

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 11/26/2016

Auditor Information			
Auditor name: G. Peter Zeegers			
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Email: pete.zeegers@us.g4s.com			
Telephone number: 863-441-2495			
Date of facility visit: 10/25-10/26/2016			
Facility Information			
Facility name: Sierra Osage Treatment Center			
Facility physical address: 9200 Sears Lane Poplar Bluff, Missouri 63901			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 573-840-9717			
The facility is:	<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		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Facility Manager II Kurt Kelley			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 24			
Current population of facility: 20			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 14-17			
Name of PREA Compliance Manager: Kurt Kelley		Title: Facility Manager II	
Email address: kurt.kelley@dss.mo.gov		Telephone number: 573-840-9717	
Agency Information			
Name of agency: Missouri Division of Youth Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 3418 Knipp Drive Suite A-1 Jefferson City, Missouri 65109			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-751-3324			
Agency Chief Executive Officer			
Name: Phyllis Becker		Title: Director	
Email address: Phyllis.becker@dss.mo.gov		Telephone number: 573-751-3324	
Agency-Wide PREA Coordinator			
Name: Christy L. Kempker		Title: Assistant Deputy Director	
Email address: christy.l.kempker@dss.mo.gov		Telephone number: 573-751-3324	

AUDIT FINDINGS

NARRATIVE

The Sierra Osage Treatment Center (SOTC) is a 24-hour, residential treatment program operated by the Missouri Division of Youth Services (DYS), a division of the Missouri Department of Social Services. Located in Poplar Bluff, Missouri, the facility opened in 1991 and serves 24 female youth up to the age of 18, who are committed to DHS through the juvenile court system. SOTC is a medium care facility dedicated to the care, treatment, and supervision of court-committed youth. SOTC employs 30 full-time staff. There is a full-time registered nurse and three contract medical staff including a psychiatrist, a nurse practitioner and a physician to address youths' medical and mental health needs. A service coordinator determines youth treatment needs and ensures continuity of treatment services from intake to release. The SOTC treatment programs are based upon group and individual treatment theories, utilizing group dynamics, individual counseling and family counseling. Upon arrival, each youth is assigned a personal advocate. In this role the staff member strives to facilitate the practical needs of the youth which reach beyond those of the institutional settings. The personal relationships that form between staff members and youth is an essential part in the development of lasting changes for the youth. Each youth is different and therefore, length of stay varies, with an average length of stay of six months. SOTC provides accredited educational services with classes five days a week year round. The educational program offers coursework in career and vocational exploration, social studies, science, language arts, mathematics and basic life skills. Support services are provided for youth with special or remedial needs. When appropriate, youth may work toward taking the High School Equivalency Test or the General Educational Development Test.

The Missouri Division of Youth Services beliefs and philosophies are as follows: meeting youth's basic needs and providing physical and emotional safety is the foundation of treatment. Youth need to know that staff cares enough about them to expect them to succeed. This is demonstrated by staff's ability to provide safety and structure. Services and supports are individualized. Through this process youth recognize the value and strengths of self and others, and are challenged and inspired to reach their full potential.

While change is often difficult and naturally leads to resistance and fear, people more readily embrace change when included in the process. Youth need to be guided and supported to try new behaviors, practice, succeed, and learn from mistakes as they internalize positive changes.

All youth need approval, acceptance and the opportunity to contribute. Programs and services are structured in a manner that taps into and builds upon these universal needs. Feelings are not right or wrong. Personal disclosure and reconciliation of life experiences are important for healing and personal growth. As a part of the treatment process youth explore behaviors, thoughts, and emotions. Challenging behavior is often symptomatic of core issues or patterns. Services are designed to help address these needs and assist youth in investigating and understanding their history, behavior, healthy alternatives, and facilitate internalized change. Youth often come to the agency with limited resources and a lack of knowledge and awareness of their behavioral and emotional options. In the situations they have experienced, their behavior may have seemed logical and understandable.

Families want the best for their children. Services provided to youth must take into account the values and behaviors established within the family system. Family expertise and participation is essential in the youth's treatment process, and facilitates system change within the youth's family. Respect and appreciation for the inherent worth and dignity of self and others forms the foundation of safety, trust, and openness necessary for change to occur. Demonstrating respect and appreciation for the worth of youth and families is essential.

Everyone has fears, insecurities, and basic needs including safety, attention, and belonging. Programs and staff normalize and attend to these needs, assisting youth in meeting their needs in positive and productive ways.

Treatment is structured to assist youth in experiencing success through helping others and being helped. This need is also addressed through accessing community resources and enabling youth to develop healthy supportive relationships with peers, adults, family, and in their neighborhoods and communities. Youth have learned through a wide variety of experiences. It is through investigation and linking past and present experiences that youth develop the knowledge, skills and emotional capacity to succeed in home and community.

Services, supports, and interactions demonstrate respect for and build on the values, preferences, beliefs, culture, and identity of the youth, family, and community. Diversity in expression, opinion, and preference is embraced.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized using the new On-Line PREA Audit System 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 October 25th-26th, 2016. The entrance meeting was attended by Kurt Kelley, Youth Facility Manager II/Facility PREA Compliance Manager and G. 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 Director, Agency PREA Coordinator, the Sierra Osage Treatment Center Facility Manager (who also serves as the Facility PREA Compliance Manager), intake staff: the nursing staff, incident review team member, staff who perform unannounced rounds, staff who performs the screening for risk of victimization and abusiveness, staff who monitors retaliation, human resources, a volunteer, a family specialist, ten custody staff randomly selected from each of the three shifts in this facility, and ten randomly selected youth from each cottage. On the days of the on-site audit 20 youth were housed in the facility.

There were no PREA-related allegations made during the previous 12 months. No youth had reported during the intake process previous physical or sexual abuse. Two youth identified themselves as being LGBTQI 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

The Sierra Osage Treatment Center campus consists of 200 plus acres of developed and undeveloped farm land. The facility is located on the same property as W.E. Sears Youth Center. There are shared buildings, space, and services, such as vocational classes, outdoor recreation, dining room, and an indoor gymnasium. The youth from the two programs do not mix during activities. There are two housing dormitories located in the main building. The dormitories are called Sierra and Osage. The dormitories are open bay style with ten double bunk beds and a large bathroom with separate showers and toilet stalls. There is an education building next to the main building. The facility is not equipped with a surveillance monitoring system or any other form of technology to monitor residents

A tour of the facility was conducted, led by 2 youth and the Facility Manager Kurt Kelley. The facility is clean, in good repair, and well maintained. 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.

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. Kelley 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 the DYS abuse number, the PREA hotline, are prominently posted in the main lobby area and hallways, as well.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the housing, administrative and programming areas. The Pre-Audit Questionnaire, policies and supporting documentation were posted using the new PREA On-Line Audit System. The documents were well organized and easy to navigate. After meeting with the facility's management staff, a complete tour of the facility was conducted. During the youth guided tour, this auditor observed youth under constant staff supervision while involved in school and other activities. There was information regarding PREA posted in all areas. Secondary documentation was made available for review.

The facility staff were very helpful, very professional, and well versed in PREA activities at the facility level. It was a pleasure to work with the Facility Manager and his staff.

Number of standards exceeded: 6

Number of standards met: 31

Number of standards not met: 0

Number of standards not applicable: 4

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 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 written policies 9.18, 3.8, 3.23 and 9.28 mandate zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy. The policy outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The policy also provides strategies and responses for reducing and preventing sexual abuse and harassment.

The agency has a designated 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. She has 30 facility PREA Compliance Managers under her umbrella. The Sierra Osage Treatment Center Facility 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.

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)

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 has renewed 12 contracts for confinement of youth in the past 12 months. Reviewed contracts require DYS to monitor the contractor’s compliance with PREA.

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 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 Policies 9.6 and 9.18 address this standard. The facility staffing plan is in place, dated January 2016, 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 1:6 and 1:10 during sleep hours. SOTC utilizes constant staff monitoring instead of video monitoring to protect youth from sexual abuse and harassment. The Facility Manager and the two Group Leaders conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Staff interviews confirm 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)

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.

Agency policies 5.08, 7.2, and 9.18 allow 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. Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth'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 embraces 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.

DYS Policies 6.01, 8.03, and 9.18 all address the standard. DYS contracts for statewide services to provide youth with disabilities and youth who are limited English proficient with various services on an as needed basis. DYS Policy 9.18 ensure youth with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. The policy also states the facility will not rely on youth interpreters, youth readers or any kind of youth assistance except when a delay in obtaining interpreters services could jeopardize a youth's safety. Youth and staff interviews verified the facility does not use youth assistance and there were no instances of youth interpreters or readers being used in the past 12 months. Staff training materials contained information on providing appropriate explanations regarding PREA to youth based upon the individual needs of the youth.

Standard 115.317 Hiring and promotion decisions

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

Auditor 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 and DSS Policy 2-107 address hiring and promotional decisions. The agency conducts extensive background checks and reference checks with multiple entities upon offer of employment. Documentation was provided that staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, volunteers and contractors who have contact with youth, had documented criminal background checks. According to DYS Policy 9.18 PREA requires background checks to be conducted every year.

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)

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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 as stated in DYS Policy 9.18. The former are conducted by Missouri Children’s Division (OHI – Out of Home Investigations), if the youth is under the age of 18, and, if criminal in nature, the Butler County Sheriff’s Office.

Forensic medical exams, when needed, would be conducted at Poplar Bluff Regional Medical Center located in Poplar Bluff, Missouri, at no cost to the youth. SOTC has an MOU with the Ozark Foothills Child Advocacy Center for victim advocacy, if needed. The Missouri Children’s Division Out-of-Home Investigation Unit (OHI). They receive reports through their hotline. OHI will contact the appropriate local law agency to co-investigate. Youth 18 years of age are referred to the Division of Legal Services Investigation Unit (DLS). DLS contacts the appropriate law enforcement agency to coinvestigate allegations of sexual abuse and sexual harassment.

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.

DYS Policies 3.08, 6.01, and 9.18 and the DYS Functional Practices requires staff to refer all allegations of sexual abuse and sexual harassment to the Missouri Children’s Division Hotline. CD-OHI or DLS will contact the appropriate law enforcement agency and coinvestigate the allegations. There were no allegations of sexual abuse or sexual harassment in the past 12 months. DYS’s website includes its Fundamental Practices which describes how investigative responsibilities are handled for allegations of sexual abuse.

Standard 115.331 Employee training

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

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

Standard 115.332 Volunteer and contractor training

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

Auditor 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 Policies 3.18 and 9.18 require volunteers and contractors who have contact with youth to receive PREA training. The policy requires the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. An interview with a volunteer revealed he was knowledgeable concerning his responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment. Volunteers and contractors sign documentation acknowledging that they understand the training they received.

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 youth 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. Youth are provided a PREA pamphlet in both English and 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 they understand the PREA education

received and could articulate their rights and the various ways they can report an allegation. DYS Policies 9.05 and 8.03 and the Youth PREA Education Manual address this standard.

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)

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DYS does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegation of sexual abuse and sexual harassment in confinement was provided to CD-OHI and DLS. This standard is N/A.

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)

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DYS Policies 9.3 and 3.18 require PREA training and specialized training for medical staff. Medical staff received Medical Professionals training provided through the NIC Learning Center 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. The medical staff do not conduct forensic examinations.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor 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 Policies 9.05 and 9.18 require staff to screen each youth for risk of victimization upon arrival at the facility and DYS Policy 6.7 requires staff to reassess youth every six months thereafter. They also establish limited staff access to this information on a “need to know basis”. The facility utilizes the Assessment, Checklist and Protocol for Behavior and Risk for Victimization assessment and screening instrument, which meets all PREA requirements in this regard. 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 youth treatment staff. There is also a screening completed by the youth’s Service Coordinator and the Residential Facility Manager before the youth enters the 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, programming, and work assignments, in order to focus on the safety and security of the youth. 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 then re-conducted.

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 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.

SOTC has two open bay style housing areas with ten double bunk beds each. Victimization screening information may be used to determine a youth’s bed assignment and its proximity to direct care staff in the housing unit to ensure youth’s safety. DYS Policy 9.18 prohibits lesbian, bi-sexual, transgender and intersex youth being placed in a particular housing unit. Staff interviews also verified compliance with this standard. Each youth’s safety is paramount in making these assignments, regardless of other issues. The facility does not utilize isolation in any form.

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 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 Policies 6.01 and 9.18, DSS Policy 2-101, Employee Conduct 3.08, Missouri RsMO 210.115.1 Mandated Reporter Law, and the Parent-Student Handbook provide multiple internal ways for youth to report sexual abuse and harassment including telling a staff member and putting a written complaint in the PREA designated box. PREA information including posters and brochures was observed in the administrative area. Upon inquiring about how youth are able to call the hotline or victims advocate, youth leading the tour explained that they have to seek permission from staff to call the hotline or the victims advocate. The facility provides youth with the address for the Ozark Foothills Children’s Victim Advocacy Center so they can also write to them. Youth and staff interviews along with the youth handbook and posted signs verified compliance with this standard. The interviews also confirmed that staff can privately report sexual abuse or harassment of youth, 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)

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 does not have administrative procedures for dealing with youth grievances regarding sexual abuse or harassment. Youth may put a written complaint in the designated PREA box. There have been no complaints relating to sexual abuse or sexual harassment received in the past 12 months. Staff and youth interviews confirmed their knowledge of how to use the PREA box to report sexual abuse or sexual harassment. An interview with the Facility Manager pointed out that if a PREA allegation is found in the PREA box, then it is treated as a first responder incident. This standard is N/A.

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)

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DYS Policies 9.18, 6.02, 6.05 and the PREA SYC Parent-Student Handbook ensure that youth are provided access to outside confidential support services. Documentation was provided that identifies Ozark Foothills Children’s Advocacy Center as the community victims advocate to provide emotional support and to conduct forensic examinations. Youth education rosters indicate youth have been provided information about the victim advocacy service including how to access this service.

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 youth interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Youth communications are not monitored.

Youth interviews confirmed that those youth 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.

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 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 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.

The DYS website provides the public with information regarding third-party reporting of abuse. Youth interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

Standard 115.361 Staff and agency reporting duties

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

Auditor 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 SOTC staff are mandated reporters as required by DYS Policies 9.18, 3.08 and Missouri Statute 2-101 to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against youth or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also helped to verify the facility’s compliance with this standard. An interview with the nurse confirmed her responsibility to inform youth 18 years old of her duty to report and limitations of confidentiality. 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.

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 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 requires immediate action upon learning that a youth is subject to a substantial risk of imminent sexual abuse. 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 they 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)

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 Policies 9.18 and 3.08 require the PREA Compliance Manager to notify the head of the other facility within 72 hours upon receiving an allegation that a youth was sexually abused while confined at another facility. During the past 12 months, SOTC received no allegations that a youth was abused while confined at another facility nor were there any allegations received from another facility. Missouri law requires mandated reporters to report such an allegation to the Children’s Division (O.H.I.) Hotline. Interview with the Facility Manager confirmed the practice.

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

Standard 115.365 Coordinated response

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

Auditor 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 has a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. Interviews with the Facility Manager and other staff revealed that they are knowledgeable of their duties in response to a sexual assault.

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

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

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

Standard 115.367 Agency protection against retaliation

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

Auditor 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 and DSS Policy 2-101 require the monitoring of youth and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Facility Manager and the two Group Leaders are charged with monitoring for possible retaliation. There were 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.

DYS Policy 9.18 provides guidelines for the use of room restriction as a last measure to keep youth who alleged sexual abuse safe and then only until an alternative means for keeping the youth safe can be arranged. No youth have alleged sexual abuse in the past 12 months.

Standard 115.371 Criminal and administrative agency investigations

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

Auditor 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 requires staff to report allegations of sexual abuse to the hotline. CDOHI or DLS (depending on the age of the youth) will co-investigate with the appropriate law enforcement agency. There were been no investigations of alleged youth sexual abuse in the facility in the past 12 months. This standard is N/A.

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.

The Missouri Child Welfare Manual (section 2, chapter 4) states a standard of preponderance of evidence or lower standards of proof is used for determining if allegations are substantiated. This standard is N/A.

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.

In lieu of the fact that there were no criminal or administrative investigations during the past 12 months, there have been no notices sent to youth. DYS Policy 9.18 indicates the process for notifying youth whether the allegation proves substantiated, unsubstantiated or unfounded. The Facility Manager/PREA Compliance Manger interview confirmed his knowledge of the reporting process.

Standard 115.376 Disciplinary sanctions for staff

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

Auditor 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 requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility’s sexual abuse or harassment policies.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor 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 requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of youth will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. There have been no volunteers or contractors reported in the past 12 months. The policy also requires the facility staff to take remedial measures and prohibit future contact with youth in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Manager.

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 mandates that any youth 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 and there may 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. There were no administrative or criminal findings of guilt for youth -on- youth sexual abuse in the past 12 months.

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

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

Auditor 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 Policies 9.18 and 7.02 state that youth who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse whether it occurred in an institutional setting or in the community, staff will ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. There is a form that is used during intake called the PREA Vulnerability Information Review (Addendum), which again asks if there had been any prior victimization and if the youth identifies with LGBTQI. There were two youth who reported as identifying as LGBTQI. 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 and staff 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.

DYS Policy 9.18 PREA requires timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse, at no cost to the family or youth. There have been no victims of sexual abuse in the past 12 months; however, the nurse’s interview verified that documentation would be provided in the youth’s medical record. Facility policy requires that the youth 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.

DYS Policies 6.01, 7.2, 7.3, 7.4, and 9.18 require ongoing medical and mental health care for sexual abuse victims. The policies also require the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Poplar Bluff Regional Medical Center where they will receive treatment and a forensic exam by a certified SAFE medical examiner. There have been no sexual assault victims in the past 12 months; however, if needed, procedures are in place as verified during medical staff interview.

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 have been no criminal or administrative investigations of sexual abuse in the past 12 months; however, DYS Policies 9.17 and 9.18 require a review of every sexual abuse allegation within 30 days of the conclusion of the investigation. The facility has a review form in place to document such review.

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.

DYS Policy 9.18 requires the collection of accurate, uniform data for every allegation of sexual assault. The PREA Compliance Manager collects all data relating to PREA. DYS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard. The 2015 annual PREA Report is on the DYS website.

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.

There have been no sexual abuse allegations within the past 12 months at W.E. Sears Youth Center; however, DYS Policy 9.18 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. The 2015 annual PREA Report is on the DYS 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 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 requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. The 2015 annual PREA Report is on the DYS website.

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

11/26/2016

Auditor Signature

Date