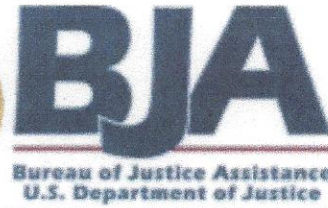


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



<b>Name of Facility:</b> Rosa Park Center			
<b>Physical Address:</b> 211 West 12 <sup>th</sup> Street, Fulton, MO 65251			
<b>Date report submitted:</b> August 23, 2014			
<b>Auditor information:</b> Dorothy Xanos			
Address: 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702			
Email: dxconsultants@gmail.com			
Telephone number: (813) 918-1088			
<b>Date of facility visit:</b> July 25, 2014			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> same as above <i>(if different from above)</i>			
<b>Telephone Number:</b> (573) 592-7227			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
<b>Name of PREA Compliance Manager:</b>	<input type="checkbox"/> Ursula Smith	<input type="checkbox"/> Title:	Youth Facility Manager IV
<b>Email Address:</b>	ursula.smith@dss.mo.gov	<b>Telephone Number:</b>	(573) 592-7227
<b>Agency Information</b>			
<b>Name of Agency:</b> Missouri Division of Youth Services			
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i> Missouri Department of Social Services			
<b>Physical Address:</b> 3418 Knipp Drive, Jefferson City, MO 65102			
<b>Mailing Address:</b> <i>(If different from above)</i> PO Box 447, Jefferson City, MO 65102			
<b>Telephone Number:</b> (573) 751-3324			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Phyllis Becker	<b>Title:</b>	Interim Division Director	
<b>Email Address:</b> <a href="mailto:phyllis.becker@dss.mo.gov">phyllis.becker@dss.mo.gov</a>	<b>Telephone Number:</b>	(573) 751-3324	
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b> Judy Parrett	<b>Title:</b>	Assistant Deputy Director	
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# AUDIT FINDINGS

## **NARRATIVE:**

Rosa Parks Center (RPC) is a 12 bed least restricted community based female residential treatment program governed by the Missouri Division of Youth Services (DYS), a division of the Missouri Department of Social Services. The length of stay in the program is based upon residents completing their individual treatment goals and program expectations; however, the average length of stay is four to six months. Youth are committed by a juvenile court order. A service coordinator determines resident's treatment needs and ensures continuity of treatment services from intake to release.

The program employs eleven (11) full-time staff. The regional nurse and regional psychologist provide and address the resident's medical and mental health needs. There are seven (7) direct care staff and one (1) group leaders that form one (1) treatment team which provide constant supervision and program activities for the residents.

The program is located on a college campus which allows for an atmosphere of hope and success for the young ladies being served at Rosa Parks. The residents are able to eat in the college dining hall during the school year and several college organizations interact with the staff and youth.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Rosa Park Center is a 4,200 square foot two level leased building located on the campus of William Woods University. Youth at the program range between the ages of 13-17 years of age. RPC has one (1) group, with two (2) staff during all shifts. The school operates with one (1) certified teacher and provides differentiated education for middle school through high school. The school is equipped with a library including technological equipment to enhance student learning and one (1) classroom. The building consists of three (3) main rooms for youth usage. The classroom and group meeting room are located on the 1<sup>st</sup> floor and the dormitory is located on the second floor. The dormitory is a multi-purpose area with an open bay style of living where bunk beds are arranged in a manner to allow for constant supervision by the direct care staff. The building has restrooms and showers on the first floor and second floor for youth usage. The building has a small food preparation area and living room on the second floor. There are two offices in the building one on the first floor that houses the supervisors of the program and an office on the second floor that houses the clerical person. The second floor has a restroom designated for staff usage and a laundry room area.

## **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on June 6, 2014, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the dayroom/family room and outside of the classroom. The Pre-Audit Questionnaire, policies and supporting documentation were received on June 20, 2014. The documents, which were uploaded to a UBS flash drive, were well organized and easy to navigate.

The initial review revealed the need for corrective action in regard to some DYS policies and procedures which did not sufficiently address standards and for some standards adequate documentation was not provided. After discussing concerns with the PREA Coordinator and Rosa Park Center PREA Compliance Manager, steps were taken to address each policy concern and required documentation was also provided. Specific actions taken to correct these findings are summarized in this report under the related standard.

The on-site audit was conducted on July 25, 2014. After meeting with the assistant regional administrator and facility manager, a complete guided tour of the facility was conducted. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility

was clean and well maintained. There was information regarding PREA posted in the dayroom/family room and outside of the classroom. During the one-day on-site visit, eight (8) staff including those from all three (3) shifts were interviewed. Overall, the interviews revealed staff is knowledgeable of PREA standards and was able to articulate their responsibilities. Five (5) residents were also interviewed. Residents were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides. The community victims' advocacy service, Regional Child Advocacy Center/Rainbow House was contacted to verify the scope of services provided as specified in the Memorandum of Understanding (MOU) they have with Rosa Park Center. There were no calls received from Rosa Park Center residents over the past year.

Number of standards exceeded: **1**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards Not Applicable: **1**



**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The initial review of DYS Policy 9.18 (PREA) revealed the policy outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Additionally, the policy provided strategies and responses for reducing and preventing sexual abuse and harassment of residents. The policy is in full compliance with the standard. DYS has a designated PREA Coordinator who has sufficient time and authority to develop, implement and oversee thirty-two (32) PREA Compliance Managers with the full support from their Central Office. The Facility Manager, who also serves as the PREA Compliance Manager, has sufficient time to oversee the facility's PREA compliance efforts and perform other duties.

**Standard 115.312: Contract with other entities for the confinement of residents.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS has entered into/renewed twelve (12) contracts for confinement of residents in the past twelve (12) months. These contractors are monitored by DYS to ensure compliance with the PREA standards.

**Standard 115.313: Supervision and Monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.6 (Program Supervision) revealed specific staffing ratios of 1:8 during resident waking hours and 1:16 during resident sleeping hours; however, the practice in the facility exceeds the requirement of the standard. According to policy, each dorm has assigned two staff with each group of 12 youth. If there is a reduction of youth in each dorm, the number of staff will remain the same, therefore the ratio could fluctuate from 1:6 or 1:5 during the wake hours depending on the population and 1:9 during sleep hours. During the initial documentation

review, the facility's staffing plan and documentation of the annual review of the staffing plan were found to be in compliance with this standard. RPC is a community based staff secure facility and utilizes constant staff monitoring to protect the residents from sexual abuse and harassment. The Assistant Regional Administrator and Facility Manager conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

### **Standard 115.315: Limits to cross gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

The initial review of DYS Policy 7.2 (Standards) revealed prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status and staff interviews verified compliance. Staff training records and staff interviews confirmed that 100% of the staff received training on cross-gender pat searches and searches of transgender and intersex residents. The initial review of DYS Policy 9.18 (PREA) outlines residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. The initial review of DYS Policy 5.8 (Searches for Contraband) and training documentation contained the compliance regarding prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. This policy limits pat-down searches to same gender staff absent exigent circumstances. This was verified during interviews with staff and residents. There were no cross-gender pat-down searches conducted during the past 12 months. Staff and resident interviews indicated that male staff entering the dorm area do not always announce themselves.

### **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

DYS policies 6.1 (Programmatic Rights of Youth and Grievance Procedures), 8.3 (Individual Education Program – Special Education and 9.18 (PREA) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety. DYS has established contracts for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff and resident interviews confirmed the facility does not use resident assistants and there were no



instances of resident interpreters or readers being used in the past 12 months. Staff training logs and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

**Standard 115.317: Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) & DSS Policy 2-107 (Background Checks) contained all the elements required by this standard and all background checks are conducted annually on current employees. Staff files and interview with HR representative confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, volunteers who have contact with residents have documented criminal background checks.

**Standard 115.318: Upgrades to facilities and technology**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Does Not Apply

**Auditor Comments:**

DYS has not acquired any new facilities since August 20, 2012 and the facility does not use any form of technology to monitor residents or the physical plant.

**Standard 115.321: Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

Initial review of DYS Policy 9.18 (PREA) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. There is evidence of efforts of DYS obtaining Memorandum of Understanding with Regional Child Advocacy Center/Rainbow House to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Documentation was provided that the medical examiners at The Child Center, Inc. are SAFE certified. The Missouri Children's Division Out-of-Home Investigation Unit (CD-OHI) investigates allegations of sexual abuse and sexual harassment

for residents under the age of 18 and they receive reports through their hotline. CD-OHI will contact the appropriate local law agency to co-investigate. Residents 18 years of age are referred to the Division of Legal Services Investigation Unit (DLS). DLS contacts the appropriate law enforcement agency to co-investigate allegations of sexual abuse and sexual harassment. Staff interviews confirmed limited knowledge on who conducts the sexual abuse investigations.

**Standard 115.322: Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) and the MO DHS Functional Practices require staff to refer all allegations of sexual abuse and sexual harassment to the Missouri Children's Division Hotline. CD-OHI or DLS will contact the appropriate law enforcement agency and co-investigate the allegations. There were no allegations of sexual abuse or sexual harassment in the past 12 months. DHS's website includes its Fundamental Practices which describes how investigative responsibilities are handled for allegations of sexual abuse.

**Standard 115.331: Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS policies 9.18 (PREA) and 3.18 (Training), the training curriculum, staff training records and staff interviews revealed staff receive PREA training during initial training and annually during refresher training. Specific topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's female resident population. All employees are trained as new hires regardless of their previous experience. Employees training records are maintained electronically and comprehension of PREA training was verified during staff interviews.

**Standard 115.332: Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

DYS policies 9.18 (PREA) and 3.18 (Training), requires volunteers and contractors who have contact with residents to receive PREA training. The policy requires the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. However, the training was limited and a corrective action was taken by adding additional information to the form. Volunteers and contractors sign documentation acknowledging that they understand the training they received. At the time of the audit, the facility did not have a volunteer/contractor.

**Standard 115.333: Resident Education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS policies 9.5 (Residential Care) and 8.3 (Education), requires residents to receive training information regarding safety, their rights and how to report sexual abuse and harassment immediately upon arrival. The remainder of the training is completed within 10 days of arrival. Residents are provided a handout entitled "Safety First" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. During intake, staff reviews the handout with the residents and residents sign verifying receipt of the information. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. Staff presents PREA information in a manner that is accessible to all residents. If needed, the facility has statewide contracts to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English proficient.

**Standard 115.334: Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement was provided to Children Division Out of Home Investigation Unit (CD-OHI) and Division of Legal Services (DLS).



### **Standard 115.335: Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

DYS policies 9.18 (PREA) and 3.18 (Training) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health staff received the basic PREA training provided to all staff. An interview with the regional psychologist indicated she had completed specialized training regarding sexual abuse and sexual harassment. A certificate documenting the regional nurse's participation in specialized training offered on-line by NIC was provided and verified during an interview with the nurse. The nurse does not conduct forensic examinations.

### **Standard 115.341: Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

DYS policies 9.18 (PREA) and 9.05 (Residential Care) requires staff to screen each resident for risk of victimization upon admission at the program and DYS Policy 6.7 (Administrative Case Review) requires staff to reassess residents every six months thereafter. DYS Policy 4.1 (Official Case File Requirements and Maintenance) limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted; however, most of the resident interviews revealed not remembering being asked whether they identified with being gay, bi-sexual, transgender or intersex. Staff interviews confirmed a screening is completed on each resident upon admission at the program.

### **Standard 115.342: Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

DYS policies 9.18 (PREA) and 9.8 (Separation) precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Staff interviews also verified compliance with this standard. The PREA Vulnerability Information Review (PVIR) screening form may be used to determine a resident's dorm or bed assignment to ensure resident's safety. The program does not utilize isolation for residents. RPC has one (1) dorm

area with open bay style housing with six double bunk beds.

**Standard 115.351: Resident Reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS policies 9.18 (PREA) and 6.1 (Program Rights) provides multiple internal ways for residents to report sexual abuse and harassment including advising an administrator, a staff member, a pre-programmed telephone line to an outside agency, and placing a written complaint in the PREA/Grievance designated box. While touring the entire program it was observed that the dorm had an area with PREA materials including posters and brochures. Upon inquiring about how residents are able to call the hotline or victims advocate, residents explained that they have to seek permission from staff to call the hotline or the victims advocate. However, the program has a pre-programmed telephone line located in an office that allows the youth to report privately. Additionally, the staff provides residents with the address for Regional Child Advocacy Center/Rainbow House so they can write to them. Resident and staff interviews along with the resident's handbook and posted signs verified compliance with this standard.

**Standard 115.352: Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS does not have administrative procedures for dealing with resident's grievances regarding sexual abuse or harassment. However, residents may place a written complaint in the designated PREA/Grievance box located in the dorm area. There have been no complaints relating to sexual abuse or sexual harassment received in the past 12 months. Staff and resident interviews confirmed their knowledge of how to use the PREA/Grievance box to report sexual abuse or sexual harassment.

**Standard 115.353: Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

DYS Policies 9.18 (PREA), 6.2 (Legal Representation) and 6.5 (Youth's visit, mail and telephone) ensures that residents are provided access to outside confidential support services. The facility has attempted to enter into a MOU with Regional Child Advocacy Center/Rainbow House to provide emotional support and to conduct forensic examinations. Regional Child Advocacy Center/Rainbow House was contacted and confirmed that they have received no calls from residents at the program in the past 12 months. They also described the emotional support and counseling services that they are able to provide to residents who may be victims of sexual abuse. Resident interviews revealed they are knowledgeable of how to access this service and they were able to describe services offered.

**Standard 115.354: Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, parents/guardians receive information regarding third-party reporting. Resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

**Standard 115.361: Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

All RPC staff are mandated reporters as required by DYS Policies 9.18 (PREA), 3.8 (Employee Conduct) and DSS 2-101 (Sexual Harassment/Inappropriate Conduct) to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also assisted to confirm the program's compliance with this standard. An interview with the regional nurse confirmed her responsibility to inform residents 18 years old of her duty to report and limitations of confidentiality.

**Standard 115.362: Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Interviews with the Assistant Regional Administrator, Facility Manager and other random staff verified compliance with this standard.

**Standard 115.363: Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policies 9.18 (PREA) and 3.8 (Employee Conduct) requires the PREA Compliance Manager to notify the Facility Manager of the other facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. RPC has received no allegations that a resident was abused while confined at another facility nor were there any allegations received from another facility during the past 12 months.

**Standard 115.364: Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) and First Responder Protocol requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There were no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

**Standard 115.365: Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

DYS has a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and assistant regional administrator. Interviews with the Assistant Regional Administrator, Facility Manager and other staff revealed that they are knowledgeable of their duties in response to a sexual assault.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The State of Missouri Office of Administration and Department of Social Services has entered into an agreement with the Communications Workers of America (CWA) Local 6355, AFL-CIO and the agreement is consistent with provisions of PREA standards 115.372 and 115.376.

**Standard 115.367: Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policies 9.18 (PREA) and DSS 2-101 (Sexual Harassment/Inappropriate Conduct) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Facility Manager is responsible with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

**Standard 115.368: Post allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policies 9.18 (PREA) and 9.8 (Separation) provides guidelines for the use of room restriction as a last measure to keep residents who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. RPC does not have isolation rooms. No residents have alleged sexual abuse in the past 12 months.

### **Standard 115.371: Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

DYS Policy 9.18 (PREA) requires staff to report allegations of sexual abuse to the hotline. CD-OHI or DLS (depending on the age of the resident) will co-investigate with the appropriate local law enforcement agency. There have been no investigations of alleged resident sexual abuse in the facility in the past 12 months.

### **Standard 115.372 Evidentiary standards for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

The Missouri Child Welfare Manual (Section 2, Chapter 4.1.8 – Reaching a Conclusion) states a standard of preponderance of evidence or lower standard of proof is used for determining if allegations are substantiated.

### **Standard 115.373: Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

DYS Policy 9.18 (PREA) indicates the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. There were no criminal or administrative investigations during the past 12 months. Therefore, there have been no notices sent to residents. The PREA Compliance Manager interview confirmed his knowledgeable of the reporting process.

### **Standard 115.376: Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

DYS Policies 9.18 (PREA), DSS 2-124 (Discipline) and DSS 2-101 (Sexual Harassment/Inappropriate Conduct) requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

**Standard 115.377: Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policy requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Assistant Regional Administrator and Facility Manager. There have been no volunteers or contractors reported in the past 12 months.

**Standard 115.378: Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) mandates that any resident found in violation of the facility's zero tolerance policy against sexual abuse, assault, conduct or harassment will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policies 9.18 (PREA) and 7.2 (Standards) states that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the medical and mental health screening. Both the regional nurse and regional psychologist interviews confirmed compliance with this standard.

**Standard 115.382: Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) requires timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. There have been no victims of sexual abuse in the past 12 months; however, the nurse's interview confirmed that documentation would be included in the resident's medical record as required by the policy.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policies 9.18 (PREA) and 7.4 (Access to Medical) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Regional Child Advocacy Center/Rainbow House where they will receive treatment and where physical evidence can be gathered by certified SAFE medical examiner. There have been no sexual assault victims in the past 12 months; however, the regional nurse's interview confirmed if needed, procedures are in place.

**Standard 115.386: Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

DYS Policies 9.18 (PREA) and 9.17 (Critical Incidents) requires a Critical Incident Review of every sexual abuse allegation within 30 days of the conclusion of the investigation. There have been no criminal or administrative investigations of sexual abuse in the past 12 months. Staff interviews confirmed the facility would document their review on a Critical Incident Review form if such an event should take place.

**Standard 115.387: Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) requires the collection of accurate, uniform data for every allegation of sexual assault. The PREA Coordinator collects all data relating to PREA. DYS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

**Standard 115.388: Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

There have been no sexual abuse allegations within the past 12 months; however, DYS Policy 9.18 (PREA) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

**Standard 115.389: Data storage, publication and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DYS Policy 9.18 (PREA) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

A handwritten signature in blue ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

**Auditor Signature**

August 21, 2014