

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    May 9, 2018

## Auditor Information

Name: Shirley L. Turner      Email: shirleyturner3199@comcast.net

Company Name: Correctional Management and Communications Group, LLC

Mailing Address: P. O. Box 370003      City, State, Zip: Decatur, GA 30037

Telephone: 678-895-2829      Date of Facility Visit: April 24-25, 2018

## Agency Information

Name of Agency      Governing Authority or Parent Agency (If Applicable)

Missouri Division of Youth Services      Missouri Department of Social Services

Physical Address: 3418 Knipp Dr., Ste. A-1      City, State, Zip: Jefferson City, MO

Mailing Address: Same as Above      City, State, Zip: 65109

Telephone: 573-751-3324      Is Agency accredited by any organization?  Yes  No

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

Agency mission: The mission of the Division of Youth Services is to enable youth to fulfill their needs in a responsible manner within the context of and with respect for the needs of the family and the community.

Agency Website with PREA Information: <http://dss.mo.gov/dys/>

## Agency Chief Executive Officer

Name: Phyllis Becker      Title: Division Director

Email: phyllis.becker@dss.mo.gov      Telephone: 573-751-3324

## Agency-Wide PREA Coordinator

Name: Christy Kempker      Title: Assistant Deputy Director

Email: christy.l.kempker@dss.mo.gov      Telephone: 573-751-3324

PREA Coordinator Reports to: Phyllis Becker, Division Director	Number of Compliance Managers who report to the PREA Coordinator 30
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**Facility Information**

**Name of Facility:** Riverbend Treatment Center

**Physical Address:** 5910 Mitchell Avenue, St. Joseph, MO 64507-7762

**Mailing Address (if different than above):**

**Telephone Number:** 816-387-2917

**The Facility Is:**  Military  Private for Profit  Private not for Profit

Municipal  County  State  Federal

**Facility Type:**  Detention  Correction  Intake  Other

**Facility Mission:** The mission of the Division of Youth Services is to enable youth to fulfill their needs in a responsible manner within the context of and with respect for the needs of the family and the community.

**Facility Website with PREA Information:** <http://dss.mo.gov/dys/>

**Is this facility accredited by any other organization?**  Yes  No

**Facility Administrator/Superintendent**

**Name:** Cindy Bisacca **Title:** Youth Facility Manager

**Email:** Cynthia, Bisacca@dss.mo.gov **Telephone:** 816-387-2917

**Facility PREA Compliance Manager**

**Name:** Same as Above **Title:**

**Email:** **Telephone:**

**Facility Health Service Administrator**

**Name:** Ysella Moore **Title:** Licensed Practical Nurse (LPN)

**Email:** ysella.moore@dss.mo.gov **Telephone:** 816-387-2917

**Facility Characteristics**

**Designated Facility Capacity:** 36 **Current Population of Facility:** 24

**Number of residents admitted to facility during the past 12 months** 36

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		31
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		35
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	15-20	
Average length of stay or time under supervision:		259 Days
Facility Security Level:		Secure (High)
Resident Custody Levels:		Secure (High)
Number of staff currently employed by the facility who may have contact with residents:		45
Number of staff hired by the facility during the past 12 months who may have contact with residents:		25
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		9
<b>Physical Plant</b>		
Number of Buildings: 6		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		3
Number of Segregation Cells (Administrative and Disciplinary):		0
<p><b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b></p> <p>The Facility has cameras located on the outside and within the facility. Cameras are strategically placed throughout the facility and supplement direct supervision by staff. The monitors are located in the administrative office suite near the main entrance of the building. The camera system stores data 30-45 days depending on the amount of movement and footage can be downloaded for security and training reviews. There are one to four cameras in every room, depending on size of the room. The restrooms are not equipped with cameras.</p>		
<b>Medical</b>		
Type of Medical Facility:		Medical Examination/Treatment Room Onsite
Forensic sexual assault medical exams are conducted at:		Mosaic Hospital, St. Joseph, MO
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		11
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Riverbend Treatment Center, operated by the Missouri Division of Youth Services (DYS), is a 36-bed facility for male juvenile offenders, ages 15-20 and is located in a community setting in St. Joseph, Missouri. All youth admitted to the facility have been committed to the care and custody of DHS through the juvenile court system. The facility's first PREA audit was conducted in 2015. The current audit was attained and assigned to the Auditor by Correctional Management and Communications Group, LLC located in Minneola, Florida.

The printed sign announcing the onsite portion of the audit was prepared and included the Auditor's contact information. It was forwarded to the DHS PREA Coordinator and subsequently provided to the facility. The sign was printed and copies were posted in various locations of the facility prior to the site visit. Pictures were taken of the posted signs, the areas were identified, and the information was sent to the Auditor via email. The signs were posted in the areas of the facility accessible to youth, staff and visitors.

Prior to the site visits, a conference call with the Auditor was facilitated by the DHS PREA Coordinator and included representatives from the three facilities being audited in the Northwest Region. During the conference call, introductions were made and the site visit itinerary was reviewed. The conference call participants were provided the opportunity to ask questions and give input regarding the site visits. The Auditor was informed during the conference call that the Youth Facility Manager and the Assistant Facility Manager were unavailable and would not be present during the site visit. The Assistant Regional Administrator served in the role of the acting Youth Facility Manager and the regional Service Coordinator Supervisor served as the acting Assistant Facility Manager.

The PREA Pre-Audit Questionnaire, policies, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The information on the flash drive was reviewed by the Auditor and clarification of information was provided, as needed, during the conference call. Additional documentation was provided during the site visit. The documentation was well organized in folders, making the information easier to access and review. The additional documents provided onsite included but was not limited to various forms; confirmation of personnel background checks; completed risk screening instruments; education and training acknowledgement forms; training records; service agreements; and other PREA related documents.

The site visit was conducted April 24-25, 2018. A comprehensive tour of the facility was conducted by the Assistant Regional Administrator, Office Support Assistant and Service Coordinator Supervisor. The Community Coordinator, from the regional office, also participated in the tour.

During the comprehensive facility tour, the printed notifications of the PREA site visit were observed to be posted in the areas previously identified with the pictures sent earlier to the Auditor. Posted signs

were also observed regarding PREA information and the sexual abuse reporting hotline number. While on the tour, youth were observed under the direct supervision of staff and engaged in education activities. Observations also revealed staff performing engaged supervision of youth and the staffing ratio was observed to be in accordance with the staffing plan.

Twenty-four youths were present in the facility during the site visit. Ten youths were interviewed and were randomly selected from the population roster with consideration regarding targeted interviews. There were no targeted interviews conducted due to the make-up of the population during the site visit. Twelve direct care staff members were randomly selected and interviewed, covering all shifts. Eleven specialized interviews were conducted; the Assistant Regional Administrator was interviewed for various PREA roles. A volunteer was also interviewed. It was obvious from the interviews that PREA training and education sessions had occurred. All interviews were conducted in private in the family visitation room/library. All staff and youth responded favorably to the interviews.

An exit conference was held in the family visitation room/library with the Assistant Regional Administrator, Office Support Assistant, Senior Office Support Assistant, Service Coordinator Supervisor, and Community Coordinator. A human resources staff member, representative from the DYS central office, participated in the exit conference by phone. A review of the onsite process was highlighted regarding observations and staff interactions. The participants were given the opportunity to ask additional questions and were informed about the progression of the audit process, including timelines for the submission of PREA reports.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Youth are generally committed to the facility for offenses ranging from property damage to severe crimes against people. The treatment program is varied and addresses the individual, group, psychosocial, medical and education needs of the youth. Each youth works and progresses through an Individualized Treatment Plan, at his own pace. The facility maintains an onsite jobs program to provide employment experience to youth. Experiential group activities are also provided, including small community outings such as fishing or bowling to celebrate educational milestones.

Education, medical, mental health, general counseling, recreation services are also available to youth. The facility environment is based upon maintaining safety, cleanliness and organization at all times within a structured, positive and supportive environment. Youth and families are encouraged to build and strengthen relationships through phone calls, visitation, and the families' active participation in the youth's progress. The average length of stay in the facility is 259 days.

Medical services are coordinated by the full-time Licensed Practical Nurse (LPN). The physician visits the facility at least once a month and as needed. Dental services such as examinations, fillings and cleanings are provided through Big Smiles every six months. Through Telehealth technology, a psychiatrist provides weekly services to the facility. The Clinical Treatment Coordinator provides services to the facilities in the region.

The education services offered at the facility enable youth to continue to work toward obtaining their high school diploma or prepare for college through taking the ACT, the standardized test used for college admissions. Facility services are supplemented by DYS Family Specialists, Treatment Coordinators, Regional Clinical Coordinator, and Community Mentors. Youth are assigned an individual Service Coordinator to assist them in their progress from their commitment up to their eventual discharge.

Riverbend Treatment Center sits on approximately 14 acres. The administrative/education building contains administrative offices; family visitation room/library; nurse's office; medical examination room; gym/cafeteria area; kitchen; education workroom; and five classrooms. This main building contains a reception area at the entrance of the building where visitors sign in and out. There are three dormitory cottages; only two were in use during the site visit.

The administration/education building has a magnetic button entrance, consisting of a two-door entry system. Staff and visitors must pass through a metal detector upon entrance to the building. Each dorm is equipped with a restroom with showers and toilets; laundry areas are also located in the dorms. Youth are provided reasonable privacy as they change clothes, shower and use the toilet. During the tour, the shower procedures were explained by staff.

The outside grounds contain a maintenance garage, storage building, attractive gazebo, and ample space for recreation and various other activities. Additionally, there is an outdoor nature garden where native Missouri plants are grown for educational studies. The Missouri Department of Conservation provides bird feeders for the garden and assists with the plants.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 41

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

Corrective actions were implemented during the site visit and are discussed under Standard 115.335 Specialized Training: Medical and Mental Health Care and 115.351 Resident Reporting.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Division of Youth Services (DYS) has Policies which address the methods demonstrating zero-tolerance regarding all forms of sexual abuse and sexual harassment and outline the approach for preventing, detecting, and responding to such allegations. The following Policies address this Standard: 9.18 Prison Rape Elimination Act of 2003 (PREA); 3.8 Employee Conduct; 3.23 Ethical Standards; and 9.28 Developing Relationships.

The Policies outline the strategies for addressing the components of the PREA Standards and include the following components: prevention and responsive planning; training and education; risk screening; reporting; official response following a youth's report; investigations; discipline; medical and mental care; and data collection and review. The PREA Policies contain definitions of the prohibited behaviors and address sanctions to be used when the PREA related policies are violated.

The Assistant Deputy Director serves as the PREA Coordinator for DYS and has unfettered access to all State and contract facilities. All facilities must comply fully with the PREA Standards. The PREA Coordinator reports to the DYS Director and is involved with PREA related decisions and implementation at all levels of the agency. Through an interview with a colleague, Certified PREA Auditor, the PREA Coordinator expressed having sufficient time and authority to develop, implement and oversee the agency's PREA initiatives.

A review of the Policy and agency and facility organization charts and staff interviews, confirmed the role of the PREA Compliance Manager. The Youth Facility Manager serves as the facility's PREA Compliance Manager however she was not present at the facility and unavailable during the site visit. The Assistant Regional Administrator, serving in the role of the acting Youth Facility manager, revealed she has the time and the authority required to fulfill her PREA related duties. The interview with the Assistant Regional Administrator credited compliance due to teamwork of staff and ongoing training for staff and education sessions for youth.

## Standard 115.312: Contracting with other entities for the confinement of residents

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private

agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The DYS has entered into or renewed contracts for the confinement of youth since the last PREA audit in 2015. All contracts require the contractor to adopt/comply with the PREA Standards. Agency staff is required to monitor the contractors' compliance with the PREA Standards. Failure to comply with the PREA Standards may result in termination of the contract.

## Standard 115.313: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 9.6 Program Supervision and 9.18 PREA address staffing, supervision, monitoring, and unannounced rounds. Policy 9.6 outlines the considerations for staffing and provides guidance to staff in adhering to the staffing ratios which are 1:6 during the waking hours and 1:6 during the sleeping hours. The staffing plan, staff interviews and observations during the comprehensive facility tour revealed the adherence to the PREA staffing ratios. Management staff ensures the review of population needs and adherence to the staffing plan. The interview with the Assistant Regional Administrator revealed the importance of the factors for ensuring adherence to the required staff coverage including but not limited to changes in population and program activities.

The Staffing Plan Annual Evaluation reveals a completion date of March 12, 2018 by agency staff. The Staffing Plan Annual Evaluation includes but is not limited to a review of the following: staffing plan and any need for changes; safety and security problems; and resources needed to ensure adherence to the staffing plan. Facility Policy provides for compliance to the staffing plan except during limited and exigent circumstances and the deviations are to be documented. No deviations from an established staffing plan have been reported during this audit period. PREA information was observed posted throughout the facility.

A review of a sample of documented unannounced rounds and the DYS Policy 9.6 support unannounced rounds are conducted by intermediate and higher level staff. The unannounced rounds are conducted to identify and deter sexual abuse and sexual harassment and are documented on a customized form. The Youth Facility Manager, Assistant Facility Manager, Assistant Regional Administrator, and Regional Administrator may conduct unannounced rounds. Measures are taken to ensure staff members do not alert other staff members during the occurrence of the rounds. Policy 9.6 provides staff members are not to alert other staff of the rounds and violations shall be grounds for disciplinary actions, up to and including dismissal.

## Standard 115.315: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 5.8 Searches for Contraband, 9.6 Program Supervision and 7.2 Standards, address the area of searches. Strip and body cavity searches are prohibited at the facility in accordance with Policy 5.8. Cross-gender pat-down searches are not permitted, except in exigent circumstances. The facility reports cross-gender searches have not been conducted during this audit period.

Interviews with direct care staff members, youth and Assistant Regional Administrator (ARA) support cross-gender searches are not conducted. Policy addresses exigent circumstances regarding cross-gender searches however staff related males are always available to perform searches. Interviews with the ARA and random staff, and review of training materials and records document staff's participation in the training which supports conducting all searches in a humane and respectful manner. At least two division staff will be involved when a pat-down search is conducted and there must be approval by the appropriate supervisor.

DYS Policy 7.2 prohibits staff from searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status; this information was also verified through interviews with direct care staff. When the genital status of a youth is unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private.

The facility has implemented procedures, guiding staff and ensuring youth are able to shower, change clothes and perform bodily functions without being viewed by female staff. Direct care staff and youth interviews and shower and bathroom procedures confirmed the practices for youth being provided reasonable privacy as they perform bodily functions, shower and change clothes. A youth enters a shower stall dressed and is dressed in his clean clothes when he exits the shower. Staff and youth interviews and observations confirmed female staff members generally announce their presence upon entering the dorms, in accordance with Policy.

## **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 6.1 Programmatic Rights of Youth and Grievance Procedures; 8.3 Individual Education Program-Special Education; and 9.18 PREA address youth rights and access. The provision of the information is to be provided in a manner sensitive to limited English proficiency or disability. The facility staff has access to resources for interpreters and other support services, including services for the hearing impaired, intellectual disabilities, and based on the individual needs of the youth.

The education, counseling and other staff may assist in providing PREA education sessions with youth who have a disability. The Group Leader and Youth Facility Manager will assist in securing accommodations needed to address the needs of the youth to ensure equal opportunity to the access of information regarding PREA. The Youth Facility Manager ensures access to interpreters and effective professional communicators for youth who may be limited English proficient, hard of hearing, deaf or can't read well. Written materials will be provided in formats or through materials that ensure effective communication in accordance with Policy 8.3.

The PREA information is provided to youth in the Safety 1<sup>st</sup> Manual and it is also read to youth and discussed during the PREA education session, as supported by the interview with the Youth Specialist II. The accommodations for youth may also include providing a copy of the PREA information in Spanish. The grievance form, used for reporting allegations of sexual abuse or sexual harassment, is also available in Spanish. A statewide contract exists for the provision of the following services: Sign Language Interpretation; Telephone Based Interpreter Services; Verbal Language Interpretation Services; and Written Language Translation Services.

Youth with disabilities and who are limited English proficient will be provided with the accommodations that would enable the identified youth to participate in or benefit from all aspects of the PREA education sessions with the goal of preventing, detecting, and responding to sexual abuse and sexual harassment. The direct care staff interviews revealed no use of youth interpreters, youth readers or any type of youth assistants for the provision of PREA information during the past 12 months and beyond.

The Safety 1<sup>st</sup> Manual contains information regarding reporting allegations of sexual abuse and sexual harassment and provides for discussions and work activities that are age appropriate and conducive to adolescent learning. PREA reporting information is also posted on the dorms and in various areas of the facility.

## Standard 115.317: Hiring and promotion decisions

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS PREA Policy 9.18 and Missouri Department of Social Services (DSS) Policy 2-107 Background Checks on Current Employees address hiring and promotion processes and decisions and background checks. The Policies and co-interview with the Office Support Assistant and the Senior Office Support Assistant who are responsible for personnel matters, revealed details about the hiring process and the process for completion of background checks.

The Policies and practices are aligned with the requirements of the standard however they provide background checks occur prior to employment and every year thereafter. A review of documentation and the interview confirmed the related information contained in the Policies. The interview, supported by Policy 3.8 Employee Conduct, revealed staff has a continuing duty to report related misconduct. Omission of such conduct and providing false information are grounds for termination. All staff members have access to agency policies.

A review of the DSS Application for Employment and DYS Addendum determined information is gleaned from applicants regarding previously related sexual misconduct allegations and convictions as also explained during the interview. The facility considers whether to hire or promote anyone or enlist contract services of anyone who may have contact with youth, who have engaged in previous incidents of sexual abuse or sexual harassment. The interview and documentation confirmed the facility adheres to the Policies.

## Standard 115.318: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Staff provides direct and engaged supervision to youth and there are cameras strategically placed in and outside of the facility. There are no cameras located in the restroom. There has not been substantial expansion or modification to the facility and no update to the camera system since the last PREA audit.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for resident where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.321 (g)

- Auditor is not required to audit this provision.

### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policy 9.18 and staff interviews confirmed facility and agency staff members are not responsible for conducting administrative or criminal investigations. Allegations of sexual abuse and sexual harassment regarding youth under 18 years old will be investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI). If local law enforcement is not already involved, CD-OHI will make contact for a co-investigation. Allegations regarding youth 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff.

Documentation supports the PREA Coordinator communicated in person and in writing and provided representatives from CD-OHI and DLS the related PREA Standards and information regarding PREA investigations. Documentation was reviewed demonstrating the facility's provision of victim advocacy services through a Memorandum of Agreement (MOA) between the agency and YWCA St. Joseph. Advocacy services are provided at no cost to the victim. The agency also has qualified staff members who may provide support services to a victim.

Forensic medical examinations will be conducted by providers through Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-Care). The providers are physicians, nurse practitioners, or physician assistants, who are specially trained to provide medical evaluations of youth

when abuse or neglect is suspected. There have been no allegations of sexual abuse and no forensic medical examinations have been conducted in the last 12 months.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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DYS Policies 3.8 Employee Conduct; 6.1 Programmatic Rights of Youth and Grievance Process; and 9.18; interviews with the ARA and random staff ensure allegations of sexual abuse and sexual harassment are investigated by the Missouri Children’s Division, Out of Home Investigation Unit (CD-OHI) if youth is under 18 and local law enforcement where indicated. Allegations regarding youth 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff.

Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through interviews. During the past 12 months there were no allegations of sexual abuse or sexual harassment. The DYS website provides the information and Policy for reporting allegations of sexual abuse and sexual harassment. PREA information, including how to report allegations, is posted in various areas of the facility. The information is posted in areas accessible to youth, staff, contractors, volunteers and visitors.

**TRAINING AND EDUCATION**

**Standard 115.331: Employee training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.331 (a)**

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment  Yes  No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policies 3.18 Training and 9.18 address PREA related training. The Policies, training materials, staff interviews, review of training rosters and signed acknowledgement statements, and electronic records verify staff training does occur. Staff members revealed during the interviews they were familiar with PREA information regarding the primary components of preventing, detecting and responding to sexual abuse or sexual harassment.

The direct care, medical and mental health staff interviewed reported receiving the regular PREA training. The random staff stated they have received training on all the PREA Standard topics. Refresher training is also provided for staff at least annually and when needed which was supported by staff interviews. The training considers the needs of the population served.

### Standard 115.332: Volunteer and contractor training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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DYS Policy 9.18 and review of training records and signed acknowledgement statements document training occurs for volunteers and contractors. It includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment. The interview with a volunteer confirmed his understanding of the facility's zero-tolerance of sexual abuse and sexual harassment.

The interview confirmed the participants' notification of the zero-tolerance policy and receipt of information on how to report incidents or allegations of sexual abuse and sexual harassment. Based on the interview, participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training for volunteers and contractors is based on the services provided.

### Standard 115.333: Resident education

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  
 Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 8.3 Individual Education Program Special Education-Section 504 and 9.5 Residential Care allow for all youth admitted to receive information about the facility, including PREA education. Youth are provided directions on how to report allegations of sexual abuse and sexual harassment. They are also informed of the right to be free from retaliation for reporting. The Safety 1<sup>st</sup> Manual provides information to youth on how to report allegations of sexual abuse and sexual harassment.

A sample of signed acknowledgement statements and rosters were reviewed which supported the youth's involvement in PREA education sessions. The Safety 1<sup>st</sup> Manual is attached to the Student/Parent Handbook which is provided to both resident and parents as indicated. The PREA related information is provided to staff in policies, training, staff meetings, and posted information.

Youth admitted to the facility receive PREA education, whether transferred or a new admission. A Youth Specialist II was interviewed regarding PREA education for youth. The process ensuring youth receive the information, including the youth signing a form designated to acknowledge the training, was discussed in the interview. The Youth Specialist II and youth interviews indicated the PREA education sessions occur. The youth were aware of PREA; how to report allegations of sexual abuse or sexual harassment; no punishment for reporting; and information about victim advocacy services.

The facility has the capability of providing the PREA education in formats accessible to all youth including those who may be limited English proficient; Deaf; visually impaired, or otherwise disabled, and to youth with limited reading skills. Youth have the opportunity to read the Safety 1<sup>st</sup> Manual and it is also read to them by staff. The facility has the PREA related information posted in the dorms and other areas accessible to youth, staff, visitors, volunteers and contractors. The facility has access to interpretive, translation and other support services as needed. Staff interviews confirmed youth are not used as translators or readers for other youth.

Staff from this facility and other agency staff members may be used to provide support services to youth as needed to ensure access to services that will provide disabled youth the opportunity to

participate in PREA education sessions. The facility has access to PREA brochures in various languages.

## Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

No facility staff members conduct administrative or criminal investigations.

## Standard 115.335: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
 Yes  No

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policies 3.18 Training and 9.18 provide medical and mental health staff members receive the regular PREA and specialized PREA training. The Nurse has completed specialized PREA related training required as indicated by the interview and documentation. Forensic medical examinations will not be conducted by the facility medical staff.

The interview with the Clinical Treatment Coordinator, who provides services to the region, revealed she had not yet received the specialized training. A corrective action was implemented and the specialized training was completed, documentation provided and discussion with the Community Coordinator confirmed the training was finished prior to the Auditor completing the site visits for the region.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 6.7; 9.5 Residential Care; and 9.18 ensure all youth admitted to the facility are properly screened to reduce the risk of sexual abuse by or upon a resident. Staff and youth interviews and a review of documentation confirmed youth are screened for risk of victimization and abusiveness. The PREA Vulnerability Information Review (PVIR) screening instrument is completed within 72 hours of intake. Based on the interviews with youth and the ARA, who also may administer the PVIR, it is completed in accordance with Policy.

The ARA described how the screening instrument, PVIR, is completed. Additional information or verification of information may be obtained through a review of the court packet. DYS Policy 6.7 requires an Administrative Case Review be conducted for each youth every six months from date of commitment. Over half of the youth interviewed indicated they are periodically asked safety questions by various staff members. Additionally, the interview with the ARA revealed how disclosure of prior victimization or perpetrated sexual abuse is addressed which is aligned with the Standard. The completed risk screening instrument is accessible by the youth's treatment team. The youth files are maintained in a confidential manner.

## **Standard 115.342: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### **115.342 (b)**

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if facility doesn't use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS PREA Policy 9.18 ensures the information from the risk screening instrument is used to protect youth. The information obtained through the administration of the PVIR assists in determining housing, bed, education and other program assignments with the goal of keeping youth safe and meeting the needs of each youth. DYS Policies 6.1 Programmatic Rights of Youth & Grievance Process and 9.8 Separation also support the requirements of this Standard.

Interviews with direct care staff indicated protective measures would be taken immediately if it was determined that a youth was at risk for imminent sexual abuse. The responses included but were not limited to making arrangements to separate youth and alerting supervisor and other staff of the situation. The ARA and direct care staff indicated that protective measures should be implemented immediately when it is determined a youth is at risk for imminent sexual abuse.

DYS Policy 9.18 prohibits placing bisexual, transgender, or intersex youth in specific housing or making other assignments solely based on how the youth identify or their status. Staff members are prohibited by Policy from considering the identification as an indicator that these youth may be more likely to be sexually abusive. Agency policy and interviews support that housing and program assignments for transgender or intersex youth would be made on a case-by-case basis to ensure the youth's health and safety.

The interview with the ARA revealed awareness of the procedures to be implemented when there are youth who identify as transgender or intersex within the population. Each youth's concern for his own safety is taken into account through the administration of the PVIR and other assessments; and according to youth interviews, during various encounters with staff. DYS Policy 9.8 provides guidance to staff when a youth may be separated from others when other crisis intervention strategies are not effective. A separation or isolation room is located in one of the dorms however the room is not used for such. All staff on the comprehensive tour stated the room is used for storage and the observation of the Auditor confirmed the room is used for storage.

## REPORTING

### Standard 115.351: Resident reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No  NA

### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy 9.18 addresses this standard regarding internal reporting methods. The Student Handbook outlines the internal methods for a youth to report allegations of sexual abuse and sexual harassment. The youth can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Youth may also report allegations of sexual abuse or sexual harassment through the abuse reporting telephone hotline which is not a part of the facility.

The Safety 1<sup>st</sup> manual and the Student Handbook contain information for reporting allegations of sexual abuse and sexual harassment of youth and reporting information is posted in various areas of the facility. The YWCA St. Joseph may be contacted by the youth or facility staff for advocacy services regarding an incident of sexual abuse; brochures are available to the youth.

Direct care staff interviews revealed youth may use the abuse hotline to privately report sexual abuse and sexual harassment. They also revealed staff could use the abuse hotline for the same purpose. Internal ways a youth may report include completing a grievance form or writing a note and placing it in the locked box or give it to staff; talking to a staff member; and third parties may report allegations to the facility staff and through the hotline. The youth and staff were aware third-party reports could be made and that reports could be made anonymously.

The interviewed youth stated they have contact with someone who does not work at the facility such as a family member or other person, who they could report abuse to if needed. Staff members revealed they are required to immediately report and document all verbal reports received, alleging sexual abuse or sexual harassment. Staff members receive information on how to report allegations of sexual abuse and sexual harassment through policies and procedures, training, staff meetings, and posted information.

The grievance form may be completed and placed in the locked box or given to staff which is accessible to all youth. Access to writing tools is provided for youth to complete forms available to them. The youth and staff members are aware of the methods for youth to report allegations of sexual abuse or sexual harassment, according to the interviews.

It was determined that the PREA box was only checked by the Assistant Regional Administrator who had the only key and who does not go to the facility daily. A corrective action plan was implemented by agency staff to provide a key to the Youth Facility Manager to ensure the locked box is checked daily by her or designee, ensuring a written allegation by a youth is reported as soon as possible. Documentation of the change in the process was provided to the Auditor by the statewide PREA Coordinator

## **Standard 115.352: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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When a grievance alleging sexual abuse or sexual harassment is received, the policy and procedures for reporting allegations will be initiated and a report made as required. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported and allegations of sexual abuse or sexual harassment may be investigated by CD-OHI if the youth is under 18. If local law enforcement is not already involved, CD-OHI will make contact for a co-investigation. If the youth is 18 or over, the allegation will be investigated by DLS and law enforcement may be contacted.

The youth interviewed identified the use of a grievance form as one of the methods that may be used to report allegations of sexual abuse or sexual harassment and the youth are aware of how grievances are handled regarding sexual abuse or sexual harassment.

## Standard 115.353: Resident access to outside confidential support services and legal representation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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DYS Policies 9.18, 6.2 Legal Representation, and 6.5 Youth's Visits, Mail and Telephone Privileges address this standard and provide guidance regarding communication with parents/guardians and legal representatives and the youth's access to outside confidential services. A MOA exists with the YWCA St. Joseph for the provision of victim advocacy services.

Contact information for the advocacy agency is provided for the youth and is accessible to staff. The advocacy services will be offered at no cost to the victim. The agreed upon services to be provided include but are not limited to confidential and professional counseling and information referral. An interview with the Executive Director of the YWCA confirmed the MOA and the provision of services.

The interviews conducted with the ARA and youth revealed that confidential access to their legal representative and reasonable access to their parents/guardians is provided. The youth interviewed stated family could visit and provided the days and times of visitation and phone calls. Youth confirmed they had someone on the outside to report allegations of sexual abuse and sexual harassment to if needed.

## Standard 115.354: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Interviews revealed youth and direct care staff members are aware third-party reporting of sexual abuse and sexual harassment can be done. The youth stated they knew someone who did not work at

the facility they could report to regarding allegations of sexual abuse and that person could make a report for them if needed. Postings regarding reporting allegations of sexual abuse and sexual harassment are located in areas of the facility accessible to visitors, youth, staff, contractors and volunteers. The DYS web page contains information regarding reporting allegations.

Direct care staff interviews revealed they are aware of their obligation to receive and submit reported allegations from a third-party. The staff members are aware they may report allegations privately through the use of the abuse reporting hotline. Staff members stated they are to document all verbal reports received. Youth identified the methods within the facility in which they may make reports such as tell staff or parents, complete a grievance form or write a note and place in locked box or give to staff, and the abuse reporting hotline.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 3.8 and 9.18 address the standard. Staff members are required to immediately report any knowledge, suspicion, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The facility does not conduct administrative or criminal investigations.

An allegation of sexual abuse and sexual harassment must be reported to the CD-OHI or DLS based on the age of the youth; identified facility and agency staff, and child welfare caseworker, if applicable. Staff members are prohibited from revealing any related information to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

Staff interviews revealed awareness of the requirements regarding reporting duties. During interviews, staff members acknowledged they are mandated reporters and a written report must immediately follow allegations or incidents. Staff members also indicated they are required to report allegations made anonymously or by a third-party. Interviews with the Nurse and the Clinical Treatment Coordinator for the region indicated youth are informed at the initiation of services of the limitations of confidentiality and their duty to report allegations of sexual abuse.

## **Standard 115.362: Agency protection duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.362 (a)**

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policy 9.18 requires staff to protect the youth through implementing protective measures. Administration of the PVIR and other screening methods all provide information that assist and guide staff in keeping youth safe.

Protective measures revealed during ARA and direct care staff interviews revealed protective measures generally include alerting supervisor and other staff and making arrangements to separate the youth involved. The ARA and direct care staff stated the protective measures used will be implemented immediately.

Interviews with youth indicated feelings about their own safety are part of the inquiries by staff during intake and periodically during their stay in the facility. During the past 12 months, no youth were identified as being subject to substantial risk of imminent sexual abuse.

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DYS Policies 9.18 and 3.8 requires proper notifications to be made, including to the facility head where the alleged abuse occurred, upon receipt of an allegation a youth was sexually abused while confined in another facility. Notification must be made as soon as possible but no later than 72 hours after receipt of the allegation. The Youth Facility Manager must also notify the CD-OHI or DLS to report the incident for an investigation.

The facility reports during this audit period, there has not been a report about an incident of abuse occurring while a youth was confined in another facility. During the interview, the ARA revealed awareness of the required duties regarding reporting to other confinement facilities and the requirement that allegations received from other facilities must be investigated. The facility has no receipt of reports from other facilities during the past 12 months.

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The DYS First Responder Protocols for Sexual Abuse require any staff acting as a first responder to summarily separate the alleged victim from the alleged abuser; call for help; and take the appropriate steps for the preservation and collection of any evidence.

The First Responder Protocols direct the first responder to request the alleged victim does not wash; brush their teeth; change clothes; wash; eat; use the toilet; or do anything that may destroy evidence. Staff members are aware of their duties and responsibilities as first responders. There were no allegations of sexual abuse reported in the past 12 months.

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a written plan, DYS Coordinated Response to Reports of Sexual Abuse, to be implemented in the event of an allegation or incident of sexual abuse. The Coordinated Response outlines the actions of the identified staff members such as first responders; managers; medical; mental health; and the ARA. Interviewed direct care staff members are familiar with their roles regarding the response to an allegation or incident of sexual abuse.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The Labor Agreement and a previous interview with the PREA Coordinator during an audit in another region, confirmed the agency has the right to conduct business in accordance with laws and policies, removing staff if needed. Pending the outcome of an investigation, employees may be temporarily assigned to other positions or work units, according to agency policy.

### **Standard 115.367: Agency protection against retaliation**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.367 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

##### **115.367 (b)**

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

##### **115.367 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The DYS Policy 9.18 and DSS Policy 2-101 summararily provide protection to youth and staff from retaliation. The retaliation monitor was identified as the ARA during the period of acting Youth Facility Manager. The interview revealed the understanding of the role of retaliation monitor and how the discharge of those duties will assist in preventing retaliation against youth and staff who report sexual abuse or sexual harassment or who cooperate with an investigation.

The ARA is familiar with items to be monitored regarding retaliation in accordance with the Standard which is supported by agency Policies. The interview with the ARA and Policies support measures which may be taken when retaliation is detected to ensure continued safety of youth and/or staff. Monitoring would be documented through logbook entries and be conducted for at least 90 days and up to the release of the youth, if needed.

## Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policies 9.8 and 9.18 provide for the isolation of youth and timelines, only as a last resort when it is alleged the youth suffered sexual abuse. Isolation is only to be used as a last resort if less restrictive measures are inadequate to keep the youth safe and only until alternative means of keeping the youth safe can be arranged. The ARA, Clinical Treatment Coordinator for the region, Nurse, and Office Support Assistant stated isolation is not used at this facility and observations during the comprehensive tour revealed such.

## INVESTIGATIONS

## Standard 115.371: Criminal and administrative agency investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policy 9.18 and staff interviews provide allegations of sexual abuse and sexual harassment are investigated by CD-OHI (youth under 18) or DLS (youth 18 and over) who may also contact local law enforcement regarding a co-investigation. Local law enforcement may also be called directly by the facility if warranted by the situation. Sustained allegations as a result of a criminal investigation will be referred for prosecution; there have been none since the last PREA audit.

The PREA Coordinator has shared the PREA requirements with the investigative agencies. Policy directs facility staff to cooperate with investigations and an investigation is not terminated because the source recants the allegation. There have been no allegations of sexual abuse or sexual harassment during this audit period.

## Standard 115.372: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Child Welfare Manual refers to the law for the provision of a standard of a preponderance of the evidence for determining whether allegations are substantiated.

## Standard 115.373: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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DYS Policy 9.18 provide for the victim to be informed by the PREA Compliance Manager when the investigation is completed and informed of the outcome of the investigation either verbally or in writing.

The Youth Facility Manager/designee remains abreast of an investigation conducted by the investigative entities by serving as a contact person. There have been no allegations of sexual abuse or sexual harassment.

The Policies require, following an allegation of sexual abuse committed by staff, the youth is to be informed when the staff member is no longer posted in the unit or employed in the facility and of the staff member's indictment or conviction. Additionally, following an allegation of sexual abuse committed by another youth, the alleged victim is to be informed if the alleged abuser has been indicted, charged, or convicted. The ARA is familiar with the process.

<b>DISCIPLINE</b>
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**Standard 115.376: Disciplinary sanctions for staff**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.376 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

**115.376 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

**115.376 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

**115.376 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

**Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policy 9.18; and DSS Policies 2-124 Discipline, 2-101 Sexual Harassment/Inappropriate Conduct collectively address this Standard and include disciplinary sanctions, up to and including termination for those staff violating the facility's zero-tolerance policy. The facility reports during this audit period, no staff member was found to have violated agency policy regarding sexual abuse or sexual harassment.

Disciplinary sanctions for violations of agency policies relating to sexual abuse, other than actually engaging in the act, and sexual harassment are appropriate to the circumstances of the incident, staff's disciplinary history, and the sanctions for similar cases of other staff.

Policy provides terminations or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement if the situation appears to be criminal in nature and to relevant licensing bodies. The interviews with the Senior Office Support Assistant and Office Support Assistant, both responsible for personnel matters, and the ARA revealed their awareness with the Policies.

## Standard 115.377: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policy 9.18 provides the agency takes appropriate remedial measures, and considers whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer. Any contractor or volunteer who engages in sexual abuse with a youth will be prohibited from contact with youth. The Policy provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies.

Documentation and the interview with a volunteer revealed the facility provides a clear understanding to volunteers and contractors that sexual misconduct with a youth is strictly prohibited. The PREA training occurs and volunteers and contractors are made aware of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment of youth. There have been no allegations of sexual abuse or sexual harassment regarding a volunteer or contractor during this audit period.

## Standard 115.378: Interventions and disciplinary sanctions for residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  Yes  No

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policy 9.18 addresses this Standard and provides that youth found to have sexually harmed others will be offered therapy, counseling, or other interventions designed to address and correct the underlining reasons for the youth’s behavior. The ARA indicated the youth’s treatment needs would be addressed and would include the services of the region’s Clinical Coordinator, telehealth services and/or referral services. Additionally, if the needs cannot be met, the youth would be placed in another facility where his needs could be met.

The interviews with the ARA and Clinical Treatment Coordinator support counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the youth remains in or returns to the facility after an incident. Interventions or treatment services provided are not as a condition for the youth’s access to education or other programs.

Sexual activity between youth is prohibited. Anyone reporting an allegation of sexual abuse or sexual harassment in good faith shall be immune from any civil or criminal liability. During the past 12 months there have been no allegations of sexual abuse or sexual harassment. Youth may be disciplined for sexual contact with staff only when it has been determined that the staff member did not consent to the sexual contact.

**MEDICAL AND MENTAL CARE**

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**  
**115.381 (a)**

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 7.2 and 9.18 address medical and mental health screenings and a follow-up meeting with a medical or mental health practitioner when a youth discloses prior incidents of sexual abuse as a victim or perpetrator. Policy 9.18 provides the follow-up meeting must be held within 14 days of the risk screening.

Interviews with the ARA and Clinical Treatment Coordinator and review of documentation confirmed the practices to be implemented within the facility. Information related to sexual victimization or abusiveness which occurred in an institutional setting will be limited to medical and mental health practitioners and other staff, based on their need to know.

The informed consent form may be accessed for youth 18 years and older, prior to medical or mental health staff reporting information disclosed about prior sexual victimization not occurring in an institutional setting. No information is to be shared with other staff unless it is required for security and management decisions regarding a youth's sexual abuse history.

## **Standard 115.382: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### **115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### **115.382 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policy 9.18 provides for emergency medical care and crisis intervention services. Processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Youth have unimpeded access to emergency services. Medical and mental health services are determined according to the professional judgment of the medical or mental health practitioner. The Policies and written coordinated response plan provide guidance to staff in protecting youth and contacting the appropriate staff regarding allegations or incidents of sexual abuse.

The Nurse and Clinical Treatment Coordinator are knowledgeable of actions to take regarding an incident of sexual abuse. Treatment services will be provided at no cost to the victim, whether or not the victim names the abuser, or whether or not the victim cooperates with the investigation. Based on both interviews, follow-up services would be provided at the facility.

## Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 9.18, 7.4 Access to Medical and other related policies ensure ongoing medical and mental health treatment to all youth. Interviews with the medical and mental health staff and the policies

confirmed on-going medical and mental health care will be provided for sexual abuse victims and abusers, as appropriate. All treatment services will be provided at no cost to the victim.

Staff interviews indicated medical and mental health services are consistent with the community level of care. Policy provides for therapy or other interventions designed to address the underlying reasons for youth who have harmed others. Telehealth and other referral services may be provided based on the identified needs of the youth.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policies 9.18 and 9.17 Critical Incidents provide for an incident review to be conducted within 30 days of the completion of an investigation in accordance with the standard. The Policies outline the requirements of the standard for the areas to be assessed by the incident review team. The required positions of the team members have been identified. The ARA is knowledgeable of the purpose of the incident review team and its role in preventing incidents of sexual abuse, as confirmed through interviews.

An incident review was not conducted during this audit period due to no allegations and subsequent investigations of sexual abuse. According to Policy, the incident review team would document the meeting on the Critical Incident Review form, including allowing for the assessment of the circumstances surrounding the incident. Recommendations from the meeting are to be implemented by the Youth Facility Manager or the reasons for not following the recommendations must be documented.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS 9.18 and reports confirm that DYS collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractual residential facilities, using a standardized instrument and specific guidelines. The format used for the facilities captures the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). Data is collected, aggregated and culminated into an annual report.

## **Standard 115.388: Data review for corrective action**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.388 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### **115.388 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### **115.388 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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DYS Policy 9.18 provides the collected and aggregated data is reviewed. The data review allows the agency to assess and improve the effectiveness of the PREA related efforts and initiatives by identifying problem areas; identifying and implementing corrective actions as needed; and the preparation of an annual report based on the collected data. The Policy provides an annual report is prepared that will provide an assessment of the agency's progress in addressing sexual misconduct.

The annual report is approved as required. The report and PREA initiatives reflect the agency has compared the results of annual reports and used them to continuously improve processes. The annual report is accessible to the public through the DSS website. There are no personal identifiers on the annual reports.

## Standard 115.389: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes    No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes    No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes    No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS Policy 9.18 addresses the Standard and includes that all data collected will be securely stored and maintained for at least 10 years after the initial collection date. The Policy requires aggregated sexual abuse data from all facilities be made available to the public through the DSS website. The practice is that the annual report is posted on the agency's website. A review of the annual report verified there are no personal identifiers, as required.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

DYS ensured the completion of PREA audits for each facility as required for the initial three-year period, including this facility. The agency has embarked on fulfilling the auditing requirements for this second three-year period.

The facility provided the Auditor with the required documentation which the Auditor has maintained as required by the Standard and the auditing process. A comprehensive tour of the facility was provided to the Auditor during the site visit and additional documentation was reviewed by the Auditor during the site visit. The facility staff members and the agency's PREA Coordinator were cooperative in providing documentation initially and as requested. The facility staff provided appropriate work space which included conditions for conducting interviews in private.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This facility was previously audited in 2015 and the Auditor confirmed the audit report was posted on the agency's website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of this audit.

The facility and agency policies were reviewed regarding compliance with the Standards and have been identified in the report. The audit findings were based on a review of policies and procedures, completed forms and other supporting documentation; interviews with facility and agency staff, youth, volunteer and victim advocacy agency representative; and observations.

# 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner \_\_\_\_\_

May 9, 2018 \_\_\_\_\_

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.