

**PREA AUDIT REPORT    INTERIM    FINAL**

**JUVENILE FACILITIES**



<b>Auditor Information</b>			
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<b>Date of facility visit: June 9th, 2015</b>			
<b>Facility Information</b>			
<b>Facility name: Fort Bellefontaine Campus</b>			
<b>Facility physical address: 13290 Bellefontaine Road St. Louis, Missouri 63138</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Facility telephone number: 314-355-7807</b>			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer: Paula Orlando</b>			
<b>Number of staff assigned to the facility in the last 12 months: 30</b>			
<b>Designed facility capacity: 24</b>			
<b>Current population of facility: 23</b>			
<b>Facility security levels/inmate custody levels: Moderate (Medium) Security</b>			
<b>Age range of the population: 13-17</b>			
<b>Name of PREA Compliance Manager: Paula Orlando</b>		<b>Title:</b>	<b>Youth Facility Manager II</b>
<b>Email address: paula.orlando@dss.mo.gov</b>		<b>Telephone number:</b>	<b>314-355-7807</b>
<b>Agency Information</b>			
<b>Name of agency: Division of Youth Services</b>			
<b>Governing authority or parent agency: Missouri Department of Social Services</b>			
<b>Physical address: 3418 Knipp Drive Jefferson City, Missouri 65102</b>			
<b>Mailing address: PO Box 447 Jefferson City, Missouri 65102</b>			
<b>Telephone number: 573-751-3324</b>			
<b>Agency Chief Executive Officer</b>			

<b>Name: Phyllis Becker</b>	<b>Title:</b>	<b>Interim Division Director</b>
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<b>Agency-Wide PREA Coordinator</b>		
<b>Name: Judy Parrett</b>	<b>Title:</b>	<b>Assistant Deputy Director</b>
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## AUDIT FINDINGS

### NARRATIVE:

The Fort Bellefontaine Campus is a 24-bed Medium Risk Security residential treatment facility operated by the State of Missouri, located in St. Louis, Missouri. This facility is one of six programs located on the grounds of the Missouri Hills Campus. The facility serves adolescent boys, ages 13-17, who have been adjudicated delinquent. The program has an on-grounds school that is accredited by the Department of Elementary and Secondary Education (DESE). The average length of stay under supervision is 6-8 months. The facility employs 30 full-time staff.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard the document was referencing. The auditor conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and staff.

An on-site PREA Audit was conducted on June 9th, 2015. The entrance meeting was attended by Paula Orlando, Youth Facility Manager II and Pete Zeegers, PREA Auditor. The on-site audit work plan was discussed, random samples of youth and staff were selected, as well as specialized staff were identified. Also, additional pre-audit information was obtained.

Interviews were conducted with the Agency Interim Director, Agency PREA Coordinator, the Fort Bellefontaine Treatment Center Facility Manager (who also serves as the Facility PREA Compliance Manager and Intake/Screening staff), the nursing staff, nine custody staff randomly selected from each of the three shifts in this facility, and ten youth randomly selected. On the days of the on-site audit 23 youth were housed in the facility.

There were (3) PREA-related sexual harassment allegations made in the previous 12 months. (2) of those were unsubstantiated with (1) unfounded. No youth had reported during the intake process previous physical or sexual abuse. No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, questioning, or gender nonconforming during the intake process. There were no youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and sexual harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS SUMMARY OF AUDIT FINDINGS:**

A tour of the facility was conducted Youth Facility Manager Paula Orlando. The facility is clean, in good repair, and well maintained. The front door is secured from the outside. One must identify one's self and is escorted into the front administrative area. This building is located on the campus of Missouri Hills, which is located in St. Louis, Missouri. There are five other programs located on this campus.

The building has two floors and a basement. The top floor has two large open bay bedrooms. There are twelve bunks to house the youth and a bathroom attached with (4) showers with curtains and (3) toilets. There is a second bedroom and bathroom identical to the first one. DYS staff, both male and female, supervise in the bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in the bathroom area providing awareness supervision. Staff and youth interviews verify this procedure. There are staff offices as well on the top floor. There are no cameras at this facility.

The first floor has (2) dayrooms, a recreation room, and a kitchen. A foyer to greet guests is included.

The basement has another recreation room, a laundry room, a dayroom, and a bathroom that is not used.

There is also an outside recreation area where youth can play football, basketball, and soccer. There is a gymnasium located on the grounds of the Missouri Hills Campus used by all of the programs.

There are no cameras located at this facility. DYS staff are trained to maintain awareness supervision, therefore "blind spots" should be minimal. When staff cannot see a youth they are to reposition themselves so they can have full awareness supervision. Ms. Orlando continuously discusses supervision policies with her staff in staff meetings.

The PREA Audit notice was posted on the bulletin boards in the main hallway on walls in the main lobby area and various hallways, as well as copies of the DYS PREA brochure, (this is the same brochure given to youth during the intake process). Posters containing the DYS abuse number, the PREA hotline, are prominently posted in the main lobby area and hallways, as well. There are also posters, with phone numbers, in all

**areas of the facility, that post the Children's Advocacy Services of Greater St. Louis.**

Number of standards exceeded: 5

Number of standards met: 29

Number of standards not met: 0

Number of standards not applicable: 7

**Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**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.**

**The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility.**

**The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.**

**The agency has designated a corporate manager as the PREA Coordinator. She is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility Youth Program Manager serves as the facility PREA Compliance Manager and reports that she has sufficient time and authority to coordinate the facility's compliance with the PREA standards.**

**Standard 115.312 Contracting 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)

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**This standard is N/A.**

### **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)

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**The facility is in full compliance with this standard. Staffing plan is in place, meeting all elements noted in the standard.**

**Although the ratio requirement of 115.313(c) is not applicable until October 1, 2017, the facility maintains a waking hour's ratio of 1:5.**

**The facility is practicing unannounced rounds with strong documentation in place. Staff interviews confirmed the practice.**

### **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)

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**The agency policy allows for pat-down searches in exigent circumstances though the facility does not conduct cross-gender strip searches, visual body cavity searches, or pat-down searches, even in exigent circumstances. Facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during staff and youth interviews.**

**All toilets have doors or curtains and all showers have curtains. DYS staff, both male and female supervise in the bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in the bathroom area providing awareness supervision.**

**The facility has initiated the practice of opposite gender staff announcing their presence when entering a housing unit. Staff and youth interviews confirmed this practice.**

**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 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.**

**Policy prohibits the use of resident translators, resident readers, or other types of resident assistance. Youth and staff interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services.**

**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)

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**The agency conducts extensive background checks and reference checks with multiple entities upon offer of employment. Background checks are conducted annually on all staff.**

**Policy addresses all of the elements of this standard.**

**Standard 115.318 Upgrades to facilities and technologies**

- 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 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.**

**This standard is N/A as there have been no upgrades to facility or technology.**

**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 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.**

**The facility does not conduct administrative or criminal investigations. The former are conducted by Missouri Children’s Division (OHI – Out of Home Investigations), and, if need be, the St. Louis County Police Department. These elements of the standard are N/A.**

**Forensic medical exams, when needed, would be conducted at Christian Hospital Northeast located in St. Louis, Missouri, at no cost to the resident.**

**The facility has a memo that shows attempts to enter into an MOU with the Advocacy Services of Greater St. Louis for victim advocacy services. They are receiving services, if needed.**



**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 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.**

**Facility policy ensures that an administrative/criminal investigation is completed, as required. Division of Youth Services requires that all sexual abuse allegations be reported to the Missouri Children’s Division, (O.H.I.) for investigation. Allegations that are criminal in nature are reported to the St. Louis County Police Department as well.**

**There were (3) PREA-related sexual harassment allegations made in the previous 12 months. (2) were unsubstantiated and (1) unfounded.**

**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 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.**

**All current staff have completed both facility and Missouri Division of Youth Services PREA Training which includes all of the required topics. This training is specific to youth who are referred for treatment at the facility. Refresher training is provided to the staff. Staff also review and sign the PREA Acknowledgement and Notification form. Staff interviews confirmed the practice.**

### **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 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.**

**The facility utilizes volunteers. The volunteers have completed the same PREA training that staff are required to complete.**

### **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 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.**

**Initial resident education is provided during the intake admission process. This is in the form of what is called the "Safety First Packet." There is also a workbook that the youth complete with questions from the packet. Residents are provided a PREA pamphlet in either English or Spanish. They are also provided additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.**

**This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility.**

**Posters displaying the phone number for Children's Division, (OHI), and Hotline number are visible to youth and staff in the hallways and main lobby area.**

**Youth interviews confirmed that youth understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation.**

**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 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.**

**This standard is N/A. The facility does not conduct administrative or criminal investigations.**

**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 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.**

**Medical staff received Medical Professionals training provided through the NIC and the State of Missouri. The facility does not conduct forensic medical exams.**

**As fulltime staff, they also receive the same PREA training as other staff.**

**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 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.**

**The facility utilizes an Assessment, Checklist and Protocol for Behavior and Risk for Victimization assessment and screening instrument, which meets all PREA requirements in this regard. The process is started usually at the Detention Center. The Comprehensive Treatment Team starts the assessment for risk of sexual victimization or risk of sexually abusing others. The team consists of the youth, parent/guardian, Service Coordinator (SC), and residential treatment staff. There is also a screening completed by the youth’s Service Coordinator and the Residential Facility Manager before the youth enters into a facility. This screening form is called the PREA Vulnerability Information Review Form, (PVIR). The facility documents that they review each Assessment/Screening to make a decision on room assignments, educational placement, and work assignments, in order to focus on the safety and security of the youth, if needed. The screenings consist of both youth interview questions and staff review of collateral information. This PVIR screening is conducted for all youth who enter the facility within 72 hours, and most commonly, within 24 hours. All of the youth files checked were completed within 24 hours.**

**Youth are assessed every six months, except in the case of a youth making an allegation of sexual abuse or harassment, the entire screening would be re-conducted.**

**Facility policy strictly controls the dissemination of information gathered from the screening on a “need to know” basis.**

**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)

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**The current housing classification system is based primarily on availability. Screening, assessments, and collateral information gathered during the intake process is used to place youth in an area of the dorm that best ensures each youth's safety and security.**

**Education is provided in an area of the main building. Treatment is provided in the main building as well.**

**The facility does not utilize isolation in any form.**

**Although there were no gay, bisexual, transgender, questioning, or intersex youth in the program during the audit, facility policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth's safety is paramount in making these assignments, regardless of other issues.**

#### **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)

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**Youth interviews confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment and retaliation by residents or staff. All youth identified the reporting numbers for the state agencies listed on the posters in the hallways, as being one means of reporting. They also stated that they can confide in a staff member, tell a family member, or tell their Service Coordinator. Youth also confirmed that they have access to writing materials, both during the school day, as well as in the housing areas. There is a dedicated phone for calls to "OHI" specifically.**

**Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the Children's Division Hotline.**

#### **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)

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**This standard is N/A. Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity.**

#### **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 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.**

**Posters containing the Children's Division, (O.H.I.) abuse number are prominently posted in the hallways and lobby area. Youth interviews confirmed that residents are aware of these posters and their right to call and make reports. Each youth has a primary Service Coordinator who can access outside support services upon request of the youth.**

**Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Resident communications are not monitored.**

**Youth interviews confirmed that those residents who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed phone calls each week to family members.**

**The facility has a memo that shows attempts to enter into an MOU with the Advocacy Services of Greater St. Louis for victim advocacy services. They are receiving services, if needed.**

#### **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)

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**The facility uses the Children’s Division (O.H.I.) Hotline for this purpose, and informs parents and guardians that they could call this number to make a report.**

**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)

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**All staff are mandated child abuse reporters and receive appropriate training. Facility policy requires all staff to also report any retaliation against youth or staff who made a report.**

**Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an “as needed” basis in order to make treatment and related decision.**

**Staff interviews confirmed that medical staff are mandated child abuse reporters and that they inform youth of their duty to report and the 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)

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**Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of youth in the facility.**

#### **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)

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**Facility policy requires prompt notification, documentation and follow-up with the prior facility. Also, Missouri law requires mandated reporters to report such an allegation to the Children's Division (O.H.I.) Hotline.**

**There was one incident in the last 12 months where another facility called Ft. Bellefontaine to report an allegation. All procedures were followed.**

#### **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)

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**These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**Facility policy includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and could articulate the steps they are to take when responding to an incident of sexual abuse.**

**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)

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**The facility has a detailed coordinated response plan that also includes a First Responder protocol and First Responder Check List that ensures the highest level of coordination amongst and between the various actors.**

**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 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.**

**Agreements of the type defined in the standard are in place and have the required verbiage.**

**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 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.**

**There is a policy that protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard.**

**Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy.**

**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 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.**

**This is N/A. The facility does not utilize any form of segregated housing.**

**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 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.**

**This standard is N/A. The facility does not conduct any administrative or criminal investigations.**

**Standard 115.372 Evidentiary standard 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 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.**

**This standard is N/A. The facility does not conduct any administrative or criminal investigations.**

**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 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.**

**Facility policy requires the Program Director or designee to inform the resident who made the allegation of the outcome, as required by the standard, unless the allegation is 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 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.**

**Although there were no staff violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.**

#### **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 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.**

**Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.**

#### **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 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.**

**DYS Policy 9.18 (PREA), mandates that any resident found in violation of the facilities zero tolerance policy against sexual abuse, assault, conduct, or harassment will be offered therapy counseling or other interventions designed to address or correct the underlining reasons for their conduct. It is possible that if a report of youth on youth abuse is substantiated, that perpetrator would be moved to a different facility. This may not involve a return to the juvenile court system there would not be a requirement to register as a sex offender. If new criminal charges were filed by the Juvenile Court for that county, they would determine the requirement to register as a sex offender.**

**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 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.**

**Facility policy complies with all elements of the standard. There were no youth who reported prior sexual victimization.**

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

**Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as “need to know” basis.**

**Youth interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.**

**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 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.**

**Facility policy and contract requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for resident victims of sexual abuse, but for all youth in the facility, whenever they need it.**

**Although there were no resident victims of sexual abuse during the prior 12 months, facility policy requires that the resident victim be provided with information regarding STD prophylaxis. Medical staff reported that this would also be provided at the hospital.**

**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 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.**

**Although there were no resident victims of sexual abuse at the facility during the prior 12 months, facility policy requires any resident victim be provided with ongoing medical and mental health services that are needed.**

**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 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.**

**There were (3) PREA-related sexual harassment allegations made in the previous 12 months. (2) were unsubstantiated with (1) unfounded. The Sexual Abuse Incident Review form is in place with all required elements of the standard, if needed.**

**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 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.**

**The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.**

#### **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 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.**

**The agency has conducting its annual review under this standard in for 2014 data. The 2014 data is available to the public.**

#### **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 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.**

**The agency meets the requirements of this standard with a website where the public may access the agency's data reports and corrective actions through the Missouri Division of Youth Services.**



**AUDITOR CERTIFICATION**

I certify that:

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

G. Peter Zeegers \_\_\_\_\_

7/9/15 \_\_\_\_\_

Auditor Signature

Date