

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 01/02/17

Auditor Information			
Auditor name: Dorothy Xanos			
Address: 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702			
Email: dorothe.y.xanos@us.g4s.com			
Telephone number: (813) 918-1088			
Date of facility visit: December 6, 2016			
Facility Information			
Facility name: Langsford House			
Facility physical address: 525 SE 2 nd Street, Lees Summit, Missouri 64063			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (816) 622-0999			
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: Brianne Hamilton			
Number of staff assigned to the facility in the last 12 months: 14			
Designed facility capacity: 12			
Current population of facility: 8			
Facility security levels/inmate custody levels: Community Base - Minimum			
Age range of the population: 12-16			
Name of PREA Compliance Manager: Brianne Hamilton		Title: Youth Facility Manager I	
Email address: brianne.hamilton@dss.mo.gov		Telephone number: (816) 622-0999	
Agency Information			
Name of agency: Missouri Division of Youth Services			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 3418 Knipp Drive Suite A-1, Jefferson City, MO 65109			
Mailing address: <i>(if different from above)</i>			
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

Langsford House is a twelve (12) bed community care residential level facility for male residents governed by the Missouri Division of Youth Services (DYS). The group home is located in a suburban neighborhood in Lee's Summit, Missouri. Residents have been committed to the care and custody of the DYS through the juvenile court system for offenses ranging from beyond parental control and in most instances is the youth's first out of home placement. Langsford House serves residents from the 28 counties of the Northwest Region. These residents generally ranging in age from 12-17 years usually have been determined to be at-risk youth. There were eight (8) male residents at the facility at the time of the review.

The facility is staffed with fourteen (14) full-time employees and nine (9) contracted and volunteer staff. The staff consisted of: Youth Facility Manager I, (6) Youth Specialist II, (2) Academic Teacher, (2) other staff (Administrative and Food Service) and (2) vacant positions. Additionally, the facility services are supplemented by DYS Family Specialists, Treatment Coordinators, a Regional Clinical Coordinator, and Community Mentors. 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.

The medical services consists of an assigned nurse or the licensed regional registered nurse providing nursing services on-site one (1) day a week, 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 monthly. Also, Telehealth is provided once a month 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.

There is evidence of the DYS PREA Coordinator's efforts to obtain a Memorandum of Understanding from the Children's Advocacy Services of Greater St. Louis to provide confidential emotional support to residents who are victims of sexual abuse. Lee's Summit Hospital (SAFE certified) provides the emergency and 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. Additionally, there are licensed mental health clinicians providing mental health services at the facility and access to psychiatric services through contracted providers.

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: Remediate 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 facility, obtaining a GED or prepare for college through taking their ACT. While at the facility, 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. The residents who receive special education services are provided by certified, special needs instructors.

Treatment in the facility is varied and includes individualized, group, educational, medical, and psychosocial, along with other needs and topics specialized and individualized to meet the needs of each resident at the facility. Langsford House is a community based program. A strong relationship between Langsford House and the surrounding communities is a central part of the program. During a resident's stay at Langsford House they are involved in community service projects, hear presentations from community members, and participate in

community outings. The facility environment is based upon maintaining safety, cleanliness, and organization at all times within a structured, positive, and supportive environment. Treatment goals and objectives are developed in the context of resident and family's strengths and assets, are trauma informed, incorporate positive resident development principles within the framework of well-being including mastery, stability, safety, access to mainstream relevant resources, and social connections. Langsford House and DYS believe that family is vital to the treatment process. Residents and families are encouraged to build and strengthen relationships through phone calls, visitation, and active participation in the youth's progress.

DESCRIPTION OF FACILITY CHARACTERISTICS

Langsford House is a one story ranch style building located in a suburban neighborhood on approximately 1/3 of an acre of land in Lee's Summit, Missouri. The building has several accesses, a door in the rear of the building, two doors on the side by the parking lot of the building, and at the front door. All doors remain locked at all times. All individuals coming into the facility come in through the front door and sign the visitation log. The front door leads into the living room area and one of the administrative offices. There is a dining area, kitchen and pantry area, classroom with storage areas, laundry area, another administrative office, nurse's office and staff restroom. The dorm area is located to the right of the living room. The dorm area has a couch/media area, activity table area, twelve (12) bunk beds, with resident closets and dressers, medication cart and dorm cabinets used for supplies that are locked at all times. To the left of the dorm area is the resident's group meeting room. The dorm's restroom has four (4) individual shower stalls with curtains, four (4) individual restroom stalls with partitions and a four (4) sink cabinet that is used for storage and locked at all times.

There is a large recreation area in back of the building with a basketball court, several picnic tables and benches. There is no basement, therefore the facility has two (2) storage sheds in the rear of the property and one storage closet that is accessed through the back of the building for storing equipment and supplies. Also, there is a small parking lot located at the side of the building for vehicles.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by October 27, 2016, 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 entrance/living room area and dormitory area. 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 November 2, 2016. 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 December 6, 2016. An entrance briefing was conducted with the Youth Facility Manager I (YFM), Assistant Regional Administrator (ARA) and Community Coordinator. 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 was conducted by the YFM, ARA and Community Coordinator of the entire facility including a secure entrance into the living room area, administrative offices, kitchen/dining area, nurse office, dormitory area, education area, laundry area and an 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 areas. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. During the tour, it was observed the bathroom/shower area in the dormitory did allow for privacy.

All eight (8) residents were 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 hot line. The community victims' advocacy service and telephone number 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 Advocacy Services of Greater St. Louis to provide confidential emotional support to residents who are victims of sexual abuse. Lee's Summit Hospital (SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Twelve (12) staff including those from all three (3) shifts, supervisory staff, a volunteer, medical and mental health staff, Youth Facility Manager I, Sr. Office Support Assistant, and Assistant Regional Administrator 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 I, Regional Administrator, two (2) Assistant Regional Administrator, Community Coordinator and via telephone the DYS PREA Coordinator. At the exit debriefing, it was discussed additional documentation was required for three (3) standards 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. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 2

Number of standards met: 37

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. Langsford House’s PREA Compliance Manager is the Youth Facility Manager I (YFM) and during her interview indicated she had sufficient time and authority to develop, implement and oversee the facility’s PREA compliance efforts to comply with the PREA standards. 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, Langsford House’s staff-to-youth ratios is identified as 1:6 during the resident waking and 1:12 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. Langsford House’s staffing plan was developed, approved, and implemented in 2013. Their staffing plan’s annual reviews conducted in 2015 & 2016 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 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Langsford House is a group home and utilizes staff monitoring to protect the residents from sexual abuse and harassment. The Youth Facility Manager I (YFM), 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, Youth Facility Manager I, Group Leader 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. DHS 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 areas 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 female staff are prohibited from entering the bathroom/shower area while male 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 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 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 is a posting 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 DHS Application and Volunteer or Contractor Cover Letter for DHS 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 DHS training and orientation process. The Sr. Office Support Assistant'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.

Langsford House 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 of the group home.

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 DHS PREA Coordinator's efforts to obtain a Memorandum of Understanding from the Children's Advocacy Services of Greater St. Louis to provide confidential emotional support to residents who are victims of sexual abuse. Lee's Summit Hospital (SAFE certified) provides the emergency and 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. Langsford House had no allegation 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 DYS “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 DYS Fundamental Practice form is maintained in their personnel file.

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 DYS Fundamental Practices and DYS Fundamental Practices forms upon completion of the PREA training they received. A review of the contractor’s documentation was complete and it was evident, she had completed the required PREA training. An interview with a volunteer and documentation confirmed the required PREA training had been completed on all eight (8) volunteers.

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.

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 and 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 weekly. 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 past year, 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 I 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) dorm area with an open bay style of housing with twelve (12) bunk beds 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 entire facility, there were postings of the PREA information with reporting information and a locked grievance box with grievance forms located in the dorm area of the group home. Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust but not familiar with the third party or 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. After the on-site visit, additional education was provided to the residents on the third party and anonymous reporting capability. 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 115.352 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 dorm area of 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 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 Advocacy Services of Greater St. Louis to provide confidential emotional support to residents who are victims of sexual abuse. Lee's Summit Hospital (SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. There have been no calls from residents to outside services in the past 12 months. Most resident interviews confirmed they have reasonable access to their parent/guardian either through visitation, correspondence or by telephone but no knowledge of the reasonable and confidential access to their attorneys. 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 services but limited knowledge of what kind of services are provided to them. After the on-site visit, additional education was provided to the residents on victim advocate services and reasonable and confidential access to their attorneys. 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 115.354 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 misconduct 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 12 months. Documentation and interviews with the Youth Facility Manager I 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 DYS policies and procedures. The Youth Facility Manager I 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 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 were no allegations of sexual abuse during the past 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. Langsford House’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 I 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)
- 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 I 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. She is responsible for assigning staff that will assist her 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 12 months.

Standard 115.368 Post-allegation protective custody

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

Auditor 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, however, Langsford House has the capabilities to provide protective housing for a resident as a last resort. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be transferred to another facility or staff would be placed on "no contact with resident."

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 have been no reported investigations that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past 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 I 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 has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility during the past 12 months. The Youth Facility Manager I validated her technical knowledge of the reporting process during her 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 DHS 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 has been no employee disciplined and/or terminated in the past 12 months for violation of the facility's sexual abuse or harassment policies. The Youth Facility Manager I interview validated her technical knowledge of the reporting process was consistent with DHS 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 I. There have been no volunteers or contractors reported in the past 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. Langsford House'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 12 months. The Youth Facility Manager I 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, Facility Health Screen, Nurse Assessment, 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 Advocacy Services of Greater St. Louis to provide confidential emotional support to residents who are victims of sexual abuse. Lee’s Summit Hospital (SAFE certified) provides the emergency and 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 Lee’s Summit Hospital where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There have been no investigations of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 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 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. Langsford House’s Sexual Abuse Team consists of the Deputy Director, Regional Administrator, Assistant Regional Administrator, Youth Facility Manager, Group Leader, medical and mental health representatives. There has been no investigation of alleged staff or resident’s inappropriate sexual behavior that occurred in this facility in the past 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 2015 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 2015 Annual Report indicated compliance with the standard and included all of the required elements. The DHS 2015 Annual Report is posted and readily available on the Missouri DHS Website for public review. The Youth Facility Manager I 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

January 7, 2017

Auditor Signature

Date