>Interviews:</p> <p>Random sample of residents - 3</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>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.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that:</p> <p>Residents shall be permitted to write letters to and receive mail from persons outside the facility. The following policies govern the correspondence procedure and are made available to each admitted juvenile, their custodian, and to staff in the Detention Resident Handbook:</p> <p>a. Correspondence with custodians, legal representatives, juvenile officers, and governmental agencies may be sent and received without approval.</p> <p>b. Correspondence with other family members, friends, and businesses shall require the approval of the custodian. The assigned Juvenile Officer may also restrict correspondence that the custodian has otherwise approved, on the basis that such correspondence may impede investigation of illegal activity or if the person whom the resident juvenile wishes to correspond is under court jurisdiction for delinquent behavior (p. 26-27).</p> <p>It further states that "Approved correspondence shall be opened by the Detention Superintendent/Assistant Superintendent or their designee in the presence of the juvenile to whom the correspondence is addressed. Designated staff will inspect for contraband by checking inside the envelope and by unfolding and opening up the enclosures. If the correspondence contains cash, checks, or other monetary instruments the amount received shall be documented on the Juvenile's mail log and given to the Superintendent to be returned to the sender. Approved correspondence shall not be read by staff and all approved correspondence shall be given to the juvenile to read" (p. 27).</p> <p>Documentation Reviewed</p> <p>Blank Grievance Form</p> <p>Resident Handbook</p> <p>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.</p> <p>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.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual provides guidance on how mail, telephone, and visitation is handled (pp. 26-30).</p>

Documentation Reviewed

Resident Handbook

Interviews

Resident Interview Questionnaire- One of the interviewed residents reported being aware of outside advocacy support and emotional services. When probed the resident discussed being able to call the hotline, police, or lawyer. The resident was not aware of having information such as mailing addresses or telephone numbers for outside 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. No corrective action is warranted.

115.353 (c). As reported in the PAQ, the agency or facility does not maintain memoranda of understandings or other agency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. An agreement dated 2/11/2019 indicated that the Child Advocacy Center agrees to:

- Provide a forensic interview of the victim or victims.
- If appropriate, provide a forensic medical examination of the victim or victims at no financial cost to the victim
- Conduct a physical examination with a SAFE examiner
- Provide victim/victims with information regarding community victim advocacy services
- Cooperate with local or state law enforcement and the Missouri Children's Division on on-going investigation, by providing interview and examination results.

Documents Reviewed

Agreement with Child Advocacy Center (dated 2/11/2019)

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.

115.353 (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.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "resident juveniles may have telephone contact with their Legal Representative at any reasonable time" (p. 28).

Documentation Reviewed

Resident Handbook

Interviews

Superintendent (Facility Director)- The interviewed director reported that the facility provides residents with reasonable access and confidential access to their attorneys or other legal representation and parents, through the use of the attorney rooms.

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. No corrective action is warranted.

Corrective Action and 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	<p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Policy: Greene County Juvenile Detention Center Manual</p> <p>Posters</p> <p>Findings (By Provision):</p> <p>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.</p> <p>Corrective Action: Update the policy manual to add specific language related to provision 115.354 (a). Policy language was updated during the post audit phase.</p> <p>Policy: Greene County Juvenile Detention Center Manual states that “staff must respond with an incident report any time a resident makes allegations of sexual assault, abuse or harassment whether made in writing, verbally, anonymously or by way of a third party” (p. 8).</p> <p>Documentation Reviewed</p> <p>PREA Posters</p> <p>Corrective Action:</p> <p>Update the policy manual to add specific language related to provision 115.354 (a). Policy language was updated during the post audit phase. There is no further action needed at this time.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Staff PREA Refresher Training-8</p> <p>Interviews:</p> <p>Random sample of staff -9</p> <p>Medical and mental health staff</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>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 or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that "In compliance with PREA standards, staff will report immediately to the Detention Superintendent, any knowledge, suspicion or information regarding an incident of sexual assault, sexual abuse or sexual harassment that has occurred in the Greene County Detention Center or any other facility" (p. 39).</p> <p>Interviews</p> <p>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.</p> <p>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.</p> <p>115.361 (b). As reported in the PAQ, the facility requires that all staff comply with any applicable mandatory child abuse reporting laws.</p> <p>Policy: The Greene County Operations Manual states that "detention employees are mandated reporters and as such shall report to the child abuse/neglect hotline any reason to believe a child is being or has been, physically, emotionally, or sexually abused and/or neglected. In compliance with PREA Standards, any allegation of sexual abuse, sexual assault or sexual harassment will be reported to the child abuse/neglect hotline and/or the appropriate investigative agency. All reports made shall be recorded on the form provided and kept with the outcomes in the binder for this purpose that is in the control room" (p. 6).</p> <p>Interviews</p> <p>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.</p> <p>· How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</p>

- 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.

Documentation Reviewed

Staff PREA Refresher Training

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.

115.361 (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.

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. No corrective action is warranted.

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

Interviews

Medical and Mental Health Staff – The interviewed mental health staff reported that at the initiation of services to a resident, the limitations of confidentiality and your duty to report is disclosed. It was further reported that the mental health staff is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The mental health staff further reported being aware of such incidents.

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.

115.361 (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

Superintendent (Facility Director)– The interviewed director reported that when the facility receives an allegation of sexual

abuse they report the incident through hotline number and to the supervisor. Depending on the circumstances potentially make the report to high patrol. In addition we would notify the caseworker and the parent. Reports are made immediately to investigation and within 24 hours to like caseworker and parent; depending on the situation. We wouldn't want to give parents misinformation.

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.

115.361 (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.

Interviews

Superintendent (Facility Director)– The interviewed director reported that all allegations of sexual abuse and sexual harassment are reported immediately through 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. No corrective action is warranted.

Corrective Action and 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
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Interviews:</p> <p>Agency head</p> <p>Superintendent</p> <p>Random sample of staff - 9</p> <p>Findings (By Provision):</p> <p>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. There were zero instances during the past 12 months where the facility determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual provides the following guidance:</p> <p>a. Emergency Grievance Procedures: If a juvenile alleges sexual abuse or assault by a staff or another juvenile OR staff receives information, has knowledge, or suspects sexual abuse or assault by a staff or another juvenile and a resident is at imminent risk of on-going abuse, the following protocols will be followed:</p> <p>The juvenile will immediately be placed in a protective environment pending initial investigation.</p> <ol style="list-style-type: none"> 1. If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure safety of all residents. 2. If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room. <p>Once the youth is protected the Superintendent, Assistant Superintendent and Family Court Administrator will be contacted immediately.</p> <p>If medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs.</p> <p>The child abuse/neglect hotline will be called within 1 hour</p> <p>The appropriate investigative agency, the Missouri Highway Patrol, will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating.</p> <p>Mental health/victim services will be made available if appropriate or requested.</p> <p>All staff on shift must complete a Critical Incident Report outlining the details of the incident, and follow up actions, prior to leaving their shift (pp. 25-26).</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that when they learn that resident is subject to a substantial risk of imminent sexual abuse, immediate protective actions are taken by the facility. Residents and the suspected other party would be immediately separated, and it would be investigated immediately.</p> <p>Superintendent (Facility Director)– The interviewed director reported that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse the would expect the staff to separate the youth to alleviate the immediate risk and</p>

contact the management team to inform us of the situation. Depending on the circumstance-we may take a variety of different actions. We would have an action plan for their safety. Such actions would occur 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. No corrective action is warranted.

Corrective Action and 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:

Pre-Audit Questionnaire (PAQ)

Policy: Greene County Juvenile Detention Center Operations Manual

Policy: Sexual Abuse and Assaults

Interviews:

Agency head

Superintendent

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. It was further reported that 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 the facility during the reporting period.

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.

115.363 (b). As reported in the PAQ, the 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.

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.

115.363 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "In compliance with PREA Standards, upon receiving allegations that a resident was sexually abused or assaulted while confined at another facility, the Superintendent will notify the head of that facility or the appropriate office of the agency or facility where the allegations occurred, and the child abuse/neglect hotline within 72 hours" (p. 26).

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. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Interviews

Agency Head – If another agency or a facility within the agency refers allegations of sexual abuse or sexual harassment that occurred within the facility the Family Court Administrator or the Chief Juvenile Officer would be the point of contact. We would immediately notify the facility superintendent and refer the allegation to Missouri Highway Patrol to investigate. We have not had any examples of such a case.

Superintendent (Facility Director)– The interviewed director reported that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility the facility will immediately hotline the situation and contact the supervisor. The other director will be notified. The director reported that they are unaware of such incidents occurring.

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.

Corrective Action and 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Interviews:</p> <p>Random sample of staff/Security and non-security staff first responders - 9</p> <p>Findings by Provision:</p> <p>115.364 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 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. 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 ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that:</p> <p>a. If a juvenile alleges sexual abuse or assault by a staff or another juvenile OR staff receives information, has knowledge, or suspects sexual abuse or assault by a staff or another juvenile and a resident is at imminent risk of on-going abuse, the following protocols will be followed:</p> <p>The juvenile will immediately be placed in a protective environment pending initial investigation.</p> <ol style="list-style-type: none"> 1. If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure safety of all residents. 2. If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room. <p>Once the youth is protected the Superintendent, Assistant Superintendent and Family Court Administrator will be contacted immediately.</p> <p>If medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs at no expense to the juvenile.</p> <p>The child abuse/neglect hotline will be called within 1 hour.</p> <p>The appropriate investigative agency, the Missouri Highway Patrol, will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating.</p> <p>Mental health/victim services will be made available if appropriate or requested.</p> <p>All staff on shift must complete a Critical Incident Report outlining the details of the incident, and follow up actions, prior to leaving their shift.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the</p>

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

Interviews

Security Staff First Responders – It should be noted that all direct care staff are considered first responders. The staff was able to describe their first responder duties.

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. No corrective action is warranted.

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.

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

Policy: The Greene County Juvenile Detention Center Operations Manual states that:

For purposes of reporting residents may have access upon request to medical staff, mental health staff, and phones for the purpose of calling the child abuse/neglect hotline.

In compliance with PREA Standards, upon receiving allegations that a resident was sexually abused or assaulted while confined at another facility, the Superintendent will notify the head of that facility or the appropriate office of the agency or facility where the allegations occurred, and the child abuse/neglect hotline within 72 hours.

Residents that have made allegations of sexual harassment, abuse or assault will be notified as to the outcome of the investigation. If the allegation is against staff and substantiated, by a preponderance of the evidence, resident will be notified of any subsequent actions against staff to include termination, the known filing of charges, and convictions (p. 26).

Interviews

Random Sample of Staff - 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. It should be noted that all direct care staff are considered first responders.

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. No corrective action is warranted.

Corrective Action and 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Coordinated Response to Reports of Sexual Abuse</p> <p>Greene County Juvenile Detention Coordinated Response to Reports of Sexual Abuse</p> <p>Interviews:</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>115.365 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.</p> <p>Policy: The Greene County Juvenile Detention Coordinated Response to Reports of Sexual Abuse, provides guidance on the facility coordinated response. The response has a detailed list of staff, activities, and timeframes to immediately respond to an allegation of sexual abuse.</p> <p>Documentation Reviewed</p> <p>Greene County Juvenile Detention Coordinated Response to Reports of Sexual Abuse</p> <p>Interviews</p> <p>Superintendent (Facility Director)– The interviewed director reported that a response to an incident of sexual abuse the facility will refer for investigation, take to hospital if deemed necessary and any other follow up medical care; we also contact the child advocacy center as that is where most of the services are provided; and follow up with onsite and child advocacy mental health. The residents are given a packet of information at the advocacy center on medical and other follow up services.</p> <p>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.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency head</p> <p>Findings (By Provision):</p> <p>115.366 (a). N/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.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the agency is not responsible for collective bargaining.</p> <p>115.366 (b). Auditor is not required to audit this provision.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 443 932 470">Policy: Greene County Juvenile Detention Center Operations Manual</p> <p data-bbox="240 499 496 526">Monitoring for Retaliation</p> <p data-bbox="240 555 352 582">Interviews:</p> <p data-bbox="240 611 376 638">Agency head</p> <p data-bbox="240 667 400 694">Superintendent</p> <p data-bbox="240 723 845 750">Designated staff member charged with monitoring retaliation</p> <p data-bbox="240 779 483 806">Findings (By Provision):</p> <p data-bbox="240 835 1485 934">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.</p> <p data-bbox="240 963 1485 1061">Policy: The Greene County Juvenile Detention Center Operations Manual states that “all staff are responsible for monitoring and reporting each other and other residents for the possibility of retaliation against youth or staff for filing a formal grievance or cooperating with the administrative or criminal investigation” (p. 25).</p> <p data-bbox="240 1090 1473 1153">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.</p> <p data-bbox="240 1182 1437 1245">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.</p> <p data-bbox="240 1274 347 1301">Interviews</p> <p data-bbox="240 1330 1495 1458">Agency Head – The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment by ensuring that the resident had not contact with the person whom the allegations were made. Access to additional counseling would be made available as well. Any secondary staff retaliation would be addressed through county policy and procedure disciplinary action up to and including termination.</p> <p data-bbox="240 1487 1485 1615">Superintendent (Facility Director)– The interviewed director reported that the different measures that will be taken after a sexual abuse or sexual harassment allegation, 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.</p> <p data-bbox="240 1644 1476 1839">Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) – The interviewed staff charged with monitoring for retaliation stated that the role that they play in preventing retaliation against residents and staff who report sexual abuse or sexual harassment investigations include supervising the direct care staff, approve changes to care of residents, and make referrals to outside services. The different measures taken to protect those residents and staff from retaliation include separations and ratio changes. It was further reported that the facility staff has not had to respond to allegations of sexual abuse however if it happened they would follow the protocol.</p> <p data-bbox="240 1868 1473 1930">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.</p> <p data-bbox="240 1960 1482 2123">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.</p>

Policy: The Greene County Juvenile Detention Center Operations Manual states that "all staff are responsible for monitoring and reporting each other and other residents for the possibility of retaliation against youth or staff for filing a formal grievance or cooperating with the administrative or criminal investigation" (p. 25).

Policy Update: The updated policy states that "Greene County Juvenile Detention shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate leadership staff; Director, Superintendent, Assistant Superintendent, as charged with monitoring retaliation".

Interviews

Superintendent (Facility Director)– The interviewed director reported that if allegation involved staff-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.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for possible retaliation, they would look for isolating behaviors, change in behaviors, and increase in grievance forms. Monitoring would occur via interactions, viewing camera footage, changes in performance of staff and residents, and increased requests. The monitoring of conduct and treatment of residents and staff who report sexual abuse would occur throughout the residents stay.

Corrective Action: The facility has a policy and process that all staff monitor for retaliation. The auditor discussed that for the purpose of the sexual abuse allegations one designated staff person, preferably a supervisor should be designated to monitor allegations of sexual abuse. The facility shall update the policy indicating that a staff member will be delegated to monitor allegations of sexual abuse. The policy was updated. There is no further action needed. The facility is in compliance with the provision.

111.367 (d). In the case of residents, such monitoring shall also include periodic status checks. There was one allegation of sexual abuse that occurred in the last 12 months. That allegation was reported after the resident left the facility, therefore monitoring did not occur.

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for possible retaliation, they would look for isolating behaviors, change in behaviors, and increase in grievance forms. Monitoring would occur via interactions, viewing camera footage, changes in performance of staff and residents, and increased requests. The monitoring of conduct and treatment of residents and staff who report sexual abuse would occur throughout the residents stay.

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.

115.367 (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.

Interviews

Agency Head – The interviewed agency head reported that if an individual cooperates with an investigation expresses fear of retaliation, we would ensure that the reporting individual was made aware of any types of retaliation and we would not tolerate such behavior. We would notify the supervisory staff or human resources if they were not comfortable dealing with the supervisor staff.

Superintendent – The interviewed superintendent reported that multiple measures would be taken to protect against suspected retaliation. Depending on the circumstances; we would remove the youth from the source (staff or another 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 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. No corrective action is warranted.

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

Corrective Action and Conclusion:

Corrective Action: The facility has a policy and process that all staff monitor for retaliation. The auditor discussed that for the purpose of the sexual abuse allegations one designated staff person, preferably a supervisor should be designated to monitor allegations of sexual abuse. The facility shall update the policy indicating that a staff member will be delegated to monitor allegations of sexual abuse. The policy was updated. There is no further action needed. The facility is in compliance with the standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical and mental health staff</p> <p>Findings (By Provision):</p> <p>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.</p> <p>Policy The Greene County Juvenile Detention Center Operations Manual states that "If a juvenile alleges sexual abuse or assault by a staff or another juvenile OR staff receives information, has knowledge, or suspects sexual abuse or assault by a staff or another juvenile and a resident is at imminent risk of on-going abuse, the following protocols will be followed:</p> <p>The juvenile will immediately be placed in a protective environment pending initial investigation.</p> <ul style="list-style-type: none"> · If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure safety of all residents. · If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room" (p. 25). <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>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</p> <p>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</p> <p>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</p> <p>Interviews</p> <p>Superintendent (Facility Director)– The interviewed director reported all rooms are single occupancy and the facility does not use isolation.</p> <p>Medical and Mental Health Staff – The interviewed mental health staff reported the facility does not place kids in isolation.</p> <p>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.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Letter: Referral for Investigation (Missouri State Patrol)</p> <p>Missouri Department of Social Services: findings of investigation</p> <p>NIC Investigation Training Certificate</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA coordinator</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>115.371 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual “The appropriate investigative agency, the Missouri Highway Patrol, will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating” (pp. 25-26).</p> <p>Documentation Reviewed</p> <p>Investigation Report</p> <p>Interviews</p> <p>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.</p> <p>Administrative Investigative Staff – The interviewed staff reported that an investigation for an allegation of sexual abuse or sexual harassment will be initiated immediately. Anonymous or third-party reports would be treated the same and conducted by an external investigator.</p> <p>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.</p> <p>115.371 (b). Per the PAQ, the facility reported having zero staff who are trained investigators. However, the auditor recommended that an onsite staff complete the training to address any administrative review or findings.</p> <p>Documentation Reviewed</p> <p>NIC Investigation Training Certificate</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual “The appropriate investigative agency, the Missouri Highway Patrol, will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating” (pp. 25-26).</p>

Recommendation: The agency does not conduct any sexual abuse investigations. While the facility does not conduct investigations, the auditor recommended that a facility staff person complete the specialized training for investigations in the event the administrative component is not addressed by the outside investigator.

Interviews

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 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.

Administrative Investigative Staff: The interviewed staff reported they have received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training was received online through the National Institute of Corrections (NIC). The interviewed staff reported that the training included: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

No corrective action is warranted.

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

Policy: The Greene County Juvenile Detention Center Operations Manual "The appropriate investigative agency, the Missouri Highway Patrol, will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating" (pp. 25-26).

Documentation Reviewed

Investigative Report

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.

Administrative Investigative Staff – The interviewed staff reported that an investigation would be initiated once the staff contacted them. The evidence would be preserved, and we would ensure everyone was safe. The evidence would be preserved until the external investigator took over. The direct and circumstantial evidence that would be gathered is preliminary interviews, monitor for retaliation, not allowing them to shower/urinate or have contact with others until the

external investigator took over the 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. No corrective action is warranted.

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.

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.

Administrative Investigative Staff: The interviewed investigator reported that the investigation would not terminate if the allegations were recanted.

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.

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

Documentation Reviewed

Investigation Report

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.

Administrative Investigative Staff: The interviewed investigator reported that all allegations that would rise to the level of referral for prosecution would be addressed by the external investigator.

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.

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

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the credibility of alleged victims, suspects, or witnesses is done using an unbiased approach.

Administrative Investigative Staff: The interviewed investigator reported that They would not judge the alleged victim, suspect or witness. The administrator investigator would only gather the initial information and then turn it over to the external investigator. It was further reported that under no circumstance would they require a resident to submit to a polygraph test.

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.

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

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022, and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of investigation

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.

Administrative Investigative Staff: The interviewed investigator reported that the following efforts would be made during the administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse: creating an environment where telling is the norm and action is taken. Following through with the expectation of zero tolerance. The documentation would occur on 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. No corrective action is warranted.

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

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of investigation

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.

Administrative Investigative Staff: The interviewed investigator reported that the criminal investigations are documented by the external investigator.

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.

115.371 (i). As reported in the PAQ, there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20,2012, or since the last PREA audit.

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.

Administrative Investigative Staff: The interviewed investigator reported that all cases that would be referred for prosecution would occur with the external investigator. The depth of the investigation is conducted by an external investigator.

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.

115.371 (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.

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of investigation

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

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of investigation

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.

Administrative Investigative Staff: The interviewed investigator reported that when a staff member is alleged to have committed sexual abuse or sexual harassment who has terminated employment, the information would be turned over to the external investigator to investigate.

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.

115.371 (l). N/A

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.

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of investigation

Interviews

Superintendent (Facility Director)– The interviewed director reported that if an outside agency conducted the investigation they would constantly communicate with the agency.

Administrative Investigative Staff: The interviewed investigator reported that when an outside agency investigates an incident of sexual abuse the administrative investigator's role is to assist in getting the information that is needed.

PREA Coordinator - The interviewed PREA Coordinator reported that if an outside agency investigates allegations of sexual abuse, we stay informed at the conclusion of the investigation. We will assist as directed by the investigation.

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. No corrective action is warranted.

Corrective Action and Conclusion:

Recommendation: The agency does not conduct any sexual abuse investigations. While the facility does not conduct investigations, the auditor recommended that a facility staff person complete the specialized training for investigations in the event the administrative component is not addressed by the outside investigator. During the post audit phase an onsite investigator was trained to conduct administrative investigations. No further action is needed. The facility is in compliance with the standard.

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Letter: Referral for Investigation (Missouri State Patrol)</p> <p>Missouri Department of Social Services: findings of investigation</p> <p>Interviews:</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>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</p> <p>Policy language was updated during the post onsite audit phase. The policy now states that "Residents that have made allegations of sexual harassment, abuse or assault will be notified as to the outcome of the investigation. If the allegation is against staff and substantiated, by a preponderance of the evidence, resident will be notified of any subsequent actions against staff to include termination, the known filing of charges, and convictions" (p. 26).</p> <p>The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.</p> <p>Documentation Reviewed</p> <p>Letter: Referral for Investigation (Missouri State Patrol)</p> <p>Missouri Department of Social Services: findings of investigation</p> <p>Interviews</p> <p>Investigative Staff: The interviewed outside agency investigative staff reported that the Children's Division OHI's standard of evidence is preponderance of evidence.</p> <p>Administrative Investigative Staff: The interviewed investigator reported that a 51% reasonable doubt is the standard of evidence used to require a substantiated allegation of sexual abuse or sexual harassment.</p> <p>Corrective Action and Conclusion:</p> <p>Corrective Action: Update to policy to address the standard. The policy language was updated therefore there is no further action needed. The facility is in compliance with the standard.</p>

115.373	Reporting to residents
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 329 365 358">Documents:</p> <p data-bbox="240 387 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 445 932 474">Policy: Greene County Juvenile Detention Center Operations Manual</p> <p data-bbox="240 504 788 533">Letter: Referral for Investigation (Missouri State Patrol)</p> <p data-bbox="240 562 884 591">Missouri Department of Social Services: findings of investigation</p> <p data-bbox="240 620 703 649">PREA Post Investigation Resident Notification</p> <p data-bbox="240 678 352 707">Interviews:</p> <p data-bbox="240 736 399 766">Superintendent</p> <p data-bbox="240 795 456 824">Investigative Staff (2)</p> <p data-bbox="240 853 483 882">Findings (By Provision):</p> <p data-bbox="240 911 1477 999">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.</p> <p data-bbox="240 1028 1477 1122">Investigative Staff : The interviewed investigator reported that when a resident makes an allegation of sexual abuse, they are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="240 1151 1477 1283">Policy: The Greene County Juvenile Detention Center Operations Manual states that "Residents that have made allegations of sexual harassment, abuse or assault will be notified as to the outcome of the investigation. If the allegation is against staff and substantiated, by a preponderance of the evidence, resident will be notified of any subsequent actions against staff to include termination, the known filing of charges, and convictions" (p. 26).</p> <p data-bbox="240 1312 1437 1373">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</p> <p data-bbox="240 1402 1449 1462">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</p> <p data-bbox="240 1491 1414 1552">While there were zero reported allegations of sexual abuse, the facility has a form (PREA Post Investigation Resident Notification) to notify residents of the results of the sexual abuse allegation.</p> <p data-bbox="240 1581 501 1610">Documentation Reviewed</p> <p data-bbox="240 1639 762 1668">PREA Post Investigation Resident Notification Form</p> <p data-bbox="240 1697 347 1727">Interviews</p> <p data-bbox="240 1756 1469 1816">Superintendent (Facility Director)– The interviewed director reported the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 1845 1469 1906">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.</p> <p data-bbox="240 1935 1437 1995">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.</p> <p data-bbox="240 2024 1485 2085">The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 1</p> <p data-bbox="240 2114 1433 2143">Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of</p>

residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022 and July 9, 2020. The allegations were made against a former employee. The incident was investigated by the Missouri Department of Social Services. A findings of investigation was provided to the facility.

Documentation Reviewed

Letter: Referral for Investigation (Missouri State Patrol)

Missouri Department of Social Services: findings of 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. No corrective action is warranted.

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 Greene County Juvenile Detention Center Operations Manual states that "Residents that have made allegations of sexual harassment, abuse or assault will be notified as to the outcome of the investigation. If the allegation is against staff and substantiated, by a preponderance of the evidence, resident will be notified of any subsequent actions against staff to include termination, the known filing of charges, and convictions" (p. 26).

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 there were zero reported allegations of sexual abuse, the facility has a form (PREA Post Investigation Resident Notification) to notify residents of the results of the sexual abuse allegation.

Documentation Reviewed

PREA Post Investigation Resident Notification

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.

There was one allegation made; however the youth was no longer at the facility when the allegation was made; therefore notification did not occur.

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.

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented.

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 there were zero reported allegations of sexual abuse, the facility has a form (PREA Post Investigation Resident Notification) to notify residents of the results of the sexual abuse allegation.

Policy Update:

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

If Greene County Juvenile

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

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

1. The staff member is no longer employed at Greene County Juvenile Detention.
2. Greene County Juvenile Detention learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
3. Greene County Juvenile Detention learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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

1. Greene County Juvenile Detention learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. Greene County Juvenile Detention learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented.

Greene County Juvenile Detention's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Documentation Reviewed

PREA Post Investigation Resident Notification

Corrective Action: Update to policy to add language related to "the agency has a policy that all notifications to residents described under this standard are documented". The agency has updated its policy, there is no further action needed. The facility is in compliance with the standard.

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

Corrective Action:

Corrective Action: Update to policy to add language related to "the agency has a policy that all notifications to residents described under this standard are documented". The agency has updated its policy, there is no further action needed. The facility is in compliance with the standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 329 365 356">Documents:</p> <p data-bbox="240 385 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 443 932 472">Policy: Greene County Juvenile Detention Center Operations Manual</p> <p data-bbox="240 501 352 528">Interviews:</p> <p data-bbox="240 557 400 586">Superintendent</p> <p data-bbox="240 616 483 645">Findings (By Provision):</p> <p data-bbox="240 674 1485 734">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.</p> <p data-bbox="240 763 1485 860">Policy: The Greene County Juvenile Detention Center Operations Manual states that "staff, volunteers, and contractors who engage in inappropriate contact with any Juvenile, including sexual assault or harassment, will be reported to the Children's Division and/or the appropriate law enforcement authorities for purposes of investigation and prosecution as necessary.</p> <p data-bbox="240 889 1481 1016">Staff engaging in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to disciplinary action up to and including termination of employment. PREA Standards require that staff terminated for inappropriate contact with any juvenile, including sexual assault or harassment will have that recorded in their personnel file. This information will be disclosed to future employers if relevant to ensure the safety of other juveniles" (pp. 11-12).</p> <p data-bbox="240 1046 1473 1106">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.</p> <p data-bbox="240 1135 1485 1232">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.</p> <p data-bbox="240 1261 1485 1420">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. There were zero disciplinary sanctions imposed during the 12-month reporting period that would apply to this standard provision.</p> <p data-bbox="240 1449 1485 1545">Policy: The Greene County Juvenile Detention Center Operations Manual states that "staff, volunteers, and contractors who engage in inappropriate contact with any Juvenile, including sexual assault or harassment, will be reported to the Children's Division and/or the appropriate law enforcement authorities for purposes of investigation and prosecution as necessary.</p> <p data-bbox="240 1552 1481 1680">Staff engaging in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to disciplinary action up to and including termination of employment. PREA Standards require that staff terminated for inappropriate contact with any juvenile, including sexual assault or harassment will have that recorded in their personnel file. This information will be disclosed to future employers if relevant to ensure the safety of other juveniles" (pp. 11-12).</p> <p data-bbox="240 1709 1481 1868">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. There have been zero staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 1897 1485 1993">Policy: The Greene County Juvenile Detention Center Operations Manual states that "staff, volunteers, and contractors who engage in inappropriate contact with any Juvenile, including sexual assault or harassment, will be reported to the Children's Division and/or the appropriate law enforcement authorities for purposes of investigation and prosecution as necessary.</p> <p data-bbox="240 2000 1481 2128">Staff engaging in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to disciplinary action up to and including termination of employment. PREA Standards require that staff terminated for inappropriate contact with any juvenile, including sexual assault or harassment will have that recorded in their personnel file. This information will be disclosed to future employers if relevant to ensure the safety of other juveniles" (pp. 11-12).</p>

Corrective Action and 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.

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 329 365 358">Documents:</p> <p data-bbox="242 387 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="242 445 932 474">Policy: Greene County Juvenile Detention Center Operations Manual</p> <p data-bbox="242 504 352 533">Interviews:</p> <p data-bbox="242 562 400 591">Superintendent</p> <p data-bbox="242 620 483 649">Findings (By Provision):</p> <p data-bbox="242 678 1490 770">115.377 (a). As reported in the PAQ, there have been zero volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months; nor any incidents/persons reported to law enforcement for engaging in sexual abuse of residents.</p> <p data-bbox="242 799 1490 994">Policy: The Greene County Juvenile Detention Center Operations Manual states that "contractors who engage in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to a termination of their contract and a report made to the appropriate licensing authorities. Volunteers who engage in inappropriate contact with any Juvenile, including sexual assault and/or harassment, will be subject to being barred from the Detention Center and will be reported to the Children's Division and/or the appropriate law enforcement authorities for purposes of investigation and prosecution as necessary" (p.11-12).</p> <p data-bbox="242 1023 1477 1084">In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p data-bbox="242 1113 1461 1205">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.</p> <p data-bbox="242 1234 1469 1294">Superintendent (Facility Director)– The interviewed director reported that if the allegation involved a volunteer or contractor that person would not be allowed in the facility until the investigation concludes.</p> <p data-bbox="242 1323 1474 1384">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.</p> <p data-bbox="242 1413 584 1442">Corrective Action and Conclusion:</p> <p data-bbox="242 1471 1422 1532">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Resident Handbook</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical and mental health staff</p> <p>Findings (By Provision):</p> <p>115.378 (a). As reported in the PAQ, there were no reported residents subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse, following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual has a variety of sanctions that could be used to discipline residents (pp. 31-33).</p> <p>In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>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</p> <p>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</p> <p>115.378 (b). Per the PAQ, there were zero residents in the past 12 months placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual has a variety of sanctions that could be used to discipline residents (pp. 31-33).</p> <p>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.</p> <p>In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0</p> <p>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</p> <p>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</p> <p>Interviews</p> <p>Superintendent (Facility Director)– The interviewed director reported that they don't have much control over the legal part; that would be determined by legal to file charges. Administratively the facility has disciplinary matrix. There is a personalized plan based on the nature of the situation and the client's past behavior. We take into consideration cognitive ability, past trauma and mental health. We do not use isolation and we try to keep a more trauma informed approach.</p> <p>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.</p>

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.

Policy: The Greene County Juvenile Detention Center Operations Manual states that "rules of conduct and the possible range of consequences shall be provided to all new staff members and included as part of in-house training. Staff that have direct contact with the juveniles shall receive at least two hours of in-service training annually to ensure familiarity with the rules, sanctions available, and the rationale for the rules. Staff will understand the cognitive-behavioral approach from which the rules of conduct are modeled" (p. 31).

Interviews

Superintendent (Facility Director)– The interviewed director reported that they don't have much control over the legal part; that would be determined by legal to file charges. Administratively the facility has disciplinary matrix. There is a personalized plan based on the nature of the situation and the client's past behavior. We take into consideration cognitive ability, past trauma and mental health. We do not use isolation and we try to keep a more trauma informed approach.

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.

115.378 (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 offers 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.

Interviews

Medical and Mental Health Staff – The interviewed mental health staff reported that the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to an offending resident. When the services are provided, we do not require a resident's participation as a condition of access to any rewards-based behavior management system and programming education.

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. The Resident Handbook provides guidance to the resident on allegations being made in good faith (p. 5).

115.378 (g). As reported in the PAQ, the 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.

Policy Update: The policy was updated to reflect "Greene County Juvenile Detention prohibits all sexual activity between residents and will discipline residents for such activity. Greene County Juvenile Detention will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced".

Corrective Action: The facility shall update policy to address "youth to youth sexual activity, sexual assault, rape, sexual conduct and sexual contact as defined in this protocol is prohibited". Policy was updated.

Corrective Action and Conclusion:

Corrective Action: The facility shall update policy to address "youth to youth sexual activity, sexual assault, rape, sexual conduct and sexual contact as defined in this protocol is prohibited". The policy was updated. There is no further action needed. The facility is in compliance with the standard, there is no further action needed.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Greene County Juvenile Justice Center 18+ Consent Reporting Form</p> <p>Intake Assessment (8)</p> <p>Interviews:</p> <p>Staff responsible for Risk Screening - 7</p> <p>Medical and mental health staff</p> <p>Residents who reported a prior history of sexual abuse 1</p> <p>Findings (By Provision):</p> <p>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. The facility reported in the PAQ, that one hundred percent of the residents who reported prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that “upon admission, and no more than 12 hours from admission, the Medical/Mental Health Screening will be conducted one-on-one with the juvenile and a staff member. This screening will be done by the staff member in such a way as to ensure the privacy of the juvenile. In compliance with PREA standards, if a juvenile reports any history of sexual abuse/assault on the Medical/Mental Health Screening that information will be provided to the Clinical Coordinator for follow up” (p. 17).</p> <p>Documentation Reviewed:</p> <p>Intake Assessment (8)</p> <p>Interviews</p> <p>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, the facility offers a follow--up meeting with a medical and/or medical health practitioner. This typically occurs within 72 hours of intake</p> <p>Corrective Action: The facility will implement a corrective action plan to ensure that the follow up with mental health and/or medical is documented. The facility shall provide the auditor with the plan of action, and proof of implementation based on new intakes that report a prior history of victimization or perpetration. The agency updated its policy and assessment tool. The auditor reviewed the updated tool and documentation of follow up with medical and mental health.</p> <p>115.381 (b). As indicated in the PAQ, one hundred percent of residents who disclosed prior perpetration of sexual abuse during screening are offered a follow up meeting with a mental health practitioner.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that “upon admission, and no more than 12 hours from admission, the Medical/Mental Health Screening will be conducted one-on-one with the juvenile and a staff member. This screening will be done by the staff member in such a way as to ensure the privacy of the juvenile. In compliance with PREA standards, if a juvenile reports any history of sexual abuse/assault on the Medical/Mental Health Screening that information will be provided to the Clinical Coordinator for follow up” (p. 17).</p> <p>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.</p> <p>Interviews</p>

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting or in the community, the facility offers a follow-up meeting with a medical and/or medical health practitioner. This typically occurs within 72 hours of intake

Corrective Action: The facility will implement a corrective action plan to ensure that the follow up with mental health and/or medical is documented. The facility shall provide the auditor with the plan of action, and proof of implementation based on new intakes that report a prior history of victimization or perpetration. The agency updated its policy and assessment tool. The auditor reviewed the updated tool and documentation of follow up with medical and mental health.

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.

115.381 (d). As reported in the PAQ, 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. In the event that it was necessitated, the facility has a form (Greene County Juvenile Justice Center-18+ Consent Reporting Form) that would be utilized to attain consent from residents who are 18+.

Policy Update: The policy was updated to reflect "in compliance with PREA standards, the Mental Health Clinician will follow up with any youth that reports any history of sexual abuse/assault or perpetration. When doing so, they will note in CZASFT that they have offered additional counseling services and if the resident would like to follow up services, or if they decline. If they would like follow up services, it will be noted that their Deputy Juvenile Officer has been informed, and it will be their responsibility to obtain such services". The agency updated the screening tool to reflect follow up with medical and mental health. There is no further action needed, the agency is in compliance with the provision.

Documents Reviewed

Greene County Juvenile Justice Center-18+ Consent Reporting Form

Interviews

Medical and Mental Health Staff – The interviewed mental health staff stated that she explains to the residents that she is a mandated reporter and will report information on prior sexual victimization.

Corrective Action and Conclusion:

Corrective Action: The facility will implement a corrective action plan to ensure that the follow up with mental health and/or medical is documented. The facility shall provide the auditor with the plan of action, and proof of implementation based on new intakes that report a prior history of victimization or perpetration. The facility updated policy to include the requirements of documenting follow up services with mental health and medical. The assessment tool was also updated. The auditor reviewed documentation of the completed assessment tool and verification of documentation for referral for medical and mental health services. There is no further action needed. The facility is in compliance with the standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Interviews:</p> <p>Medical and mental health staff</p> <p>Security staff and non-security staff first responders 9</p> <p>Findings (By Provision):</p> <p>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 maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>It was further reported that there were no instances that occurred in the last 12 months.</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed mental health staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. It is done within 72 hours in general, but in crisis situation within one hour. The nature and scope of the services are determined according to the mental health staff professional judgement.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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. Interviewed medical and mental health staff reported that such services are addressed immediately.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that “if medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs at no expense to the juvenile” (p. 25).</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed mental health staff reported that victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>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.</p> <p>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.</p>

Policy Update: The policy was updated to reflect "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident".

Corrective Action: Update policy to address the provision "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".

Corrective Action and Conclusion:

Corrective Action: Update policy to address the provision "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".

The policy was updated, therefore there is no further action needed. The agency is in compliance with the standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Findings (By Provision):</p> <p>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.</p> <p>Policy Update: The policy was updated to state "if medical/mental health treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs at no expense to the juvenile".</p> <p>Corrective Action: Update policy to address the provision "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".</p> <p>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.</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed mental health staff reported that an evaluation is conducted and then the resident is referred to outside appropriate community resources.</p> <p>115.383 (c). As reported by the interviewed medical and mental health staff, the treatment and services provided are consistent with the community level of care.</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed mental health staff reported that mental health services are consistent with community level of care.</p> <p>115.383 (d). As reported in the PAQ, Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p>Policy: The Greene County Juvenile Detention Manual states that "pregnancy tests will be given to females who are admitted to secure detention with a documented need for such tests. Urgent gynecological services for all female juveniles and routine obstetrical services for pregnant juveniles shall be arranged to be provided in the community" (p. 46).</p> <p>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.</p> <p>Policy: The Greene County Juvenile Detention Manual states that "if a juvenile needs special care to include, but not limited to medical evaluation or treatment as a victim of sexual abuse, the nurse and staff shall work together to identify, coordinate and document a plan to meet that juvenile's needs. The plan shall be shared with all detention staff that provides care to that juvenile. If a juvenile's medical needs are beyond what can be provided in a secure detention setting the nurse may determine an alternative course of action, including transfer to a medical facility (p. 46).</p> <p>Interviews</p> <p>Medical and Mental Health Staff - The interviewed mental health staff reported that if pregnancy results from sexual abuse while incarcerated, victims given timely information and access to all lawful pregnancy--related services. Such information would be provided immediately.</p> <p>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.</p>

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.

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. Upon admission all juveniles will receive a mental health assessment by a professional mental health provider for the purpose of identifying suicidal tendencies, sexual abuse victimization and predatory risk to other residents.

Policy: The Greene County Juvenile Detention Center Operations Manual states that “the mental health provider will determine an appropriate course of action including transfer to a psychiatric setting if indicated. After admission, the mental health provider will provide follow up assessments as needed (p. 47).

Interviews

Medical and Mental Health Staff - The interviewed mental health staff reported that the facility does not provide mental health evaluations on all known resident--on--resident abusers. Such services would be provided by a community level provider.

Corrective Action and conclusion:

Corrective Action: Update policy to address the provision “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”. The policy was updated, therefore no further action is needed. The agency is in compliance with the standard.

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Incident Debriefing Review Form</p> <p>Greene County Juvenile Detention Center Operations Manual</p> <p>Interviews:</p> <p>Superintendent</p> <p>Incident review team</p> <p>Findings (By Provision):</p> <p>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. The facility provided a document that shows how an incident review debriefing would be documented.</p> <p>Policy Update: The policy was updated to state "Greene County Juvenile Detention shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded".</p> <p>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</p> <p>Corrective Action: The current policy does not contain specific language that addresses this standard. The facility shall update the policy to address the specific language of the policy "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". The policy was updated; therefore, no further action is needed. The facility is in compliance with the provision.</p> <p>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.</p> <p>Policy Update: The policy was updated to state "such review shall ordinarily occur within 30 days of the conclusion of the investigation".</p> <p>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</p> <p>Corrective Action: The current policy does not contain specific language that addresses this standard. The facility shall update the policy to address the specific language of the policy "the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation".</p> <p>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.</p> <p>Policy Update: The policy was updated to state that "the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners". The policy further stated that:</p> <p>The review team shall:</p> <ul style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; • Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area

- may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
 - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the Director and PREA compliance manager.

Corrective Action: The current policy does not contain specific language that addresses this standard. The facility shall update the policy to address the specific language of the policy "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 policy was updated, therefore no further action was needed.

Documentation Reviewed

Incident Review Debriefing Form

Interviews

Superintendent (Facility Director)– The interviewed director reported that the facility has not had to conduct a sexual abuse incident review however they would have a review of the overall situation. The review team would include the management team and mental health.

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.

Interviews

Superintendent (Facility Director)– The interviewed director reported that the incident review team would use the information to determine policy, staffing, and/or programming changes. The team will consider what the allegations were motivated by. Since the facility is small, there is a lot of room for changes but since the resident population is low, they could utilize a current empty unit.

Incident Review Team – The interviewed staff on the incident review team reported that the team will 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 was motivated or otherwise caused by other group dynamics at the facility. It was further reported that we have 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. The facility currently has a video monitoring system that monitors everywhere with the exception of the showers and toilet areas in the cells.

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.

115.386 (e). The facility reported in the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so.

Corrective Action and Conclusion:

115.386 (a). Corrective Action: The current policy does not contain specific language that addresses this standard. The facility shall update the policy to address the specific language of the policy "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".

115.386 (b). Corrective Action: The current policy does not contain specific language that addresses this standard. The facility shall update the policy to address the specific language of the policy "the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation".

115.386 (c). Corrective Action: The current policy does not contain specific language that addresses this standard. The facility shall update the policy to address the specific language of the policy "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".

All of the above mentioned policies were updated therefore no further action is needed. The facility is in compliance with the standard.

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>OSCA – PREA data</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>2021 Governor's Certification for Audit Year 2 of Cycle 3</p> <p>Findings (By Provision):</p> <p>115.387 (a/c). 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. The Greene County Juvenile Detention Center Operations Manual states that: Data collection regarding alleged sexual abuse shall include the following;</p> <ol style="list-style-type: none"> a. Accurate, uniform data collected for every allegation of sexual abuse at the facility using incident reports and the PREA pamphlet for definitions b. At minimum, an annual aggregation of incident-based sexual abuse data (PBS) c. Data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (PBS) d. Maintenance, review, and collection of data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. e. Ability to provide data from the previous calendar year upon requests to the Department of Justice <p>115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually. The auditor reviewed the 2020 OSCA PREA Data Report.</p> <p>Documents Reviewed</p> <p>2020 OSCA PREA Data Report</p> <p>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 Greene County Juvenile Detention Center Operations Manual states that: Data collection regarding alleged sexual abuse shall include the following;</p> <ol style="list-style-type: none"> a. Accurate, uniform data collected for every allegation of sexual abuse at the facility using incident reports and the PREA pamphlet for definitions b. At minimum, an annual aggregation of incident-based sexual abuse data (PBS) c. Data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (PBS) d. Maintenance, review, and collection of data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. e. Ability to provide data from the previous calendar year upon requests to the Department of Justice <p>Documents Reviewed</p> <p>The auditor reviewed the OSCA PREA Data Report.</p> <p>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. The Greene County Juvenile</p>

Detention Center Operations Manual states that: Data collection regarding alleged sexual abuse shall include the following;

- a. Accurate, uniform data collected for every allegation of sexual abuse at the facility using incident reports and the PREA pamphlet for definitions
- b. At minimum, an annual aggregation of incident-based sexual abuse data (PBS)
- c. Data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (PBS)
- d. Maintenance, review, and collection of data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- e. Ability to provide data from the previous calendar year upon requests to the Department of Justice

The auditor reviewed the OSCA PREA Data Report.

115.387 (e.) N/A the agency does not contract for the confinement of its residents and skip to 115.387 (f.). It was further reported that the data from private facilities complies with SSV reporting regarding content.

Documents Reviewed

OSCA PREA Data Report

115.387 (f). As reported in the PAQ, the agency has provided the Department of Justice (DOJ) with data from the previous calendar year.

Documentation Reviewed

Missouri Department of Social Services Data Collection Instrument (2021)

Corrective Action and 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
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Website</p> <p>Interviews:</p> <p>Agency head</p> <p>PREA coordinator</p> <p>Findings (By Provision):</p> <p>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:</p> <ul style="list-style-type: none"> · Identified problem areas; · Taking corrective action 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. <p>Documentation Reviewed</p> <p>2020 Annual Report</p> <p>Interviews</p> <p>Agency Head – Incident based sexual abuse data is used to assess and improve sexual abuse prevention, detection, response policies, practices and training by looking at each situation as a team and determine if anything was done poorly. Polices and procedures would be examined to determine if there were weaknesses in those that could have led to the incident and said policies and procedures would be revised accordingly.</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that the agency reviewed data collected and aggregated pursuit to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. It is reviewed annually. The agency will take corrective action as needed. It was further reported that the agency prepares an annual report of its findings.</p> <p>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.</p> <p>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. Memo PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1, provides further guidance on the agency responsibility to collect data and conduct annual reports. More specifically the memo states that:</p> <p>In accordance to the Jackson County Family Court policy145-02: Annual Reports and Annual Meetings, the Court's publishes an Annual Statistical Reports and an Annual Program Report. The policy requires the service Directors to approve and submit their departments report to the Deputy Court Administrator by a designated date. Annual Reports are made available on the Court's Intranet and is available to the public upon request.</p> <p>Any redacted information in the reports is based on confidentiality. The reports are maintained electronically beyond the 1 O year requirement. The Family Court’s Residential Services Department is certified by the American Correctional Association which requires a yearly Significant Incident Report.</p> <p>This attached report (submitted in July 2021) reflects that there were no reported incidents of sexual abuse/assault in the reported year. While it is common that the Department’s management team reviews. the data, discusses problem areas and</p>

make recommendations of any corrective actions taken, the absence of any incidents of sexual abuse/assaults in the past two years, results in continuous precautionary actions only.

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 they approve the agency annual reports.

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.

Memo PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1, provides further guidance on the agency responsibility to collect data and conduct annual reports. More specifically the memo states that:

In accordance to the Jackson County Family Court policy145-02: Annual Reports and Annual Meetings, the Court's publishes an Annual Statistical Reports and an Annual Program Report. The policy requires the service Directors to approve and submit their Departments report to the Deputy Court Administrator by a designated date. Annual Reports are made available on the Court's Intranet and is available to the public upon request.

Any redacted information in the reports are based on confidentiality. The reports are maintained electronically beyond the 1 O year requirement. The Family Court's Residential Services Department is certified by the American Correctional Association which requires a yearly Significant Incident Report.

This attached report (submitted in July 2021) reflects that there were no reported incidents of sexual abuse/assault in the reported year. While it is common that the Department's management team reviews. the data, discusses problem areas and make recommendations of any corrective actions taken, the absence of any incidents of sexual abuse/assaults in the past two years, results in continuous precautionary actions only.

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the type of material that is typically redacted from the annual report is personal identifiers.

Corrective Action and 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Greene County Juvenile Detention Center Operations Manual</p> <p>Interviews:</p> <p>PREA coordinator</p> <p>Findings (By Provision):</p> <p>115.389 (a). The facility reported in the PAQ that incident-based and aggregate data is securely retained.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that “regarding the security of sexual abuse data collected:</p> <ul style="list-style-type: none"> · The Detention Center shall ensure the data is securely retained · Remove all personal identifiers from published data · Maintain all data collected and aggregated for at least ten years after initial collection unless Federal, State, or local law requires otherwise” (p. 35). <p>Interviews</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that the facility reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training.</p> <p>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.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that “Data collection regarding alleged sexual abuse shall include the following; Accurate, uniform data collected for every allegation of sexual abuse at the facility using incident reports and the PREA pamphlet for definitions; At minimum, an annual aggregation of incident-based sexual abuse data (PBS); Data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (PBS); maintenance, review, and collection of data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; and Ability to provide data from the previous calendar year upon requests to the Department of Justice” (p. 35)</p> <p>Documentation Reviewed</p> <p>Website or other means for publicly available aggregated sexual abuse data.</p> <p>115.389 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Policy: The Greene County Juvenile Detention Center Operations Manual states that “regarding the security of sexual abuse data collected</p> <ol style="list-style-type: none"> a. The Detention Center shall ensure the data is securely retained b. Remove all personal identifiers from published data c. Maintain all data collected and aggregated for at least ten years after initial collection unless Federal, State, or local law requires otherwise” (p. 35). <p>Documentation Reviewed</p>

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 Greene County Juvenile Detention Center Operations Manual states that “regarding the security of sexual abuse data collected:

- The Detention Center shall ensure the data is securely retained
- Remove all personal identifiers from published data
- Maintain all data collected and aggregated for at least ten years after initial collection unless Federal, State, or local law requires otherwise” (p. 35).

Documentation Reviewed

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

Corrective Action and 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
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 329 365 356">Documents:</p> <p data-bbox="242 387 408 414">Agency Website</p> <p data-bbox="242 445 483 472">Findings (By Provision):</p> <p data-bbox="242 504 1490 593">115.401 (a). During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="242 624 1391 651">115.401 (b). As reported by the PREA coordinator, the facility is the only facility operated by the governing agency.</p> <p data-bbox="242 683 1457 808">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the Superintendent. 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.</p> <p data-bbox="242 840 1458 929">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.</p> <p data-bbox="242 960 1490 1122">115.401 (m). The auditor was provided private rooms throughout the facility to conduct resident 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.</p> <p data-bbox="242 1153 1398 1211">A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="242 1243 1449 1301">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.</p> <p data-bbox="242 1332 424 1359">Corrective Action:</p> <p data-bbox="242 1391 791 1417">No corrective action is recommended for this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Agency website</p> <p>Findings (By Provision):</p> <p>115.403 (f). The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

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.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
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)	na
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.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	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).)	yes

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	no
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.)	no
	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.)	no
	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.)	no
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.)	no
	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?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	no
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.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when 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