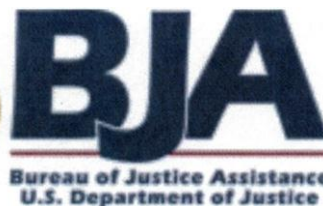


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Rich Hill Youth Development Center			
Physical Address: 501 North 14th, Rich Hill, MO 64779			
Date Report Submitted: August 27, 2014			
Auditor Information: Shirley L. Turner			
Address: 3199 Kings Bay Circle, Decatur, GA 30034			
Email: shirleyturner3199@comcast.net			
Telephone Number: 678-895-2829			
Date of facility visit: July 30, 2014			
Facility Information			
Facility Mailing Address: Same as Physical Address			
Telephone Number: 417-395-4810			
The Facility is:	<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		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Danielle Rolph		Title:	Youth Facility Mgr.
Email Address: danielle.l.rolph@dss.mo.gov		Telephone Number:	417-395-4810
Agency Information			
Name of Agency: Division of Youth Services			
Governing Authority or Parent Agency: Department of Social Services			
Physical Address: 419 Knipp Drive, Jefferson City, MO 65102			
Mailing Address: PO Box 447, Jefferson City, MO 65102			
Telephone Number: 573-751-3324			
Agency Chief Executive Officer			
Name: Phyllis Becker		Title:	Interim Division Director
Email Address: phyllisbecker@dss.mo.gov		Telephone Number:	573-751-3324
Agency Wide PREA Coordinator			
Name: Judy Parrett		Title:	Assistant Deputy Director
Email Address: judy.parrett@dss.mo.gov		Telephone Number:	573-751-3324

AUDIT FINDINGS

NARRATIVE:

The Rich Hill Youth Development Center is located in Rich Hill, Missouri and is operated by the Department of Social Services, Division of Youth Services (DYS). It is a medium security level facility that serves male juvenile offenders between the ages of 14 and 17. The facility capacity is 24. Fifty-two residents have been admitted to the facility in the past 12 months.

Thirty-six staff members have been employed at the facility during the past year. On-site medical services are provided by a full-time Licensed Practical Nurse with medical oversight provided by a regional Registered Nurse. Medical services include a health screening and assessment; physical examination conducted by a local physician; required immunizations; and sick call. The facility Nurse coordinates medical services with the local physician, as needed. Encounters with a child psychiatrist are scheduled if a resident is taking psychotropic medication and as a needed. The encounters with the psychiatrist are through the tele-health television system. Education services are provided in the facility by certified teachers. The vocational program includes the learning of skills associated with welding, framing and woodworking. Field trips are used to support education services; they combine the education component of learning with the action component of social skill development.

The treatment processes include a solution-focused counseling approach; pro-social skills training; character development based on the 6 Pillars of Characters; and adventure based counseling which is used to reinforce the skills and lessons the residents are learning. There are program assignments that every resident must complete. There are also assignments that are specific to each resident based on their Comprehensive Individual Treatment Program goals. Residents become eligible for certain privileges based on their willingness to follow the communicated expectations and the effort they put in the change process. The residents are divided into two separate groups. Each group has their assigned staff team, supporting them in meeting their treatment goals.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Rich Hill Youth Development Center is located on picturesque acreage with a section of it having the appearance of a city park. There are a total of five buildings on the grounds, the main building; vocational; maintenance; and two storage buildings. The main building includes administrative offices; medical office; kitchen and dining area; library; two main classrooms; large conference room; and storage closets. Two housing dormitories are located in the main building. Each dormitory has a dayroom area; bathroom and showers that provide a reasonable amount of privacy for the residents; laundry room; and the Group Leader's office is also located in the dormitory area. The outside grounds provides for various outside physical education, recreation and leisure activities.

SUMMARY OF AUDIT FINDINGS:

The notifications of the on-site audit were posted in various parts of the facility at least six weeks prior to the site visit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to this Auditor, noting their locations. The Pre-Audit

Questionnaire and the supporting documentation were uploaded to a flash drive, which was received approximately four weeks prior to the on-site audit. The Youth Facility Manager serves as the PREA Compliance Manager.

The on-site audit was conducted July 30, 2014. After meeting with the Youth Facility Manager, a comprehensive tour of the facility was conducted by two residents, accompanied by the Youth Facility Manager. During the tour, staff members were observed to be positively engaged with the residents. Random and specialized staff members and residents were interviewed during the site visit. Based on the interviews that were conducted, it was obvious that the PREA training had been provided and both staff and residents were familiar with the contents. Staff and residents were knowledgeable about what PREA means and they understood how to report sexual assault and sexual harassment.

The information for the audit process was arranged in an efficient manner both on the thumb drive and during the on-site audit. A close-out meeting was held at the conclusion of the on-site audit and a summary of the audit findings was discussed.

Number of Standards Exceeded: 0

Number of Standards Met: 40

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:

DYS Policy 9.18 provides information to staff regarding the detection, prevention and response to sexual abuse and sexual harassment. The policy contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. Policies 3.8, 3.23, and 9.28 also support this standard. The Youth Facility Manager has been identified as the PREA Compliance Manager.

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:

The agency has entered into or renewed 12 contracts for the confinement of residents in the past 12 months. Contractors are required to adopt and comply 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:

Policies 9.6 and 9.8 provides for the implementation of a staffing plan with adequate staffing levels to protect residents against sexual abuse; this is confirmed by a review of the Direct Care Staffing Pattern. The facility reports no deviations from the staffing plan in the past 12 months. The annual assessment of the staffing has been conducted to determine whether adjustments are needed in accordance with the standard. A review of the staffing plan is documented, indicating that the staffing ratios are regularly met. The unannounced rounds are conducted as required and documented.

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:

Cross gender pat-down searches are not permitted, except in exigent circumstances. There have been no cross gender pat-down searches during this audit period. Policy 5.8 prohibits staff from conducting cross-gender strip or cross-gender visual body cavity searches of residents. Policy 9.18 procedures have been implemented that provide for residents to shower, perform bodily functions, and change clothes without being observed by non-medical staff of the opposite gender. Interviews with staff and residents confirm this practice.

Policy 7.2 states that staff shall not search a transgender or intersex resident to determine the resident's genital status. All direct care staff members have been trained on conducting cross gender pat-down searches and searches of transgender and intersex residents.

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 contracts statewide to provide residents with disabilities and residents who are limited English proficient with various services so that they may benefit from and participate in the resident education regarding PREA. The education document and grievance form are available in English and Spanish. Policy 9.18 states that the facility will not rely on resident interpreters, resident readers or any kind of resident assistance except when a delay in obtaining interpreter services would jeopardize a resident's safety. The review of documentation and staff interviews supported the information provided.

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 provides for annual background checks on all employees through a process that is aligned with the standard. A review of documentation and interviews with staff confirmed that prior to the hiring of an employee or contractor, background checks are completed.

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)

Standard Not Applicable

Auditor Comments:

The facility does not use electronic monitoring technology for the purpose of supervision of residents. DYS has not acquired any new facilities since August 20, 2012.

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:

According to Policy 9.18, DYS does not conduct administrative or criminal investigations of sexual abuse or sexual harassment. Investigations are conducted by Missouri Children's Division Out of Home Investigation Unit (CD-OHI) for residents under the age of 18. These agencies receive reports through their hotline number made by DYS staff, resident, parent/guardian, or third parties. If law enforcement is not already involved, CD-OHI contacts the appropriate law enforcement agency to co-investigate. Allegations of sexual abuse of residents 18 years old and over are referred to the Division of Legal Services Investigation Unit.

Forensic medical examinations will be completed at no financial cost to the victim. A Memorandum of Understanding (MOU) has not been signed; however, there is a documented verbal agreement that victim advocacy services will be provided by the

Children's Center of Southwest Missouri. The documentation of attempts to secure the MOU was reviewed. There is also a qualified agency staff member that can provide crisis intervention services if requested. There have been no forensic examinations conducted during the last 12 months.

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:

Policy 9.18 provides that staff report all allegations of sexual abuse and sexual harassment through the Missouri Children's Division hotline. The appropriate State investigative agency will be contacted and they will contact the local law enforcement agency regarding the investigation of the allegation. The DYS website contains information regarding how investigations of allegations of sexual abuse are handled.

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:

Policy 3.18 provides for the PREA training. The staff training is comprehensive and covers all elements referenced in the standard. A review of the training documentation and the results of staff interviews confirm that staff members are knowledgeable of the contents of the PREA training.

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:

Policy 3.18 contains information regarding the training of volunteers and contractors who have contact with residents. Receipt of the training is documented and it contains a review of the agency's zero tolerance policy. The practice was also confirmed through interviews.

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:

Policy 9.5 requires that residents receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The education is presented in a manner that is age appropriate which is evident based on the results of the resident interviews and a review of the documents discussed and provided to the residents. DYS has statewide contracts to provide support services in accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled.

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. Documentation exists indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement settings were provided to the appropriate agencies.

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:

Policies 9.18 and 3.18 address PREA training for staff. A certificate was reviewed that documents the Nurse's completion of the specialized training course, Medical Care for Sexual Assault Victims in a Confinement Setting, offered on-line by the National Institute of Corrections. The Nurse does not conduct forensic medical 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:

Policies 6.7, 9.5, and 9.18 address this standard. A review of documentation and staff and resident interviews confirm that screening for risk of sexual abuse victimization or sexual abusiveness toward other residents is being conducted on each resident. The initial screening is done during the intake process and policy states that residents receive reassessments every six months. This information was also confirmed through staff and resident interviews.

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:

The screening information obtained is considered in determining housing and other treatment needs as a part of the efforts to keep all residents safe and free from sexual abuse. Policy 9.18 prohibits placing gay, bisexual, transgender, or intersex residents into confinement based solely on such identification or status. Housing and program assignments are made based on each individual case. The facility prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of the resident being sexually abusive. There have been no residents who were held in isolation in the last 12 months because they were at risk for sexual victimization.

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:

Policy 9.18 provide for internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violations that led to the abuse. A resident may file a grievance or a written complaint; write a note; talk to any staff member; make a telephone call to the abuse hotline; and third parties may report allegations to staff or the hotline. The grievance/complaint and other written requests may be given to staff or placed in the locked box that is provided. PREA information is provided and made accessible to the residents.

Missouri State Law provides for staff to report allegations of sexual abuse to the Abuse and Neglect hotline without the need for supervisory approval. Interviews revealed that staff members are aware of their responsibility to report sexual abuse and sexual harassment. They are also aware that they are to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

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:

Residents may put a written complaint in the designated locked box or give the form to a staff member. 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 locked box to report sexual abuse or sexual harassment and that they understand the process.

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:

Policy 9.18 requires the facility to provide the residents with access to outside victim advocacy services. Documentation was provided by the facility that support attempts to

establish a MOU with the local victim advocacy agency. The agency has agreed to provide services but a MOU has not been signed. A review of documents revealed that the advocacy service provider will deliver services to a resident when requested.

An agency employee is also equipped to provide crisis intervention support services when requested. The facility provides parents/legal guardians and legal representatives reasonable access to residents, according to Policies 6.2 and 6.5.

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:

The DYS website provides the public with information regarding third-party reporting of sexual abuse. Parents also receive information about reporting incidents of sexual abuse in their copy of the Parent/Guardian Handbook which is provided to them by the facility. The Handbook contains the State and national hotline numbers.

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:

Policy 9.18 and Missouri Revised Statute 210 support this standard. All staff members are mandated reporters. They are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment and incidents of retaliation against those who report such information. Staff interviews revealed that staff members are knowledgeable of this information.

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:

According to Policy 9.18, when the agency or facility learns that a resident is subject to substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident. The staff members interviewed are aware of the policy.

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:

Policies 9.18 and 3.8 address this standard. Upon receiving an allegation that a resident has been sexually abused while confined in another facility, the PREA Compliance Manager will notify the head of that facility within 72 hours. The PREA Compliance Manager will ensure that the allegation is investigated according to Policy 3.8. In the past 12 months, there have not been any allegations of sexual abuse occurring to a resident while he was in another facility.

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:

The DYS First Responder Protocols for Sexual Abuse provide a detailed account of first responder duties. There have been no allegations reported by the facility that a resident was sexually abused within the last 12 months. Staff interviews confirmed that they are knowledgeable of the duties of the first responder.

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:

A review of the written detailed documentation and interviews with staff confirms the development of the institutional plan. The plan coordinates the actions to be taken among facility first responders and other staff in response to an incident of sexual abuse.

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 current labor agreement resolution is dated 12/1/2010 -11/30/2013. Documentation was provided which shows that it has been extended through 11/30/14. 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 the applicable PREA standards.

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:

Policy 9.18 and Department of Social Services Policy 2-102 address agency protection against retaliation. Identified staff members have been designated with monitoring for possible retaliation. The monitoring will be conducted for at least 90 days or longer, if needed. Policy 9.18 instructs staff on reporting incidents of retaliation. There have been no residents who alleged sexual abuse who were placed in isolation 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:

Policies 9.8 and 9.18 provide guidelines to staff regarding the use of isolation as a last resort to protect a resident until alternative arrangements can be made to keep the resident and others safe. No residents have been held in isolation to protect them or others due to an allegation of sexual abuse.

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:

Policy 9.18 provides that DYS refers criminal and administrative investigations to external agencies. An investigation is not terminated solely because the source of the investigation recants the allegation. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

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 states that a standard of preponderance of the evidence or a lower standard of proof is used for determining whether 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:

Policy 9.18 provides the process for notifying residents following an investigation of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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:

Policy 9.18 provides that staff disciplinary sanctions are up to and including termination for violation of the sexual abuse and sexual harassment policies. The policy requires that the violation be reported to local law enforcement. In the past 12 months, no staff has been terminated or has resigned for violating agency PREA related 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:

Policy 9.18 addresses the corrective actions regarding any contractor or volunteer engaging in sexual abuse of residents. According to the Policy, such contractors or volunteers will be reported to local law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The Policy requires the facility to prohibit future contact with residents in the case of any violation of the facility's PREA related policies by contractors or volunteers. During the past 12 months, there have been no allegations of sexual abuse or sexual harassment against a contractor or volunteer.

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:

Policy 9.18 addresses this standard. Any resident found in violation of the facility's zero tolerance policy against sexual assault or sexual harassment will be offered counseling or other interventions designed to address and correct the underlining reasons for their conduct.

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:

Policy 9.18 provides for a follow-up meeting with a medical or mental health practitioner for residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse. The meeting is offered within 14 days of the intake screening.

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:

Policy 9.18 requires timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. Treatment services will be provided to every victim. The nature and scope of the services are determined by medical and mental health practitioners according to their professional judgment.

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:

Policy 9.18 provides for ongoing medical and mental health care for sexual abuse victims. It also provides for medical and mental health evaluations and appropriate treatment in accordance with the standard. Medical and mental health care are consistent with the community level of care.

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:

Policies 9.17 and 9.18 address this standard. The facility will conduct sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. There have not been any administrative or criminal investigations of alleged sexual abuse conducted at the facility during this audit period.

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:

Policy 9.18 requires the collection of accurate, uniform data for every allegation of sexual assault. DYS has a data collection instrument to answer all questions for the US Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to the 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:

Policy 9.18 addresses this standard. Policy provides for a review of the data to use the information to identify and address any opportunities for improvement related to staff training; resident education; and policies and procedures related to sexual abuse prevention, detection, and response. The agency makes the annual report available to the public, through its website.

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:

Policy 9.18 addresses this standard. The agency requires that the data is collected and securely retained for 10 years. The aggregated PREA data is reviewed and all personal identifiers are removed. Policy also provides for the collection of the data and that the information is made accessible to the public, at least annually.

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.

Shirley L. Turner

Auditor Signature

August 27, 2014

Date