Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: Click or tap here to enter text. ☒ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: Click or tap here to enter text.

Auditor Information

Name: Robert Manville	**Email:** robertmanville9@gmail.com
Company Name: Corrections Management and Communications Group LLC	
Mailing Address: 168 Dogwood Drive	**City, State, Zip:** Milledgeville, Ga.
Telephone: 912-486-0004	**Date of Facility Visit:** July 16, 2020

Agency Information

Name of Agency: Missouri Division of Youth Services			
Governing Authority or Parent Agency *(If Applicable):* Click or tap here to enter text.			
Address: 3418 Knipp Dr. Ste A-1,		**City, State, Zip:** Jefferson City, MO 65109	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: **https://dss.mo.gov/dys/**			

Agency Chief Executive Officer

Name: Scott Odum	
Email: scott.odum@dss.mo.gov	**Telephone:** 573-751-3324

Agency-Wide PREA Coordinator

Name: Judy Parrett	
Email: judy.parrett@dss.mo.gov	**Telephone:** 573-751-3324
PREA Coordinator Reports to: Scott Odum	**Number of Compliance Managers who report to the PREA Coordinator:** 27

Facility Information

Name of Facility: Sierra Osage Treatment Center			
Physical Address: 9200 Sierra Osage Circle,		**City, State, Zip:** Poplar Bluff, MO 63901-9700	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Facility Website with PREA Information: **https://dss.mo.gov/dys/**

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Administrator/Superintendent/Director

Name:	Kurt Kelley		
Email:	kurt.kelley@dss.mo.gov	**Telephone:**	573-840-9717

Facility PREA Compliance Manager

Name:	Kurt Kelley		
Email:	kurt.kelley@dss.mo.gov	**Telephone:**	573-840-9717

Facility Health Service Administrator ☐ N/A

Name:	Kristina Jones		
Email:	kristina.jones@dss.mo.gov	**Telephone:**	573-840-9717

Facility Characteristics

Designated Facility Capacity:	24

Current Population of Facility:	10
Average daily population for the past 12 months:	11
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☒ Females ☐ Males ☐ Both Females and Males
Age range of population:	15-17
Average length of stay or time under supervision	301
Facility security levels/resident custody levels	Medium Secure

Number of residents admitted to facility during the past 12 months	29
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	26
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*	27
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☐ No

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☒ Other - please name or describe: Division Of Youth Services ☐ N/A

Number of staff currently employed by the facility who may have contact with residents:	27
Number of staff hired by the facility during the past 12 months who may have contact with residents:	12
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	26

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	2
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	2
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☐ Yes ☒ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☐ Yes ☒ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Division of Out of Home Investigations; Division of Legal Services) ☐ N/A

Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Division of Out of Home Investigations; Division of Legal Services) ☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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.

On June 5, 2020 Sierra Osage Treatment Center placed Audit Notices (in English and Spanish) in strategic locations throughout the center where residents routinely live, enter and exit buildings, and participate in programming.

The Sierra Osage Treatment Center was asked to complete the Pre-Audit Questionnaire (PAQ) which was received from the center on June 5, 2020. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures.

Site Review:

Immediately following the opening meeting, a tour of center was conducted. The auditor was escorted by the center's PREA Compliance Manager. The auditor was given unimpeded access to all areas of the center.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed potential blind spots, and physical supervision requirements as applied to a community correctional confinement centers. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and agency hotline information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center.

A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Administrator makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and address and Missouri Youth Services PREA hotline.

Staff Interviews:

The center is staffed by 25 persons. The facility administrator oversees the overall operations of the complex. There are a minimum of two staff assigned to the facility at all times. The facility requires a minimum of one (1) direct care staff for 6 residents during waken hours and a minimum ratio of one (1) direct care staff for 16 resident on duty at all times at other times. The facility operates as a cohesive group with two staff and one Group Leader providing supervision and support of up to 12 residents. Each resident has a staff advocate that provides daily interaction and feed back to the residents and completes a weekly progress review with the resident.

Facility services are also supplemented by DYS Family Specialist, Treatment Coordinators, a Regional Clinical Coordinator and Community Mentors.

A total of 10 random direct care staff were interviewed all shifts regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Six (9) specialized staff were interviewed. The specialized staff included the Facility Manager (PREA Compliance Manager), Team Leader, Education staff, Nurse and retaliation monitor. These staff have collateral duties that include all areas required for a PREA audit. Telephone interviews were conducted by the Agency Head designee, Agency PREA coordinator and Agency contracting supervisor. Telephone interviews were also conducted by the Great Circle advocacy staff and SAFE Nurse at Popular Bluff Medical Center.

Resident Interviews:

At the time of the audit there were 10 residents assigned to the facility. All 10 residents were interviewed. There was 6 residents that claimed prior sexual victimization as a child. One resident made allegations of sexual victimization after the initial screening. Follow up services were provided for these children by advocates from Great Circle and with the regional mental health provider.

File Review:

The auditor requested random personnel background checks and reviewed 10 employee training records two contractor files and two volunteer files. The central office staff provided email documentation that prior to employment a background check was completed and is maintained on file in the central office. The contractor files had the same email indicating background clearance and also contained PREA training documentation. The resident's file contained documentation of Intake Screening, Intake PREA notification, Rescreening and formalized PREA education. All time requirements were met on each area. Investigative reports for the rating period were reviewed and found to contain all information expected for completed investigations.

Investigation Review:

There were three PREA investigations involving Sierra Osage Treatment Center during the last 12 months. All investigations involved one staff that had allegations of sexual abuse. The investigations was conducted by Division of Out of Home Investigations; and local police department. Two of the investigations were determined to be unsubstantiated and one was determined to be Substantiated.

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.

The Sierra Osage Treatment Center (SOTC) is a 24-hour, residential treatment program operated by the Missouri Division of Youth Services (DYS), a division of the Missouri Department of Social Services. Located in Poplar Bluff, Missouri, the facility opened in 1991 and serves 24 female youth up to the age of 18, who are committed to DYS through the juvenile court system. SOTC is a medium care facility dedicated to the care, treatment, and supervision of court-committed youth. SOTC employs 27 full-time staff.

After meeting with the facility administrator and the assistant regional director a tour of the facility was conducted. During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and "internal hotline" information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center. The tour revealed adequate staff coverage, and physical supervision. The campus contains an administrative/dormitory building. The administrative building contains staff offices, a conference room and group rooms. Leading from the front area you find a hall way with a 12 person dormitory located on each end of the all way. Each of the dormitories have a restroom area that includes shower stalls with shower curtains and toilets stall with petitions and doors. This area allows resident to shower, change clothes and use the toilet without being viewed naked by staff. The second building is the education building. This building contains three classrooms, a library and office spaces. Meal are prepared at the Sear Residential Treatment Center and the resident eat the majority of their meals at the Sears Residential Treatment Center's dining room. At the present time meals are being served at SOTC facility due to Corona Virus concerns.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: **Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator; Standard 115.333: Resident education; Standard 115.341: Screening for risk of victimization and abusiveness Standard; 115.353: Resident access to outside confidential support services and legal representation**

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

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 following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Missouri Division of Youth Service (DYS) Policy 9.18 PREA (Prison Rape Elimination Act)
DYS Policy 9.28 Developing Relationships
DYS Policy 3.81 Employee Conduct
DYS Policy 3.23 Ethics Standard
Organizational Chart

Missouri Division of Youth Services (DYS) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of DYS Policy 9.18 PREA is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within DYS. This policy provides the division's approach to preventing, detecting, and responding to such conduct, within DYS residential and county detention centers contracted for reception and detention services.

As a resident of this center, everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. DYS policy PREA establishes that the division of youth services, all facilities, staff and residents volunteers, contractors or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Sierra Osage Treatment Center efforts to prevent, detect, and respond to sexual abuse and sexual harassment. While housed at Sierra Osage Treatment Center there is no such thing as consensual sex, meaning no person regardless of age can "agree" to have sex or sexual contact with staff or another resident. If the center learns that a resident is subjected to or a substantial risk of imminent sexual abuse, the center shall take immediate action to protect the resident. Within this policy all references to sexual abuse includes sexual harassment, as appropriate.

Missouri Department of Youth Services employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. DYS mandate employee to oversee state wide agency efforts to comply with the PREA standards as set forth in this policy for all DYS residential facilities and county detention centers contracted for reception and detention services.
DYS mandate site specific employee designated to coordinate the facility's efforts to comply with the PREA standards as set forth in this policy. A Youth Facility Administrator shall serve in this role at each DYS residential site. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all facilities. The PREA

coordinator ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts.

Both the agency PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was extremely knowledgeable and enthusiastic about PREA. The facility administrator is designated as the PREA compliance manager. Any employee, supervisor or manager who violates PREA mandates and in accordance with the agency's Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors and their representatives shall also comply with this policy or the working relationship/contract may be severed.

All claims of sexual assault will be immediately reported to the Missouri Division of Youth Services and when violation of law to local law enforcement agency.

Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing. Additional interpretive services are available for residents who do not speak or read English. The agency provides resources to facilities to support the needs for deaf and blind residents. Both institution staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures.

Compliance was determined by review of policies, posters and interviews with staff and residents.

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.) ☒ 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 following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Reception and Diagnostic Contract:

DYS contracted detention facilities to house youth under two (2) distinct sets of circumstances: (1) following court commitment to the state agency; or (2) as a result of a warrant issued by the state agency. Youth committed or recommitted to the state agency are held securely in contracted detention facilities on a temporary basis while a formal assessment and intake procedure is completed. State agency youth placed in contracted detention facilities as a result of a warrant issued by the state agency are held temporarily to ensure the safety of youth and to allow for hearing materials to be collected and reviewed by the state agency.

The contract provides direct evidence of requirement to comply with PREA.
Reception and Diagnostic Contract provides the following statement of work. The contractor shall comply with the Prison Rape Elimination Act of 2003 (34 United States Code 30301, et seq.), and with all applicable PREA National Standards (28 Code of Federal Regulations 115, et seq.), state agency policies related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state agency facilities, programs, or offices owned, operated, or contracted by the state agency. The contractor shall, in cooperation and collaboration with the state agency, and in addition to "self- monitoring requirement," assist with compliance monitoring which could be announced or unannounced, and includes "on-site" monitoring. The contractor shall fully cooperate and collaborate with the state agency on any and all audits required under PREA.
Compliance was determined by review of the contract, review of PREA audits for contracting facilities, and interview with Agency Contracting Officer.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)
  ☒ 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ 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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.6 Program Supervision
DYS Policy 9.18 PREA
DYS Policy 5.8 Searches for Contraband
DYS Policy 6.1 Programmatic Rights of Youth and Grievance Process
Unannounced Rounds
Annual Staffing Plans

DYS Policies mandates that Group Leaders will conduct and document unannounced rounds. The policy also mandates that Facility Administrator and Assistant Regional Supervisor conducts unannounced visits on all shifts during the night and weekend. The center maintains a log of these reviews that confirm their visits. Policy requires that staff will not be alerted to the unannounced unscheduled rounds occurring.

Staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Staff will document on the unit log if an exigent circumstance occurred.

Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2019 & 2020 were found to be in compliance with this standard.
The staffing plan included:
1) Generally accepted detention and correctional/secure residential practices;
(2) Any judicial findings of inadequacy;
(3) Any findings of inadequacy from Federal investigative agencies;
(4) Any findings of inadequacy from internal or external oversight bodies;
(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
(6) The composition of the resident population;
(7) The number and placement of supervisory staff;
(8) Institution programs occurring on a particular shift;
(9) Any applicable State or local laws, regulations, or standards;
(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
(11) Any other relevant factors.

The facility did not report deviations from the staffing plan during the past 12 months. The staff-to-youth ratios of a minimum of 1:6 during the resident waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Sierra Osage Treatment Center utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the assistant regional administrator and facility administrator it was obvious that the facilities reviews all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard.

The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 6 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours.

The Facility Manager and Assistant Regional Administrator both conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard.

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 have policies 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 have 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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 5.8 Searches for Contraband
DYS Policy 9.6 Program Supervision
DYS Policy 9.18 PREA
DYS Policy 7.2 Standards

Agency policies 5.08, 7.2, and 9.18 allow for pat-down searches in exigent circumstances. While policy provides for pat-down searches, it provides searches as a last resort after several other interventions are attempted. Based on the interventions and interviews with staff and residents, Sierra Osage Treatment Center does not conduct pat down searches. Any pat down searches requires two staff one of which must be female after all other interventions have been attempted. Based on interviews with staff and residents there have been no pat down searches in the last 12 months. The facility manager interviewed stated that males are not

allowed to pat search female resident even as a last resort. The facility would bring female staff from the neighboring facility if there were not two female staff on duty to conduct a pat down search. Policy mandate that strip or cavity searches will not be conducted. Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that the center shall document and justify all searches.

All residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their genitals, buttocks, breasts except in the case of an emergency, by accident. All toilets have doors and all showers have curtains. DYS staff, both male and female supervise in the bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in the bathroom area providing awareness supervision. Staff announce their presence when entering a housing unit.

A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process.

A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. All of the random interview staff confirmed that there have been no searches during the last 12 months. Compliance was determined by review of the training plan, interviews with staff and residents.

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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures
DYS Policy 8.3 Individual Education Program-Special Education
DYS Policy 9.18 PREA
Youth Education "Safety First"
PREA Staff Training Module
Sign Language Interpretation
Telephone Based Interpreters
Verbal Translation Contract
Written Translation Contract
Youth Grievance

DYS includes polices and directives that residents with disabilities and residents who are limited English Proficient mandates that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.

Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner:

The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resources. The supervisor will notify the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. The center has contract with sign language interpretation, English as a second language interpreters, and written translation services. All staff indicated they would not utilize resident to provide interpretation services.

Compliance was determined by review of the MOUs and contracts with above, interviews with random staff and review of documented training programs utilized for resident education.

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 who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether 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)

- 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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Memorandum from Agency Human Resources Director and Supporting Spreadsheet
DYS Policy 9.18 PREA
DYS Policy 2-107 Background Checks on Current Employees

DYS Policy 2-107 Background Checks

DYS shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who;
1. 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);
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in 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.
4. DYS shall 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 youth.
5. Before hiring new employees who may have contact with youth, the division shall adhere to Department of Social Services (DSS) Policy 2-107 Background Checks.
6. DYS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.
7. DYS shall conduct annual criminal background records checks as defined in DSS 2-107 background checks on current employees, volunteers/student practicum's, and contractors who may have unsupervised contact with youth

Prior to offering employment facilities will notify the agency Human Resources office. The HR staff send an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the DYS training and orientation process. The PREA coordinator interview confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. The agency conducts a yearly review of all applicant utilizing a State wide background history as indicated above and notifies the facility of any staff that have adverse background information. Additionally, the volunteers and contractors who have contact with residents have documented criminal background checks and yearly reviews of background history.

DYS policy mandates that facilities will not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse

The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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.

Prior to determining compliance the auditor requested background verification for staff interviewing for hiring. The Agency conducts a background check on all staff each year so a requirement for review of staff with over five years of tenure was not needed. Compliance was determined by review of personnel and PREA policies, interview of the PREA Coordinator, Facility Administrator and staff. Further documentation was provided by email verifying ability to review all background checks which are located in the agency's central office.

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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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

N/A

Sierra Osage Treatment Center has not made any substantial changes or began any new programs 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 youth 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- 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 agency 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ 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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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Documented Efforts to Provide SAFE and SANE Examinations
Critical Incident Reports
DYS External Investigations Agencies
Agency Staff Members Qualifications
DYS Policy 9.18 PREA
Memorandum of available advocacy services available to facilities from Agency PREA coordinator.

DYS policy includes upon learning that a resident may at substantial risk of imminent sexual abuse or has been sexually abused, immediate corrective action shall be taken which shall include the protections of the resident(s).

All staff (including medical and mental health practitioners) shall report sexual abuse to the facility administrator and notify PREA Coordinator by the "Hot line for reporting". All allegations of sexual abuse/sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will be investigated either criminally or administratively.

Missouri Division of Youth Services (DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. As requested by the victim, the victim's parent(s)/guardian(s), a victim advocate, or a trained or licensed DYS direct care employee such as a Clinical Coordinator or Regional Psychologist, shall accompany and support the victim through the forensic medical

examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Missouri Division of Youth Services does not conduct their own investigations of sexual abuse and harassment. Missouri Children's Division out of Home Investigation Unit investigates sexual abuse/harassment for DYS regarding youth under the age of 18. Children over the age of 17 are referred to Division of Legal Services Investigation Unit. In cases that are criminal in nature the facility administrator would contact the local law enforcement. In other cases the Division of Legal Services Investigative Unit would conduct the investigation or notify the local law enforcement and investigate along with the local law enforcement. Missouri Division of Youth Services has requested investigative unit follow 115.21 b standards in investigating sexual abuse or sexual harassment. Residents and staff shall immediately report sexual abuse or sexual harassment, staff neglect or violation of staff responsibilities, or retaliation to any employee, hotline or by using the center grievance process. A review of an investigation included all areas of this standard. There will be no time limit on when an allegation of sexual abuse can be reported.

The facility does not have a MOU with a Child Center Advocacy Program, however there is an agreement to utilize the Great Circle Advocacy Program (Previously Ozark Foothills) for regional support. The Child Center director was contacted and provided a review of the program and services available to residents at Sierra Osage Treatment Center at no cost to the resident. The Great Circle Advocacy program was very familiar with the Sierra Osage Treatment Center program. The program director was interviewed. She verbally provided qualification of advocacy staff at the program and the services they provide to residents at Sierra Osage Treatment Center. The Advocacy Program would provide a qualified advocates to accompany guardian and youth to the area hospital for forensic examination. The advocacy program also provides staff to assist in forensic examinations and interviews for residents that claim history of victimization prior to being housed with DYS facility.

Compliance was determined through the review of the memo from DYS Human Resources Director and interviews with PREA Coordinator, Mental Health Provider, Regional Medical Administrator, the Great Circle Advocacy Director and staff from Poplar Bluff Regional Medical Center

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 the policy 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

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 following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Hotline Report Form
DYS Fundamental Practices

DYS document with link to DYS internet Fundamental Practices Page
DYS Fundamental Practices for referral for investigations
DYS Policy 9.18 PREA
DYS Policy 3.81 Employee Conduct
DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to Missouri Children's Division Out-of-Home Investigation Unit (CD-OHI) for investigation and determination of child abuse and CD-OHI will contact the appropriate local law enforcement for the determination of criminal charges. For residents over the age of 18 the facility or CD-OHI will contact the Division of Legal Services Investigative Unit. The Legal Services Investigative Unit would conduct the investigation or notify the local law enforcement and investigate along with the local law enforcement. Additionally, all staff refer all allegations of sexual abuse and harassment to the Central Office and complete the DYS Mandatory Reporting form. The DYS PREA policy and the DYS Fundamental Practices form which describes how investigative responsibilities are handled for allegations of sexual abuse and harassment can be found at the Missouri DYS's website. The parent/guardian is provided with the DYS Youth/Parent Handbook (Safety First) identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. This information is available in both English and Spanish. Further the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. These standards are published on the Agency Website https://dss.mo.gov/dys/ as part of the agency's Fundamental Practices. Staff including the facility administrator and residents indicated that any allegations that are received by residents, staff, volunteers or contractors would be "Hot Line" by the person with the most information when possible. Compliance was verified by reviewing policies, procedures, agency website and interviews with agency designee, facility administrator, staff and residents.

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

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 following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 3.18 Training
Safety First Training Module
DYS Policy 9.18 PREA
Staff PREA Training Module

DYS Employee Training policy mandates that prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, volunteers and interns who have contact with the residents will be trained on:

1. The center Zero Tolerance Policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

5. The dynamics of sexual abuse and sexual harassment juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. 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;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

Refresher training is conducted every year. Training records are documented on staff computerized training files. The training files contain each training provided including the dates, times and duration of training. A pre and post-test will be given to ensure the staff, volunteers, and contractors understand the training received.

The center provide a power point presentation of the training program provided to staff. The power point presentation provided all of the information noted in the policy.
The Sierra Osage Treatment Center also provides training on a continuous basis on Safety First and Safe Boundaries training programs with staff. Included in the annual training is refresher training on effective social engineering which assists staff in implementation of the youth growth programs including opportunities for residents to openly discuss history of sexual victimization and PREA programs.

A review of the training records of 10 staff indicated staff have received the training. An interview with random staff confirmed that they received the training and refresher training as mandated by policy.

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

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 following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Fundamental Practices
Fundamental Practices memo to Volunteers and Contractors

Prior to having contact with the residents all volunteers and contractors are trained on:

1. The Zero Tolerance Policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. 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;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

The Facility Administrator supervises or coordinates volunteer and contractors training and background check. A review of the contractor files maintained by the administrative assistant contained email verifying background checks and documentation of PREA training. Compliance was determined by review of the center policy, review of contractor files and interview Facility Administrator.
…

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 the comprehensive education referenced in 115.333(b)?
  ☒ 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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 3.18 Individualized Special Education Plan

DYS Policy 9.5 Residential Care
Youth PREA Educational Module
Safety First training module

Within two days of intake, the agency shall provide comprehensive age-appropriate education to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The agency has developed and implement a safety programs for all residents. The “Safety First” program involves training that is included in all of the expected PREA training program. It also provides worksheets and group interaction to train residents on PREA. This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility.

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts an initial training on all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements.

Residents receive information explaining the agency’s zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resources. The supervisor notifies the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. Compliance was confirmed by review of the training curriculum, interview with direct care staff, facility administrator, and residents. Further compliance was determined review of center policy, MOU with deaf and language line services and training materials. Further compliance was determined by review of resident records and interviews with 10 residents. A discussion with several of the residents validated how safety first training are addressed in team meeting almost every day. The residents said they have a responsibility to assist other residents in keeping safe boundaries.

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.

Sierra Osage Treatment Center does not conduct 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

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 *or* the agency does not employ medical staff.)
  ☒ 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? (N/A if

the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ 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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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 3.18 Training
DYS Policy 9.18 PREA
Medical Care for Sexual Assault Victims in Confinement Setting

In addition to the Zero Tolerance Policy, all full- and part-time medical and mental health care practitioners will be trained in the following:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse.
6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.
7. Sierra Osage Treatment Center medical health staff shall not conduct forensic investigations but will assist and cooperate with the local law enforcement agency for in conducting the investigation.

The facility LPN provided training records indicated she had attended medical specialized training. The regional facility nurse confirmed that medical staff received specialized medical training. A review of the certification confirmed that the staff have received specialized training. Interview with the regional medical health director and nurse confirmed that they have attended specialized training.

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: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) 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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

PREA Vulnerability Information Review (PVIR): Screening Results and Follow up Notification Form
Assessment Summary
DYS Policy 9.5 Resident Care
DYS Policy 6.7 Administrative Case Review
Facility Health Screening Instrument

The Missouri Division of Youth Services has developed a seamless system to provide youth in the State a Missouri the best possible program to succeed. Prior to arriving at a facility, most residents go through a reception center where they receive a thorough review of their history, mental health needs, family orientation and a plan of care. Prior to arriving at the facility, the facility administrator receives a synopsis of the resident's strength and needs. The Facility administrator meets with the resident in an informal setting to discuss the facility program and conducts the initial screening utilizing the PREA vulnerability review.

The facility administrator utilizes the prescreening, medical screenings, court records, case files, center behavioral records and other relevant documentation from the resident's files to determine the resident's vulnerability.

Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.

Periodically throughout the resident's confinement information is obtained about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Information is gathered through staff conversations with the resident, information provided by

the probation department, and/or family member, and incident reports written by the staff. This information will be placed in the resident's file and relayed to the facility administrator and team leader on duty. If warranted, the supervisor will notify the Facility Administrator to determine if further action is necessary. If residents indicates they have a history of sexual victimization the facility will enter a Hotline report and notify the resident's clinical supervisor and case manager. The OHI will contact the resident and arrange a time to meet with the resident usually at the Great Circle Offices where the resident, case manager, Great Circle medical/mental health staff will meet with the resident. If this has not been previously reported the clinical supervisor and case manager will review and revise the treatment plan when appropriate. The resident will be provided an opportunity to receive follow up therapy. When appropriate the OHI or case manager will discuss and meet with the resident and guardian prior to treatment programs offered. Medical and mental health practitioners inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding information gathered. There were two resident that claimed past history during the initial screening and one resident made admission several weeks after the initial screening. All residents were seen by a mental health practitioner either through the regional mental health staff or the Great Circle Advocacy program.

Exceed expectation was determined by review of the intake screening instruments, interviews with Great Circle staff, LPN, regional nurse, facility administrator and residents.

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? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) 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 (LGBTI) 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 provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ 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? (N/A if the facility *never* places residents in isolation for any reason.) ☒ 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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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

PREA Vulnerability Information Review (PVIR): Screening Results and Follow up Notification Form
Assessment Summary
DYS Policy 9.5 Resident Care
DYS Policy 9.18 PREA
DYS Policy 9.8 Separation

All information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse.

DYS Policy 9.8 Separation provide that a resident may be isolated only as a last resort when less restrictive measure are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. If a resident is isolated the center shall clearly document the basis for the center's concern for the resident's safety and the reason why no alternative means of separation can be arranged.

Sierra Osage Treatment Center has two dormitories when the center has average populations to provide alternative for separation from other residents or staff. The facility administrator and assistant regional director will develop a plan of action to keep the resident safe. This can include moving to a facility to other Youth Centers, releasing to home confinement or holding resident in private office with staff one on one supervision until appropriate remedies can be assessed and implemented. Even during any period of separation from other residents, residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents separated from other residents shall receive daily visits from a medical or mental health care clinician.

Lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider LGBTI identification or status as an indicator of likelihood of being sexually abusive. In deciding to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or

security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed by the Administrator and PREA Coordinator at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own view with respect to his/her own safety shall be given serious consideration. Transgender or intersex residents shall be given the opportunity to shower separately from other residents.

The center has not segregated or removed residents from the program for a PREA incident in the last 12 months. The agency PREA coordinator, assistant regional director and facility administrator interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis. Residents with past history of sexual victimization indicated they were interviewed by Medical staff during their initial intake into the facility. Compliance of this standard were determined by review of the screening instrument, interviews with regional medical director, residents with history of sexual victimization, victim advocate representative and facility administrator.

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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☒ 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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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Missouri Division of Youth Services' Reporting Procedures
Missouri Revised Statutes Chapter 210 Child Protection
DYS Policy 9.18 PREA Resident Care

DYS Policy 6.2 Legal Representation
DYS Policy 6.5 Youth's Visits, Mail and Telephone Privileges

Missouri Law mandates when any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister, peace officer or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division No internal investigation shall be initiated until such a report has been made. As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control but shall also include abuse inflicted by any other person.

Residents have the right to privately report sexual assault, abuse, harassment or retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to Direct Care Staff, Volunteer, Intern, Supervisor, PREA Compliance Manager, and Assistant Regional Administrator. DYS provides youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with DYS Policy 6.2 Legal Representation and DYS Policy 6.5 Youth's Visits, Mail and Telephone Privileges.

Missouri Division of Youth Services' youth and parents or guardians are provided a youth/parent handbook which includes the Missouri Children's Division Child Abuse and Neglect hotline numbers: Missouri: 1-800-392-3738 National: 1-800-4achild and a link to DYS internet site www.dss.mo.gov/dys . Residents have access to the hotline phone and are shown the phone during the initial tour of the facility.

Staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, facility administrator or the PREA compliance manager. Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and also must immediately notify the Child Abuse hotline. Staff and Facility Administrator confirmed that staff may report directly to the facility administrator and he will coordinate with the staff to call the Child Abuse Hotline. However, it is the responsibility of the staff that receive or witness this action to assist the resident in making the call or for making the call to the child abuse hotline.

Compliance was determined by review of posters, policy, and interview with staff, and residents.

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

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*)

☒ **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 agency does not utilize the administrative remedy for reporting allegations of sexual abuse or sexual harassmentType text here…

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 assessible 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

- 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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 6.2 Legal Representation
DYS Policy 6.5 youth's visit, mail and telephone
DYS Policy 9.18 PREA
Sierra Osage Treatment Center documentation of attempts to entered into a MOA with victim advocate.

The agency has made attempt to establish a MOU with a child advocacy program. The facility does not have a MOU, however there is a cooperative agreement with Great Circle Advocacy Program. This cooperative agreement compliance was determined by a memorandum from the Great Circle Advocacy Director that they would serve the advocacy needs of residents at Sierra Osage Treatment Center. The agreement allows resident to 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. The center has a posting throughout the center of outside support services available to residents. The child center advocacy services provides trained staff to support residents that request emotional support services. The advocacy services information is provided to resident that claim history of sexual victimization. The center has visitation schedules for all parents and guardians and residents are allowed to call their parents several times a week. Attorneys are provided private areas to meet with residents. All services for advocacy services, attorney visits and child victimization must comply with State and Federal laws of reporting of child abuse. Compliance was determined by review of center visitation rules, policies, memorandums, poster located throughout the facility and interview with Director of Great Circle Advocacy Program.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Missouri DYS Website
PREA Brochure (Safety Pamphlet) PREA Brochure (Safety Pamphlet)
Posted Information
DYS Policy 6.2 Legal Representation
DYS Policy 6.5 Youth's Visits, Mail and Telephone Privileges

DYS shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with DYS Policy 6.2 Legal Representation and DYS Policy 6.5 Youth's Visits, Mail and Telephone Privileges.

Missouri DYS provides a web link to DYS page that allows for the public to report resident sexual abuse or harassment through the Children's Division Hotline or for other complaints. Youth age 18 and older can send a complaint through the ask DYS at http://dss.mo.gov/dys/ Third Parties, parent and guardians can also report allegations of sexual abuse, sexual harassment or retaliation to staff member. Staff will accept the report and notify DYS hotline. Compliance was determined by reviewing the DYS website including information for parent, guardians or other third party person on ways to make allegations. Compliance was further determined by contacting the website and calling the phone number provided to 18 year older resident third party reporters.

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 an 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? ☒ Yes ☐ No

- 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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Public Distributed Information
DYS Policy 3.18 Training
DYS Policy 9.18 PREA
Staff PREA Training Module

DYS Policy 9.18 PREA establishes policy and procedures for mandatory reporting. Missouri Law mandates When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister, peace officer or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances

which would reasonably result in abuse or neglect, that person shall immediately report to the division No internal investigation shall be initiated until such a report has been made. As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control but shall also include abuse inflicted by any other person. PREA policy and State Law 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 including information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation that occurred in a center, whether or not it is part of the agency.

Upon receiving any allegation of sexual abuse, facility administrator promptly reports allegations to the Assistant Regional Administrator and the Agency PREA coordinator. The facility administrator will also notify the parent/legal guardianship of the child welfare system and the Case Service provider and regional mental health director. If a juvenile court retains jurisdiction over the alleged victim, the facility administrator designee also report the allegation to the juvenile's attorney or other legal representative.

The center report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the Children's Division of Out of Home Investigator or Division of Legal Services if the youth is over 17 years of age. PREA standards and the training curriculum provides that staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary as to make treatment, investigation, and other security and management decisions. Compliance was determined by review of policies, training module, State law, and interviews with direct care staff first responders that are not direct care staff, the facility administrator and the agency head designee and the PREA coordinator.

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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 3.8 Employee Conduct
DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct
DYS Policy 3.8 Employee Conduct
DYS Policy 9.18 PREA

DYS Policy 9.18 PREA requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the facility administrator, team leader or assistant regional director. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. There have been no instances where residents were at imminent danger of sexual abuse. Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, the team leader and the facility administrator.

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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA
DYS Policy 3.8 Employee Conduct

The agency has a policy requiring that upon receiving allegations that a resident was sexually abused while confined at another facility, the head of that facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred and that the head of the receiving facility notify the appropriate investigative agency The center had no reports of prior allegations. The facility staff were aware of the policy. Compliance was determined by review of the policies and interviews with facility administrator.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Residential Facility Manuals
First Responder Guidelines
Staff Training Module

The center trains all staff on first responder duties. The alleged perpetrator is kept physically separated from the alleged victim; ensure that alleged perpetrator has no contact with the alleged victim pending the outcome of the investigation; Secure the crime scene (the victim and the perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom, until an investigator arrives on the scene); and document the incident. Based on the

age of the victim the agency has a flow chart of staff actions to report and refer to investigative units. Interviewed non-security staff who may act as a first responder were familiar with the duties. All responders indicated they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. There was one allegation of sexual abuse during the last 12 months. The allegations was not made in time for collection of evidence. The staff person that allegation was made against was place administrative leave pending the outcome of the investigation. Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including the maintenance staff that does not deal directly with resident.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Division of Youth Services Coordinated Response to Reports of Sexual Abuse
DYS Residential Facility Manuals

DYS residential facility manuals includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The center has published "Coordinated Response to Allegation of Sexual Abuse". Missouri Division of Youth Services (DYS) Policy 9.18 (Prison

Rape Elimination Act of 2003) and DYS Coordinated Response to Reports of Sexual Abuse provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contract medical and mental health professionals. SYC has a system in place providing the staff with clear actions to be taken by staff including contacting administrative staff, medical and mental health staff, contacting CD-OHI or DLS and law enforcement, victim advocate services, & parent/guardian and a number of other individuals. Staff members are directed to follow the steps outlined and to utilize the Checklist in addressing the situation. There was one allegation of sexual abuse that included staff on residents. The facility and agency implemented the Coordinated Response plan. Compliance was determined by review of the Coordinated Response of an Allegations of Sexual Abuse and interviews with random staff, regional nurse PREA compliance managers and PREA coordinator.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Labor Agreement between the State of Missouri Departments of Social Services and Health & Senior Services (Division of Senior and Disability Services and Division of Regulation and Licensure - Sections for Long Term Care and Child Care Regulation) and Office of administration (Division of Facilities Management design and Construction) and Communications Workers of America (CWA) Local 6355, AFL-CIO

The labor agreement does not exclude the authority to remove, transfer or termination of staff. It does establish representation for such action but does not exclude the facility's authority to suspend, transfer, or terminate staff with appropriate cause.

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, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? ☒ 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*)

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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct
DYS Policy 9.18 PREA

DYS Policy 9.18 PREA establishes for protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. At Sierra Osage Treatment Center the team leaders assist the facility administrator in providing monitoring. Monitoring steps include reviewing group, cottage or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there was resident that made an allegation of sexual abuse that was monitored for retaliation. Compliance was determined by review of policy, retaliation monitoring documentation, interview retaliation monitor and PREA coordinator.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS policy 9.18 PREA
DYS Policy 9.8 Separation

Missouri Youth Services has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe and only until alternative means of keeping all residents safe can be arranged. Sierra Osage Treatment Center does not have an isolation area or room suitable for isolation. The Assistant Regional Director, the Facility Manager and the residents Case Supervisor would develop a plan to protect the resident. If no other alternative are available the resident could be moved to a facility to isolate and protect the resident. During any period of isolation residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents in isolation shall receive daily visits from a medical or mental health care clinician. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is continuing need for separation from the general population. The facility have no historical record of ever utilizing segregation or isolation of a resident at Sierra Osage Treatment Center. Compliance was determined by review of policy interviews with Facility Director and Assistant Regional Director.

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 agency 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

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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA

DYS Policy 9.18 PREA establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated. Missouri Division of Youth Services does not conduct their own investigations of sexual abuse and harassment. Missouri Children's Division out of Home Investigation Unit investigates sexual abuse/harassment for DYS regarding youth under the age of 18. Children over the age of 17 are referred to Division of Legal Services Investigation Unit. In cases that are criminal in nature the facility administrator would contact the local law enforcement. In other cases the Division of Legal Services Investigative Unit would conduct the investigation or notify the local law enforcement and investigate along with the local law enforcement. Missouri Division of Youth Services has requested the agencies that conduct allegation of sexual abuse or sexual harassment follow the PREA standards. The investigators of Missouri Children Division out of Home investigators have attended investigating sexual abuse in a secure confinement. As part of the responsive planning Sierra Osage Treatment Center' staff are trained on protecting the crimes scene and cooperating with investigative units. There have been three (3) allegation of sexual abuse or sexual harassment made to staff at Sierra Osage Treatment Center. The investigation was completed by Out Of Home Investigator. A review of a PREA investigations revealed that Out of Home Investigator began the investigation and transferred one investigation to the local sheriff's office when it appeared to be criminal. The report was thorough. Staff that conducted the investigations had received training on Sexual abuse investigations. The investigation included several interviews with residents and staff. The facility made three hotline reports over three allegations of sexual abuse involving one staff. The staff was placed on administrative leave. The Out of Home Investigator determined that two cases were unsubstantiated, the other case was transferred to local law enforcement for investigation. This case was substantiated and was forwarded to the District Attorney for prosecution.

Compliance was determined by review of first responder duties and interviews with PREA coordinator, copy of certificate of training by Out of Home investigator, an investigation and a memo from Human Resources Director to agencies that conduct investigations, and interviews with PREA coordinator and facility administrator.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Child Welfare Manual

The Child Welfare investigative manual provides information regarding the laws on child abuse and neglect and the application of the Preponderance of Evidence standard. The law defines the Preponderance of Evidence standard as "that degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not. "When staff determines child abuse or neglect by a Preponderance of Evidence, staff will need to consider the legal standards related to child abuse or neglect and apply the Preponderance of Evidence standard in order to reach their conclusion.

Compliance of the standard was determined by reviewing the Child welfare manual and interview with the agency PREA coordinator and PREA compliance manager.

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 the agency's 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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA

The PREA policy mandates reporting to residents. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the allegations were determined to be unfounded) whenever:

(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency center, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit;

(2) The staff member is no longer employed at the center;

(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the center; or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the center.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the center; or

(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the center.

(e) All such notifications or attempted notifications shall be documented.

(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Following and investigation of sexual abuse by staff three residence made allegation of sexual abuse. Two cases were determined unsubstantiated and one case was substantiated. The two cases were advised of the finding of substantiated, however they were also advised that the staff was terminated. The one resident was advised that allegation was substantiated and the staff were terminated. Throughout the process the residents was advised of the staff being indicted. When the final outcome of the indictment was completed the OHI and Sheriff's office attempted to contact the resident that was an adult and had moved from her parents' home.

Compliance was also determined by review of the Agency Policy and interviews with facility administrator and agency PREA coordinator.

DISCIPLINE

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

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 following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS policy 9.18 PREA
DSS Policy 2-124 Discipline
DSS Policy 2-101 Sexual Harassment/Inappropriate Relationship

Staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Compliance was determined by review of the policy, staff training curriculum, and interviews with PREA coordinator, and review of Labor Contract.

1. All allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a resident,

that staff will be terminated immediately and the investigation will be forwarded to law enforcement for further review and charges.

2. Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than actually engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.

3. All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement.

Compliance was determined by review of Labor agreement, agency policies and interviews with agency designee and PREA coordinator.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA
DYS Fundamental Practices

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Compliance was determined by review of Contractor files and interviews with Facility Administrative.

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)

- If the agency prohibits all sexual activity between residents, 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

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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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA
DYS Fundamental Practices

DYS Fundamental Practices offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

At the same time the following guidelines will be considered for disciplinary sanctions.

a) Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

(b) Any disciplinary sanctions shall be 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.

(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) If the center offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the center shall consider whether to offer the offending resident participation in such interventions.

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA Vulnerability Information Review (PVIR):
Screening Results and Follow up Notification Form
DYS Policy 6.7 Administrative Case Review

If any of the intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility administrator or other intake officer shall document the information on the Follow up Notification Form. The facility will do a hotline report and notify the resident case manager and the regional mental health director. The OHI staff will conduct a follow up with resident, the regional health administrator or case manager will also will follow up with the resident. If the allegations has previously been reported the mental health within 14 days of the referral.

Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law. Compliance was determined by review of policy, intake screening documentations and interviews with regional mental health director, facility administrator, and victim advocacy program staff.

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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA
Memorandum mandating reporting and responding to medical emergencies or crisis intervention
DYS residential facility manuals

(DYS) Policy 9.18 (Prison Rape Elimination Act of 2003) requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. The facility utilizes Local Hospital for emergency medical treatment and the Great Circle for advocacy services in cases of sexual abuse.

The evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of

sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with any investigation of the incident. The center shall 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. The center mental health practitioners will determine the length of treatment needed. Compliance was determined by review of policy, and interview with Victim Advocacy program and Regional medical director.

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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

(DYS) Policy 9.18 (Prison Rape Elimination Act of 2003);
(DYS) Policy 7.2 (Medical and Health Care/Standards);
(DYS) Policy 7.3 (Special Needs);
(DYS) Policy 7.4 (Access to Health Care Services)

(DYS) Policy 6.01 (Programmatic Rights of Youth & Grievance Process)
DYS Residential Facility Manuals

Missouri Division of Youth Services requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Local Hospital where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months.

Based on reviewing the mission and in keeping with interviews with all administrators at Sierra Osage Treatment Center DJS mental health and medical care is part of a total program that includes community care specialist such as case specialist, medical care such as regional nurses, mental health such as regional mental health director and after care programs though care specialist and family support systems.

The evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with any investigation of the incident. The agency will 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 Clinician. This would include working with the Great Circle advocacy program and revisiting the resident's treatment plan. The resident treatment plan is formulated by a team of care givers and is finalized by a review and in many cases an interview with an agency clinical director.

If the perpetrator was a resident, he/she would also be referred to the case manager and clinical director to review the resident's treatment plan and update appropriate mental health interventions.

The center shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized or have been a perpetrator of sexual abuse in a juvenile center (substantiated investigations). The evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care. Compliance was determined by review of the first responder program, coordinated response plan and center policy. A review of a coordinated treatment plan

following a finding of sexual abuse included all components of this standard. There was too long a period for a SANE evaluation but resident was interviewed by SANE staff in the presence of an advocate. Compliance was also determined by interview with victim advocacy program, Sexual Assault Nurse Examiner (SANE) staff and review of the agency goals and discussions and assistant regional director and PREA coordinator. The director of the Great Circle advocacy program stated that the center was providing services for residents that were identified by DYS staff during screening or during information shared while at the facility and later were released from the center.

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*)

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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA (Prison Rape Elimination Act of 2003)
DYS Coordinated Response to Reports of Sexual Abuse

DYS requires a Critical Incident Review form of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. Assistant Regional Administrator, Facility Administrator, Group Leader, medical and mental health representatives are part of the Incident Report Review. There has been one investigation of alleged staff had inappropriate sexual behavior with three residents. Two of the residents' findings were unsubstantiated and one was substantiated that occurred in this facility in the past 12 months. The review team consisting of the regional director, assistant regional director, facility manager, regional mental and medical staff and other staff including center staff. The three cases involved the same staff and the same area so the incident review included all three allegations. The review team report contained all areas of this standard and included a corrective action plan. Compliance was determined by review of the Incident Review Team and interviews with the incident review team.

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*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 9.18 PREA
Data Collection Form

DYS policy requires the collection of accurate, uniform data for every allegation of sexual assault by each facility under the supervision of the Division of Youth Services including contract facilities. The center collects, review and forwards data of sexual abuse or sexual harassment to the assistant regional director for review and approval. The Regional director forwards the completed data collection form to the PREA coordinator. The DYS PREA Coordinator reviews the submitted data and has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2019 annual report revealed it was completed and in accordance with this standard. This information is on the facility's website.

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

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Annual Review for 2019 including corrective action plans.
Policy 9.18 PREA (Prison Rape Elimination Act of 2003)

Policy 9.18 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2019 annual Report indicated compliance with the standard and included all of the required elements. The DYS 2019 Annual Report is posted and readily available on the Missouri DYS Website for public review.

This data is used to improve the department as a whole and prevent sexual abuse. Problem areas will be reviewed and corrected as needed or at least once a year. The data collected will be compared to last year's data in order to find out if we have made progress in detecting sexual abuse and responded according to our policies. Any material that is redacted from the final report will be reported to the Agency PREA coordinator. Compliance was determined by interview with agency PREA Coordinator, Agency Head Designee and review for Agency Website.

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.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 9.18 PREA (Prison Rape Elimination Act of 2003 (Prison Rape Elimination Act of 2003)

DYS Policy 9.18 (Prison Rape Elimination Act of 2003) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. The website included State and privately operated facilities. Compliance was determined by review of the website and interview with the agency PREA coordinator.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

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 residents? ☒ 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.

Sierra Osage Treatment Center was audited in March 2017.

There were no correspondence received as a result of the audit postings. The center provided a date stamp picture assuring the information remained on the center interior bulletin boards.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. 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.

All PREA Audit Reports are maintained on the Agency's website. This was verified through reviewing the website. The website can be reviewed through https://dss.mo.gov/reports/prison-rape-elimination-act-reports

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.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

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

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Robert Manville August 8, 2020

Auditor Signature **Date**