

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Fulton Treatment Center			
Physical Address: 1650 Highway O Fulton, MO. 65251			
Date report submitted			
Auditor information G. Pete Zeegers			
Address		6302 Benjamin Road, Tampa, FL 33634	
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Telephone number:		863-441-2495	
Date of facility visit		March 9 th -10 th , 2015, 2015	
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number: 573-592-4188			
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 type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other: Residential Treatment Facility
Name of PREA Compliance Manager: Jason Spruiell		Title:	Youth Facility Manager
Email Address:		Jason.spruiell@dss.mo.gov	Telephone Number: 573-592-4188
Agency Information			
Name of Agency:		Missouri Division of Youth Services	
Governing Authority or Parent Agency: <i>(if applicable)</i>			
Physical Address:		3418 Knipp Drive Jefferson City, Mo. 65102	
Mailing Address: <i>(if different from above)</i>			
Telephone Number:		573-751-3324	
Agency Chief Executive Officer			
Name: Phyllis Becker		Title:	Interim Division Director
Email Address: phyllis.becker@dss.mo.gov		Telephone Number:	573-751-3324
Agency Wide PREA Coordinator			
Name: Judy Parrett		Title:	Assistant Deputy Director
Email Address:		Telephone Number:	573-751-3324

AUDIT FINDINGS

NARRATIVE:

Fulton Treatment Center is a 32-bed staff secure moderate level residential treatment facility operated by the State of Missouri, located in Fulton, Missouri. The facility serves adolescent boys, ages 14-17, who have been adjudicated delinquent. The program has an on-grounds school that is accredited by the State of Missouri. The length of stay is 3-6 months. The facility employs 50 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 March 9th-10th, 2015. The entrance meeting was attended by Jason Spruiell, Youth Facility Manager, Robert DeClue, Assistant Regional Administrator, Rodney Black, Assistant Facility Manager, 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.

There was one PREA-related youth on youth allegation made in the previous 12 months. The allegation was unsubstantiated.

Interviews were conducted with the Agency Interim Director, Agency PREA Coordinator, the Fulton Treatment Center Facility Manager (who also serves as the Facility PREA Compliance Manager), Intake staff, the nursing staff, ten 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 30 youth were housed in the facility. One youth had reported during the intake process previous physical or sexual abuse (which did not occurred in this or any other facility). 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 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:

A tour of the facility was conducted, led by 2 youth, Youth Facility Manager Jason Spruiell, and Assistant Regional Administrator Robert DeClue. 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. In this main building there are classrooms, the nurse's station, offices, and the main administration area. There are three cottages located behind the main building. In Cottage "A", there are five single beds in one room and one area that has two bunk beds. The showers and toilets are at the far end of the dorm area. The toilets have doors and all (3) showers have curtains. There is also a laundry room in the cottage. Cottages "B" and "C" are identical living units to each other. They each have one bedroom with four beds, one with 2 bunk beds, and one with three beds. The bathrooms are at the far end of the unit with four showers with curtains and two toilets with doors. There are also laundry rooms in each of these two cottages. 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 is a kitchen and dining room area in the back part of the Gymnasium with a pantry connected. There is a spacious recreation area, which includes an outdoor basketball court and baseball field. There is also a gymnasium connected to the Main building.

There are 68 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. Mr. Spruiell and Mr. Zeegers agreed that the facility had only three "blind spots", the laundry rooms in the cottages. Mr. Spruiell continuously discusses supervision policies with his 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 both the DYS abuse number, the PREA hotline, and the "Rainbow House" victim advocates number, are prominently posted in the main lobby area and hallways, as well.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 7

Number of standards met: 26

Number of standards not met: 0

Number of standards N/A: 8

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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 he has sufficient time and authority to coordinate the facility's compliance with the PREA standards.

§115.312 - Contracting with other entities for the confinement of residents

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

This standard is N/A.

§115.313 - Supervision and monitoring

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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 hours ratio of 1:5.

The facility has initiated the practice of unannounced rounds with strong documentation in place. Staff interviews confirmed the practice.

§115.315 – Limits to cross-gender viewing and searches

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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, 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 female staff announcing their presence when entering a housing unit. Staff and youth interviews confirmed this practice.

§115.316 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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

§115.317 – Hiring and promotion decisions.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

§115.318 – Upgrades to facilities and technology.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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

§115.321 – Evidence protocol and forensic medical examinations.

Overall Determination

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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 Callaway County Sheriff’s Department. These elements of the standard are N/A.

Forensic medical exams, when needed, would be conducted at Women’s and Children’s Hospital and University Hospital, both operated by University of Missouri in Columbia, MO. at no cost to the resident.

The facility currently attempting to finalize an MOU with the “Rainbow House” agency as victim advocates.

§115.322 – Policies to ensure referrals of allegations for investigations.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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 Callaway County Sheriff’s Department as well.

There was one PREA-related youth on youth allegation made in the previous 12 months. The allegation was unsubstantiated.

§115.331 – Employee Training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

§115.332 – Volunteer and contractor training.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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

§115.333 – Resident education.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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), 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.

§115.334 – Specialized training: Investigations.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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

§115.335 – Specialized training: Medical and mental health care.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.341 – Obtaining information from residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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 is re-conducted.

Facility policy strictly controls the dissemination of information gathered from the screening on an "need to know" basis.

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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 as the cottages.

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.

115.351 – Resident reporting.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

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.

115.352 – Exhaustion of administrative remedies.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.353 – Resident access to outside support services and legal representation.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

The facility is currently attempting to secure an MOU with the “Rainbow House” agency to provide victim advocate and supportive services to youth upon request.

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.

115.354 – Third-party reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.361 – Staff and agency reporting duties.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.362 – Agency protection duties.

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.363 – Reporting to other confinement facilities.

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.364 – Staff first responder duties.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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.

115.365 – Coordinated response.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.366 – Preservation of ability to protect residents from contact with abusers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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

115.367 – Agency protection against retaliation.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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.

115.368 – Post-allegation protective custody.

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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

115.371 – Criminal and administrative agency investigations

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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

115.372 – Evidentiary standards for administrative investigations

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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

115.373 – Reporting to residents.

Overall Determination:

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

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.

115.376 – Disciplinary sanctions for staff.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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.

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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.

115.378 – Disciplinary sanctions for residents

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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.

115.381 - Medical and mental health screenings; history of sexual abuse

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

Facility policy complies with all elements of the standard. There was one youth who reported prior sexual victimization. Documentation shows that the youth was offered medical and mental health services.

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.

115.382 - Access to emergency medical and mental health services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.386 – Sexual abuse incident reviews

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard):

There was one PREA-related youth on youth allegation made in the previous 12 months. The allegation was unsubstantiated. The Sexual Abuse Incident Reviews was completed in a timely fashion with all required elements of the standard.

115.387 – Data collection

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 (including corrective actions needed if it does not meet standard)

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.

115.388 – Data Review for Corrective Action

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

The agency will be conducting its annual review under this standard in early 2015 for 2014 data. The 2013 data is available to the public.

115.389 – Data Storage, Publication, and Destruction

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 (including corrective actions needed if it does not meet standard)

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:

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

Garret Leegers

3/27/15

Auditor Signature

Date