

PREA AUDIT REPORT INTERIM FINAL
 JUVENILE FACILITIES

Date of report: 06/10/17

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: May 5, 2017			
Facility Information			
Facility name: Community Learning Center			
Facility physical address: 3990 West Sunshine, Springfield, Missouri 65807			
Facility mailing address: (if different from above)			
Facility telephone number: (417) 888-4055			
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 checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Steve Hicks			
Number of staff assigned to the facility in the last 12 months: 16			
Designed facility capacity: 12			
Current population of facility: 10			
Facility security levels/inmate custody levels: Moderate			
Age range of the population: 12-17			
Name of PREA Compliance Manager: Steve Hicks		Title: Youth Facility Manager II	
Email address: stephen.hicks@dss.mo.gov		Telephone number: (417) 888-4055	
Agency Information			
Name of agency: Missouri Division of Youth Services			
Governing authority or parent agency: (if applicable)			
Physical address: 3418 Knipp Drive Suite A-1, Jefferson City, MO 65109			
Mailing address: (if different from above)			
Telephone number: (573) 751-3324			
Agency Chief Executive Officer			
Name: Phyllis Becker		Title: Division Director	
Email address: phyllis.becker@dss.mo.gov		Telephone number: (573) 751-3324	
Agency-Wide PREA Coordinator			
Name: Christy L. Kempker		Title: Human Resource Manager/PREA Coordinator	
Email address: Christy.L.kempker@dss.mo.gov		Telephone number: (573) 751-3324	

AUDIT FINDINGS

NARRATIVE

Community Learning Center (CLC) is a twelve (12) bed staff secure moderate care male residential facility governed by the Missouri Division of Youth Services (DYS), a division of the Missouri Department of Social Services. The program provides services for young men, 12-17 years of age who have been adjudicated by the juvenile court. The length of stay in the program is based upon residents completing their individual treatment goals and program expectations; however, the average length of stay is four (4) to six (6) months. All residents are assigned an individual Service Coordinator to assist them in their progress from their commitment into DYS up until their transition back into the community. There were ten (10) residents at the facility at the time of the review.

The facility is staffed with sixteen (16) full-time and part-time staff. The staff consisted of: Youth Facility Manager II, Group Leader, (10) Youth Specialists of which one (1) is a rover between two (2) other facilities on the over night shift, Academic/Special Ed Teacher, and (2) other staff (Administrative and Food Service). The licensed practical nurse (LPN) provides services at the facility and to two (2) other facilities in the Springfield area. The licensed practical nurse and psychiatrist (tele-health) provide and addresses the resident's medical and mental health needs. In addition, to the full-time and part-time employees there is maintenance provided by the Office of Administration.

The medical staff consists of a full-time LPN under the guidance of a licensed regional registered nurse providing nursing services on-site Monday – Friday (8:30 am – 4:30 pm), available 24/7, and an on-call physician. The facility has contracts with the local hospital for 24 hour emergency needs. A medical physician visits the facility once a week. Also, psychiatric services provided via tele-health with a licensed adolescent psychiatrist in addition to the nurse providing health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental services are provided off campus and consists of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams.

The school operates with one (1) certified teacher and provides state accredited educational services for the residents. This allows residents to continue their education while receiving assistance and support with their treatment needs while at the program. DYS provides educational services accredited by the Missouri Department of Elementary and Secondary Education (DESE). Each resident receives educational services guided by a personalized education plan developed by the DYS education staff, the student and his parent/guardian. The educational staff addresses the academic, emotional, physical, and social needs of the residents by offering them a variety of programs and services that elicit the maximum potential of each student. The objectives for learning are emphasized for each resident in DYS care as follows: Re-mediate deficiencies in learning skills and academic knowledge; Connect learning to responsible citizenship and self-sufficiency; Recover academic standing and units of high school credit; Learn the value and importance of a good education; Increase self-confidence and self-esteem and Improve behavior and study skills.

Students are assigned a full-day schedule of classes and follows a twelve (12) month school calendar. The facility's educational program includes classroom(s) suitable for interactive learning activities; literacy, career and research centers; up-to-date instructional materials; and technology necessary for learning. The educational staff's instruction consists of: language arts, mathematics, science, social studies, fine arts, career education, personal finance, health and physical education. In addition, students study Missouri and U.S. government and complete the required Missouri and U.S. constitution test(s). The DYS instructional curriculum outlines the key concepts and course goals for these subjects and electives establishing a foundation of knowledge as it develops the skills necessary for students to think, reason, create, communicate and live in an ever-changing technological society. The educational staff recognizes the importance of completing a challenging program of education. Every student is encouraged to complete their education by returning to public schools, graduating while in group home, obtaining a GED or prepare for college through taking their ACT. While at the group, some students meet Missouri and DYS graduation requirements. Special Education services are offered to students who qualify and counseling services are offered to all students. Residents who receive special education services are provided by certified, special needs instructors.

CLC provides a wide array of treatment services to the residents to include: Individualized counseling with staff; Group therapy meetings five (5) nights a week; Family therapy with a Regional Family Specialist; Adventure Based Counseling (backpacking, camping, canoeing, etc); Group and individual counseling for residents who have sexually harmed or have been victims of sexual abuse or past trauma; Regularly scheduled community events to enhance the residents social connection and social development. Additionally, to the various treatment opportunities mentioned above, the program works closely with bringing residents and their families closer together. The family plays a vital role in each resident's treatment process. The staff's is invested in family visit days, monthly family day events at CLC, weekly phone calls and written correspondence with family members, legal guardians and others who are a part of the resident's overall support system.

DESCRIPTION OF FACILITY CHARACTERISTICS

Community Learning Center (CLC) is located in Springfield, MO. The facility is a leased property sitting on approximately 10 acres of land which is shared with another DYS Facility nearby. The program is contained in a single building consisting of approximately 4700 square feet of living space. There are various rooms throughout the building to include: staff office; manager's office and clerical area by front door; front living room; kitchen; dining room; two (2) separate bathrooms used for families and staff; classroom with a small second room attached that is used as a computer room; a recreation room/family visiting room; back living room; group leader's office; medical area with a nurse's office and tele-health room and group therapy room. The school is equipped with a full service library including technological equipment to enhance student learning. The dorm is a multi-purpose area with an open bay style of living where twelve (12) bunk beds are arranged in a manner to allow for constant supervision by the direct care staff, a central bathroom/shower area and a laundry room. There is a PREA bulletin board centrally located with varied telephone numbers (i.e. hotline, language), grievance box with forms, and a medication cart.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by March 24, 2017, six weeks prior to the date of the on-site audit. The posting of the notices was verified during the tour and verified by photographs received in an email from the the DYS PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the secure entrance to the facility and family room. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by April 7, 2017. The documentation was uploaded to the PREA Online Audit System, it was organized but not easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address a number of the standards. After a discussion with the DYS PREA Coordinator and providing a list of noted concerns, the DYS PREA Coordinator sent some documentation prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on May 5, 2017. An entrance briefing was conducted with the Facility Manager II. During the briefing, it was explained the audit process and a tentative schedule for the day to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the facility was conducted including a secure entrance into a clerical area by the front door; front living room; kitchen; dining room; two (2) separate bathrooms used for families and staff; classroom with a small second room attached that is used as a computer room; a recreation room/family visiting room; back living room; group leader's office; medical area with a nurse's office and tele-health room, group therapy room and outdoor recreation area. During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. The facility was clean well maintained and it was obvious staff took pride in their working area. Notification of the PREA audit was posted in several locations throughout the facility as well as postings informing residents of the telephone numbers for reporting against sexual abuse and harassment and to call for victim advocate services. During the tour, it was observed the shower/toilet area did allow for privacy.

During the one (1) day on-site visit, there were a total of ten (10) residents in the facility. Seven (7) residents were randomly selected for the interview process. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, family member, and the hotline. Also, the community victims' advocacy service, telephone number and brochure is available to the residents. There is evidence of the DYS PREA Coordinator's efforts to obtain a Memorandum of Understanding from the Children's Center of Southwest Missouri to provide confidential emotional support to residents who are victims of sexual abuse. Mercy Hospital (SANE certified) provides the emergency & forensic medical examinations at no financial cost to the victim. Additionally, the Central Office has identified three (3) mental health professionals statewide that will serve as an advocate to link services and provide confidential emotional support to residents who are victims and/or report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Ten (10) staff including those from all three (3) shifts, supervisory staff, contracted staff (teacher), medical and mental health staff, Youth Facility Manager/PREA Compliance Manager and Group Leader were interviewed during the on-site visit. Additionally, the DYS Division Director and DYS PREA Coordinator were interviewed previously prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the day, an exit briefing with a summary of the findings was conducted with the Youth Facility Manager/PREA Compliance Manager, Group Leader, Regional Administrator (ARA), Assistant Regional Administrator (ARA), and via telephone the DYS Assistant Deputy Director, the DYS PREA Coordinator and Personnel Officer. At the exit debriefing, it was discussed additional documentation was required for one (1) standard and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the DYS PREA Coordinator prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 3

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 9.28 (Developing Relationships); Policy 3.08 (Employee Conduct) and Policy 3.23 (Ethical Standards of Employee/Youth Relations) outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Missouri.

Missouri Division of Youth Services (DYS) has a designated PREA Coordinator, her official title is Human Resources Manager and reports directly to the DYS Division Director. The PREA Coordinator works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of thirty (30) residential facilities with the support of the Central Office. Community Learning Center's PREA Compliance Manager is the Youth Facility Manager II and during his interview indicated he had sufficient time and authority to develop, implement and oversee the facility's PREA compliance efforts to comply with the PREA standards. Additionally, the Youth Facility Manager II had created a resource binder for the staff containing policy, reporting process and forms located in the staff office. It was evident during the staff interviews, staff had been trained and were knowledgeable of DYS PREA Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements.

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.

A review of the documentation and the DYS Policy 9.18 (Prison Rape Elimination Act of 2003) describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. DYS has entered into/renewed twelve (12) contracts for confinement of residents in the past twelve (12) months. An interview with the DYS PREA Coordinator confirmed these contractors are monitored by DYS to ensure compliance with the PREA standards.

Standard 115.313 Supervision and monitoring

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

Auditor 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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Policy 9.06 (Program Supervision) contained the required information identifying each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring (if applicable) and federal standards. Additionally, the policies contained information identifying each facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, Community Learning Center's staff-to-youth ratios is identified as 1:6 during the resident waking and 1:6 during sleeping hours therefore exceeding the standard. Even though the policy and procedure requires all facilities to maintain at a minimum a 1:8 staff-to-youth ratios during waking hours and 1:16 during sleeping hours, the practice at this facility for the past several years has always exceeded this minimum requirement. The Community Learning Center's staffing plan was developed, approved, and implemented in 2013. Their staffing plan's annual reviews conducted in 2016 & 2017 were found to be in compliance with this standard.

During the initial documentation review, the facility did not report deviations from the staffing plan during the past 12 months. The staff-to-youth ratios of 1:6 during the resident waking and 1:6 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Community Learning Center is a facility and utilizes staff monitoring to protect the residents from sexual abuse and harassment. The Youth Facility Manager II, Group Leader, Assistant Regional Administrator (ARA) and Regional Administrator (RA) conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a quarterly basis. All unannounced rounds are documented on the "Unannounced Program Visit" form, the Youth Facility Manager II and staff interviews confirmed the process takes place in the facility.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 9.06 (Program Supervision); Policy 5.08 (Searches for Contraband); and Policy 7.2 (Medical and Health Care Standards) required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. DYS has extensive staff training, a review of the training documentation and staff interviews confirmed the training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Most residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Most staff and resident interviews indicated that staff

of the opposite gender entering the dorm area consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that staff of the opposite gender are prohibited from entering the bathroom/shower area while residents are showering. There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents in the past twelve (12) months. All staff were able to describe what an exigent circumstance would be and in most instances were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most staff interviews could identify the DYS policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 6.01 (Programmatic Rights of Youth & Grievance Process) and Policy 8.03 (Individual Education Program, Special Education-Special Education) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity and are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy indicates each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. DYS has established contracts for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. These services are Sign Language Interpreter Services, Verbal Language Interpreter Services, Written Language Interpreter Services and Telephone Based Interpreter Services. Safety 1st (Youth Education Manual PREA) is provided to all residents upon admission to the facility and is available in both English and Spanish. Also the "Youth Grievance or Complaint" form is available in both English and Spanish. The teacher could provide residents with disabilities with various services on an as needed basis. Staff training documentation including the Safety 1st packet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Most staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months to report sexual abuse or sexual harassment. There are postings of the telephone numbers for staff to refer to if a resident should need interpreter services.

Standard 115.317 Hiring and promotion decisions

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

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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Missouri Department of Social Services (DSS) Policy 2-107 (Background Checks) contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees, volunteers, and contractors. DYS/DSS has extensive initial background screening requirements that include the screening for criminal record checks (Missouri Highway State Patrol), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, driving records check, child abuse/neglect registry checks, family care safety registry, sex offender registration check, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts annual background checks for all employees, volunteers, and contractors. A sampled review of staff's and volunteer/contractor's HR files had documentation on staff completing varied forms containing the questions regarding past misconduct (DYS Fundamental Practices, Addendum to DYS Application and Volunteer or Contractor Cover Letter for DYS Fundamental Practices) that are completed during the hiring process. The HR staff send the criminal background information to their central office and receive an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the DYS training and orientation process. The Youth Facility Manager II's interview confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, the volunteers and contractors who have contact with residents have documented criminal background checks.

Standard 115.318 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community Learning Center has not been newly designed or had a substantial expansion or modification since August 20, 2012. There was no installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology at this facility. During the tour, it was evident the facility does not have cameras and they rely on the staff to monitor the residents. The staff is strategically placed to monitor residents of identified blind spots in certain areas throughout the facility.

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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and some staff interviews confirmed the Missouri Children's Division Out-of-Home Investigation Unit (CD-OHI) conducts the administrative investigations of sexual abuse and sexual

harassment allegations for residents under the age of 18 and they receive reports through their hotline. CD-OHI will contact the appropriate local law enforcement to co-investigate criminal allegations of sexual abuse. Residents 18 years of age are referred to the Division of Legal Services Investigation Unit (DLS) and appropriate law enforcement agency to co-investigate allegations of sexual abuse and sexual harassment. There is evidence of the DYS PREA Coordinator's efforts to obtain a Memorandum of Understanding from the Children's Center of Southwest Missouri to provide confidential emotional support to residents who are victims of sexual abuse. Mercy Hospital (SANE certified) provides the emergency & forensic medical examinations at no financial cost to the victim. Additionally, the Central Office has identified three (3) mental health professionals statewide that will serve as an advocate to link services and provide confidential emotional support to residents who are victims and/or report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 3.08 (Employee Conduct) and Policy 6.01 (Programmatic Rights of Youth & Grievance Process) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to Missouri Children's Division Out-of-Home Investigation Unit (CD-OHI) for investigation and determination of child abuse and CD-OHI will contact the appropriate local law enforcement for the determination of criminal charges. Additionally, all staff refer all allegations of sexual abuse and harassment to the Central Office and complete the DYS Mandatory Reporting form. The DYS PREA policy and the DYS Fundamental Practices form which describes how investigative responsibilities are handled for allegations of sexual abuse and harassment can be found at the Missouri DYS's website. The parent/guardian is provided with the DYS Youth/Parent Handbook (Safety 1st) identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. This information is available in both English and Spanish. Community Learning Center had no allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. The DYS PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 3.18 (Training) and the Missouri DHS “The Care and Treatment of our Youth” training modules requires an indepth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard’s requirements and is tailored to all facilities with the gender of their resident populations. All employees are trained as new hires regardless of their previous experience. A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA training during initial and refresher training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. Additionally, all employees receive training during monthly staff meetings. Employee training records are maintained electronically and the DHS Fundamental Practice form is maintained in their personnel file. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Missouri by providing extensive training to all employees who work at their facilities.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires volunteers and contractors who have contact with residents to receive indepth PREA training. All volunteers and contractors receive the PREA training and sign both the Volunteer (Practicum) and/or Contractual Provider Cover Letter for DHS Fundamental Practices and DHS Fundamental Practices forms upon completion of the PREA training they received. Documentation confirmed they are aware of the facility’s requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. An interview with a teacher confirmed his knowledge of the PREA training.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.05 (Residential Care) and Policy 8.03 (Individual Education Program, Special Education-Special Education) requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency’s response to allegations within 10 days upon arrival. However, the assigned staff provide the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the assigned staff utilizes the Youth PREA Education Manual (Safety 1st) and reviews this detailed information verbally with the resident and the resident signs the form verifying receipt for all information regarding

orientation to the facility. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Residents are provided the manual which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish for future reference. Most residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the manual. Staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis. Both the updated Youth and Parent handbook/packet which includes the Safety 1st information provides detailed information about the facility to the resident and parent/guardian.

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Missouri Children's Division Out-of-Home Investigation Unit (CD-OHI) for residents under the age of 18 and Division of Legal Services (DLS) for residents over 18 years of age. DYS does not conduct administrative or criminal investigations, therefore this standard is not applicable to this facility.

Standard 115.335 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Policy 3.18 (Training) requires PREA training and specialized training for medical and mental health staff. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized on-line training offered by NIC. A review of the training documentation confirmed medical and mental health staff receive the required refresher PREA training on an annual basis. Additionally, the medical and mental health staff are required to review and sign the DYS Fundamental Practices form to acknowledge they received the training and understand their responsibilities in the event of an incident. 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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 9.05 (Residential Care) and Policy 6.07 (Administrative Case Review) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. DYS PREA Vulnerability Information Review (PVIR) form, medical and mental health assessment and various other forms (Assessment Summary) are used in combination with information about personal history, medical/mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Per DYS policy and procedure residents are reassessed within six (6) months of their arrival and throughout their stay at the facility. However, the staff in this facility reassess residents on a daily basis. The facility's policies limits staff access to this information on a "need to know basis". Staff interviews confirmed a screening is completed on each resident upon admission to the facility. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health personnel. Although there have been no transgender or intersex residents admitted to the facility within the twelve (12) months, staff were aware of giving consideration for the resident's own views of their safety in placement and programming assignments. Most resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 9.08 (Separation); Policy 9.28 (Developing Relationships) and Policy 6.01 (Programmatic Rights of Youth & Grievance Process) prohibits gay, bi-sexual, transgender and intersex residents being placed in a dorm area, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The Youth Facility Manager II and assigned staff utilize various forms, DYS PREA Vulnerability Information Review (PVIR), the Assessment Summary to name a few and any other pertinent information during the resident's admission process. Also, the staff determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There is one (1) dormitory with an open bay style of housing with twelve (12) bunk beds, a living room and a bathroom/shower area. Isolation is not utilized at the facility as a means of protective custody.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 6.01 (Programmatic Rights of Youth & Grievance Process); Policy 3.08 (Employee Conduct); Department of Social Services (DSS) Policy 2-101 (Sexual Harassment /Inappropriate Conduct) and the Missouri Revised Statute Chapter 210 Child Protection and Reformation Section 210.115.1 (Mandated Reporter Law) provides multiple internal ways for staff and residents to report privately sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline number, placing a written complaint in the grievance box and third party. While touring the facility, there were postings of the PREA information with reporting information and a locked grievance box with grievance forms located in one (1) area of the facility. Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust and with the third party but could not identify the anonymous reporting capability. Most residents identified the grievance box as a means to report sexual abuse and sexual harassment. Most staff interviews along with the resident's handbook, postings, and supporting documentation verified compliance with this standard.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor 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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) describes the orientation residents receive explaining how to use the grievance process. DYS does not have administrative procedures for dealing with resident's grievances regarding sexual abuse or harassment. However, residents may place a written grievance or complaint in the locked grievance box located in the facility. The policies and procedures describe an unimpeded process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Most resident interviews and documentation confirmed there is a grievance process and a written complaint can be placed in the locked grievance box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints. There have been no grievances relating to sexual abuse or sexual harassment received in the past twelve (12) months.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of the DYS PREA Coordinator's efforts to obtain a Memorandum of Understanding from the Children's Center of Southwest Missouri to provide confidential emotional support to residents who are victims of sexual abuse. Mercy Hospital (SANE certified) provides the emergency & forensic medical examinations at no financial cost to the victim. There have been no calls from residents to outside services in the past twelve (12) months. Most resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation, and letter writing to parents/legal guardians. The facility's postings contained information of the outside services. Resident interviews revealed knowledge of how to access outside victim advocate services and what kind of services are provided to them.

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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) identifies the Division's third party reporting process and instruct staff to accept third party reports. Missouri DYS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. The staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Most resident interviews confirmed their awareness of reporting sexual abuse or harassment to others (hotline) outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 3.08 (Employee Conduct) and Missouri Department of Social Services (DSS) Policy 2-101 (Sexual Harassment/Inappropriate Conduct) identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and random staff interviews confirmed the facility's compliance with this standard. All staff receive information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the facility protocol and/or training. The staff would complete a incident report with the details of any incidents that would occur in the facility in compliance with this standard. Additionally, interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

Standard 115.362 Agency protection duties

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

Auditor 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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months. Documentation and interviews with the Youth Facility Manager II and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Policy 3.08 (Employee Conduct) requires the Youth Facility Manager, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with the Missouri DHS policies and procedures. The Youth Facility Manager II has received no allegations that a resident was abused while confined at

another facility nor were there any allegations received from another facility during the past twelve (12) months.

Standard 115.364 Staff first responder duties

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

Auditor 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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and DHS First Responder Protocols for Sexual Abuse 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 was no allegations of sexual abuse during the past twelve (12) months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with DHS policies and procedures. It was evident that staff have been trained in their responsibilities as first responders.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and DHS Coordinated Response to Reports of Sexual Abuse provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health professionals. The Community Learning Center's staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting CD-OHI or DLS and law enforcement, victim advocate services, & parent/guardian and a number of other individuals. Interviews with the Youth Facility Manager II and other staff validated their technical 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)

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.

Documentation was provided for a labor agreement between the State of Missouri Department of Social Services, Health & Senior Services, Office of Administration and the Communications Workers of America (CWA) Local 6355, AFL-CIO dated 1/1/2016 to 12/31/18 that 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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Missouri Department of Social Services (DSS) Policy 2-101 (Sexual Harassment/Inappropriate Conduct) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. DYS policies and procedures prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. This monitoring would include resident disciplinary reports, dorm and program changes, negative performance reports as well as reassignments of staff. The Youth Facility Manager II is responsible with overseeing the monitoring of the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. He is responsible for assigning staff that will assist him with the monitoring and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. There were no incidents of retaliation in the past twelve (12) months at this facility.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Policy 9.08 (Separation) contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility restricts any isolation placement and the Community Learning Center does not have the capability to provide protective housing for a resident as a last resort. The resident would be transferred to another facility immediately for protective housing. There have been no residents who have alleged sexual abuse in the past twelve (12) months at this facility.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the CD-OHI or DLS (depending on the age of the resident) for investigation and determination of child abuse. These agencies will co-investigate with the appropriate local law enforcement agency who determines criminal charges. Staff refer all allegations of sexual abuse and harassment to the Central Office for completion of an internal administrative investigation. There has been no reported investigations that appeared to be criminal and referred for prosecution of alleged staffs or residents inappropriate sexual behavior that occurred in this facility in the past twelve (12) months. It was evident, the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the facility, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Child Welfare Manual (Section 2 – Intake, Chapter 4 – Investigation Response) contains all the elements of the standard and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the Youth Facility Manager II indicated that they conduct fact finding investigations, make conclusions following the investigation and provide the information to the facility and to the Central Office for consultation with legal and human resources to determine disciplinary actions.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing and contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. Each facility has a process to notify the resident. The policies further requires that following a resident’s allegation that a staff member who has committed sexual abuse against the resident, the facility informs the resident unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s housing area; the staff member is no longer employed at the facility; local law enforcement learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, CD-OHI or DLS (depending on the age of the resident) and Central Office notifies the Youth Facility Manager who will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There have been no reported investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this facility during the past twelve (12) months. The Youth Facility Manager II validated his technical knowledge of the reporting process during his interview.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Missouri Department of Social Services (DSS) Policy 2-101(Sexual Harassment/Inappropriate Conduct) and DSS Policy 2-124 (Discipline) disciplinary sanctions up to and including termination for violating the facility’s sexual abuse or harassment policies. Also, the policies require staff to report the violation to the CD-OHI or DLS (depending on the age of the resident) and Central Office. All disciplinary sanctions are maintained in the employees HR file in accordance with DYS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There have been no employees disciplined and/or terminated in the past twelve (12) months for violation of the facility’s sexual abuse or harassment policies. The Youth Facility Manager II interview validated his technical knowledge of the reporting process was consistent with DYS policy and procedures.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to CD-OHI or DLS (depending on the age of the resident), Central Office and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Youth Facility Manager II. There have been no volunteers or contractors reported in the past twelve (12) months for engaging in sexual abuse or harassment of a resident.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. The Community Learning Center's staff provides each resident with information that includes their rights and responsibilities. There have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past twelve (12) months. The Youth Facility Manager II indicated that residents may also be referred for prosecution if the allegations were criminal.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) and Policy 7.2 (Medical and Health Care/Standards) require medical and mental health evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or

mental health practitioner within 14 days of admission/screening. Medical and mental health staff complete various admission screening forms (i.e. Initial Health Screen, Nurse Assessment, Individualized Healthcare Plan, MAYSI-2, and PVIR) during the initial intake process including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. Additionally, staff are required to complete a critical incident report and submit the information to the administration. There is evidence of the DYS PREA Coordinator's efforts to obtain a Memorandum of Understanding from the Children's Center of Southwest Missouri to provide confidential emotional support to residents who are victims of sexual abuse. Mercy Hospital (SANE certified) provides the emergency & forensic medical examinations at no financial cost to the victim. Additionally, the Central Office has identified three (3) mental health professionals statewide that will serve as an advocate to link services and provide confidential emotional support to residents who are victims and/or report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training.

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.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 7.2 (Medical and Health Care/Standards); Policy 7.3 (Special Needs); Policy 7.4 (Access to Health Care Services) and Policy 6.01 (Programmatic Rights of Youth & Grievance Process) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Mercy Hospital where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of an alleged resident's inappropriate sexual behavior that occurred in this facility in the past twelve (12) months. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff have a protocol (Medical/Mental

Health Discharge Summary) in place to assist residents and their families upon discharge from the facility to continue services if needed.

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003); Policy 9.17 (Critical Incidents) and DYS Coordinated Response to Reports of Sexual Abuse requires a Critical Incident Review form of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. The Community Learning Center's Sexual Abuse Team consists of the Deputy Director, Regional Administrator, Assistant Regional Administrator, Youth Facility Manager II, Group Leader, investigator, medical and mental health representatives. There have been no investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past twelve (12) months. Staff interviews confirmed they would document their review on the Critical Incident Review form that captures all aspects of an incident.

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires the collection of accurate, uniform data for every allegation of sexual assault. All Youth Facility Managers send the required data to their DYS Assistant Regional Administrators (ARA). Prior to sending this information, the ARA reviews the data and it is then forwarded to the DYS Regional Administrator and the DYS PREA Coordinator. The DYS PREA Coordinator reviews the submitted data and 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 2016 annual report revealed it was completed and in accordance with this standard.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor 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 initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2016 Annual Report indicated compliance with the standard and included all of the required elements. The DHS 2016 Annual Report is posted and readily available on the Missouri DHS Website for public review. The Youth Facility Manager II monitors collected data to determine and assess the need for any corrective actions.

Standard 115.389 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

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.

Dorothy Xanos

June 10, 2017

Auditor Signature

Date