

PREA Facility Audit Report: Final

Name of Facility: Wilson Creek Group Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/28/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Lawrence Howell	Date of Signature: 04/28/2024

AUDITOR INFORMATION	
Auditor name:	Howell, Lawrence
Email:	Lawrence.howell@rop.com
Start Date of On-Site Audit:	03/13/2024
End Date of On-Site Audit:	03/14/2024

FACILITY INFORMATION	
Facility name:	Wilson Creek Group Home
Facility physical address:	3992 West Sunshine Street, Springfield , Missouri - 65807
Facility mailing address:	

Primary Contact

Name:	Laura Thomas
Email Address:	Laura.Thomas@dss.mo.gov
Telephone Number:	(417) 888-4050

Superintendent/Director/Administrator	
Name:	Laura Thomas
Email Address:	Laura.Thomas@dss.mo.gov
Telephone Number:	(417) 888-4050

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Rachel Huett
Email Address:	Rachel.Huett@dss.mo.gov
Telephone Number:	4173706730

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	14
Average daily population for the past 12 months:	9
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Females

Age range of population:	14-18
Facility security levels/resident custody levels:	Moderate Secure
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION

Name of agency:	Missouri Division of Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	3418 Knipp Drive, Suite A-1, Jefferson City, Missouri - 65109
Mailing Address:	
Telephone number:	5737513324

Agency Chief Executive Officer Information:

Name:	Scott Odum
Email Address:	scott.odum@dss.mo.gov
Telephone Number:	5737513324

Agency-Wide PREA Coordinator Information

Name:	Judy Parrett	Email Address:	judy.parrett@dss.mo.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.351 - Resident reporting

Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-13
2. End date of the onsite portion of the audit:	2024-03-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Victim Center. 819 N. Boonville Road. Springfield, MO 65802, www.thevictimcenter.org (417) 864-7533 The Children's Advocacy Center, 1033 W. Walnut St. Springfield, MO Mercy Hospital Pediatric Emergency Room 1235 E. Cherokee Street. Springfield, MO (417) 831-2327

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	9
16. Number of inmate/resident/detainee housing units:	1

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>11</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>One resident self disclosed that she was in placement because she sexually victimized her 22 months younger sister. She explained that in order to go home/be released she needed to continue therapy and "prove she could be safe." This auditor confirmed the facility was aware of the residents needs and her history was taken into consideration during assessments. The resident was able to confirm she was actively involved in therapy, engaged in family sessions, and had open and active communication with the Facility Manager.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>16</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>During interviews staff talked about working numerous shifts based on needs of the program. When asked what shift they worked some staff responded, "I normally work XXX shift, but recently I worked XXX shift because the facility needed the coverage." When asked about volunteers, the Facility Manager explained there are two volunteers (husband and wife) that assist with church services. They have completed the background check and training, but are never left alone with residents. The audit interviews included every person who was present during the two day on site portion of the audit.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>13</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The resident population interviewed was geographically diverse because 100% (13 of 13) of the residents present at the facility during the on site portion of the audit were interviewed. The residents sleep in one common designated living area.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>100% of the residents present during the on site portion of the audit were interviewed. The auditor experienced zero barriers to completing interviews and/or ensuring proper resident representation.</p>
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>3</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents with a physical disability using the "Disabled and Limited English Proficient" protocol was identified.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) were identified.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents who are Blind or have low vision (i.e. visually impaired) were identified.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents labeled as Deaf or hard-of-hearing were identified.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents who were labeled as Limited English Proficient (LEP) were identified.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents who identified as transgender or intersex were identified.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents who reported sexual abuse in the facility were identified.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The audit strategies to determine if the population existed at the facility included touring the facility and looking for areas used for isolation, reviewing resident documentation, interviewing residents, reviewing information submitted in the PAQ, and interviewing staff. No residents who were ever placed in segregation housing/isolation for risk of sexual victimization were identified.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Three residents were identified by Facility Manager as possible LGBTQI. During resident interviews one of the three self identified. The one resident that self identified was mentioned by other residents as LGBTQI. One resident disclosed a rape, from an older boy, while not in a facility. One resident disclosed she was the perpetrator of sexual assault involving a younger sibling. This auditor found no barriers to interviewing targeted residents or finding evidence that the appropriate follow up to reports was completed.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	8
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	100% of the staff present at the facility during the two day on site audit were interviewed. There were no barriers encountered in completing interviews and ensuring appropriate staff representation.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	26
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility management team provided unimpeded and confidential access to all people/positions required to meet PREA interview standards. The interviewees consented to being interviewed and appeared genuinely concerned with keeping the residents safe while at Wilson Creek Group Home.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor was provided unimpeded access to all areas of the facility (inside and outside). All doors were opened, all rooms in the facility were inspected, and all five exterior areas were reviewed (parking area, outside activity spaces, gear shed, tool shed, storage shed x2, and canoe shed). Facility critical functions were tested and the auditor completed informal conversations with both staff and residents.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The PAQ included an appropriate amount of documentation to demonstrate agency and facility compliance with PREA standards. The auditor encountered no barriers to selected, reviewing, and/or receiving copies of additional documentation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse investigations, therefore there were no investigation files to review.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reported incidents of sexual harassment, therefore there were no sexual harassment investigation files to review.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>During the course of the audit (pre-onsite, onsite, and post onsite phases) there was no evidence found to demonstrate there were any incidents of sexual harassment or sexual abuse.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

CMCG

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: Pre-Audit Questionnaire Wilson Creek Group Home Handbook DYS Policy 9.18 Prison Rape Elimination Act Organizational Chart On site PREA related postings</p> <p>Interviews included: Random Staff Youth Facility Manager /Administrator (Acts as the PREA Compliance Manager) PREA Coordinator</p> <p>Site Review / Observation:</p>

PREA / Sexual Abuse Postings

Web page: <https://dss.mo.gov/reports/prison-rape-elimination-act-reports/>

Provisions:

115.311 (a)-1,2,3,4,5 The Wilson Creek Group Home (WCGH) has a zero-tolerance policy towards any form of sexual abuse or sexual harassment. The purpose of the policy states: "Division of Youth Services (DYS) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within DHS."

The Zero Tolerance Policy is available to staff, residents, and members of the public as is posted on the agency web page. The Zero Tolerance Policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment includes sanctions for those found to have participated in prohibited behaviors and includes agency strategies to reduce and prevent sexual abuse and harassment of residents.

115.311 (b)-1,2,3 The agency has a designated PREA Coordinator - Judy Parrett. The facility PREA duties are overseen by the facility Director/Administrator - Laura Thomas. They both hold upper-level positions and when interviewed they both reported having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the facility.

Through staff interviews, PREA Auditor Howell found that upper-level staff understood the PREA standards and how they are implemented at Wilson Creek Group Home. Mrs. Laura Thomas explained she had sufficient time and authority to coordinate the facility efforts to comply with PREA standards.

115.311 (c)-1,2,3,4 The WCGH meets the standard of having a designated PREA Compliance Manager in the organizational structure, who has sufficient time to coordinate the facility efforts to comply with PREA standards.

Through direct observation during the on-site audit, interviews of both residents and staff, and reviewing resident and staff files it is evident Wilson Creek Group Home includes the requirements of this provision in the facility daily operations. Upper-level staff as well as direct care staff could explain the intent of PREA and how it is implemented at the Group Home.

The facility meets the requirements of standard 115.311.

Corrective Action Findings: None

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The following evidence was analyzed in the making of the compliance decision.</p> <p>Documents reviewed included: Pre-Audit Questionnaire DYS Policy 9.18 Prison Rape Elimination Act Wilson Creek Group Home Youth / Parent Handbook 10 DHS Contracts with 10 Youth Centers</p> <p>Interviews included: Facility Manager /Administrator (who serves as the PREA Compliance Manager) Assistant Regional Administrator</p> <p>Site Review / Observation: N/A</p> <p>Provisions: Standard 115.312 (a & b) does apply to Wilson Creek Group Home because DHS does contract with other entities for the confinement of youth.</p> <p>The contracts provide evidence of requirement to comply with PREA. The Reception and Diagnostic contracts provide 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.</p> <p>Based on a review of contracts, information shared during the staff interviews, and the documents reviewed during the Pre On-Site, On-Site, and Post On-Site phases of the audit, the facility meets the requirements of standard 115.312.</p> <p>Corrective Action Findings: None</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

DYS Policy 9.18 Prison Rape Elimination Act
DYS Policy 9.6 Program Supervision
Wilson Creek Staffing Plan (dated 10.25.22)
Unannounced Program Visit Form
Facility Schematics
Staff Roster
Resident Roster

Interviews included:

Facility Manager / Administrator
Assistant Regional Administrator
Administrative (Human Resources) Staff
Supervisory Staff
Random residents
Random staff

Site Review / Observation:

Staff to student ratio observations at multiple times throughout the day

Provisions:

115.313 (a) Facility Manager / Administrator Laura Thomas confirmed, and the Wilson Creek Group Home policy mandates a minimum of one staff for each eight youth. The PAQ showed no instances of deviation from the planned staff to student ratio. Through the staff interviews, Auditor Howell found no written shift reports showing short staffing or ratio issues in the daily operations. 13 of 13 residents reported feeling safe at Wilson Creek Group Home and that the staff provide adequate supervision of the residents. The agency staffing plan was reviewed by auditor Howell. When reviewing the staff rosters and comparing them to the average student population by month for the past 12 months and taking into consideration a reported low staff turnover rate, Auditor Howell found no obvious reason to believe there had been a deviation from the facility staffing plan. Wilson Creek Group Home does not use surveillance cameras as part of the supervision of residents and staffing plan. Evidence of compliance with this standard was gathered in interviews of the Facility Manager / Administrator, staff from each cottage, and staff from each shift. All interviewees confirmed the staffing plan is developed to protect residents, video monitoring is not part of the plan, and the staffing plan is reviewed weekly by the management team of the facility. When a scheduled staff is absent or for unplanned reasons the staff to resident ratio may be at risk, the Facility Manager / Administrator authorizes overtime to fill temporary vacancies.

115.313 (b) DYS Policy 9.6 requires constant supervision and monitoring of the residents while in the facility. The policy states that the facility maintains staff ratios

at all times unless imminent and dangerous circumstances take place that alter the ratio. The established ratios are 1:8 during waking hours and 1:16 during sleeping hours. On-site observations by Auditor Howell exceeded the established minimum ratios. Observed ratios were 1:1, 1:4 and 1:6.5.

115.313 (c) The facility roster showed 15 full time staff employed for a current resident population of 13 female identifying residents. Observed staff to student ratios were 1:1, 1:4 and 1:8. PREA Auditor Howell found no evidence nor was there a report of the staff to student ratio deviating from the planed ratio of 1:8 daytime and 1:16 nightttime ratio. During random resident interviews, when asked, "How often are staff the with you?" 13 of 13 residents replied that direct care staff were present at all times day and night.

115.313 (d) When interviewed, the Facility Manager / Administrator, Assistant Regional Administrator, they both replied that the staffing plan is reviewed and revised at least annually and when necessary, as a result of the resident population fluctuating. The Facility Manager / Administrator and supervisory staff described meeting daily to make sure staff to resident ratios were appropriate.

115.313. (e) PREA Auditor Howell did find evidence to support the PAQ that stated higher level supervisors conducted unannounced rounds on all shifts. Policy 9.6 page 9.6-4 3.c prohibits staff from alerting the staff members that the supervisory unannounced rounds are occurring. During random staff interviews, the staff explained the unannounced rounds do occur. Frequency was reported as throughout the day and on each shift. Facility management provided unannounced rounds documentation and to demonstrate compliance. Auditor Howell reviewed multiple "Unannounced Program Visit" forms completed by Assistant Regional Adminstrator Kyle Bentley.

Based on the auditor observations, information shared during the staff and resident interviews, and the documents reviewed during the Pre On-Site, On-Site, and Post On-Site phases of the audit, the facility meets the requirements of standard 115.313

Corrective Action Findings: None

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ

DYS Policy 9.18 PREA

DYS Policy 5.8 Searches

Division of Youth Services Guide for Physical Searches of Youth in a Residential Setting

DYS Policy 9.6 Program Supervision

Staff training files

Interviews included:

Random residents

Random staff

Supervisor staff

Site Review / Observation:

Classrooms

Administration Areas

Living Units

Common activity spaces (gym, classrooms, hallways)

Provisions:

115.315 (a-c) The staff interviews and a review of the staff training records revealed the staff were appropriately trained on conducting pat down searches in accordance with 115.315 (a, b, and c) Limits to cross-gender viewing and searches. DYS Guide to Physical Searches prohibits cross gender searches unless in exigent circumstances or when a transgendered or intersex youth prefers a cross gender search. All cross-gender searches must be documented. 13 of 13 staff explained and demonstrated the search procedures of Wilson Creek Group Home. The search procedure does not include a "pat down" or "strip searches." Staff explained the female and male staff do not do pat down searches. In exigent circumstances the opposite gender staff would conduct an on the outside of the residents clothing only after receiving approval from the Facility Manager / Administrator or designee. The Wilson Creek Group Home PAQ states the facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. Staff responsible for facility searches were consistent in responding that the Wilson Creek Group Home follows this provision.

115.315 (d) DYS policies mandate residents are permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. The bathrooms and showering areas were observed during the facility tour. The facility is designed to prohibit cross gender viewing of youth performing such personal actions and the facility practice demonstrated shows compliance: Opposite gender staff announce their presence before entering living units. Youth are provided privacy when changing clothes, performing bodily functions, and showering. Opposite gender staff do not provide direct supervision when youth change clothes, perform bodily functions, and shower. 13 of 13

	<p>residents and all of the direct care staff confirmed the residents are permitted to change clothes, perform bodily functions, and shower in privacy.</p> <p>115.315 (e) Per DYS Policy and confirmed by Auditor Howell during the staff interviews, facility staff always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status. If a resident’s genital status is unknown, the intake staff review the resident’s personal history and medical documents and may determine genital status during conversations with the resident or by learning the information from a medical examination conducted at a medical facility, in private, by a medical practitioner.</p> <p>115.315 (f) Wilson Creek Group Home training records showed proof of training staff on 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. During interviews staff and residents consistently responded that Youth Center staff do not do pat down searches and the process of having residents empty their pockets and clear their wrist and waist bands was the search practice used.</p> <p>As a result of auditor observations of the facility design, a review of related policy, responses by staff and residents in interviews, and a review of the resident files, Wilson Creek Group Home was determined to be in compliance with standard 115.315 (a-f)</p> <p>Corrective Action: None</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 Prison Rape Elimination Act Screening, Intake, and Admissions Policy Section 6 Resident PREA Curriculum PREA Posters Interpreter Contract Information</p>

DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures
Youth Education "Safety First"
PREA Staff Training Module
Sign Language Interpretation Services - Statewide Contract

Interviews included:

Random residents
Random staff
Supervisory staff
Facility Manager / Administrator

Site Review / Observation:

Living Unit postings
Administrative Building postings
Classroom postings

Provisions:

115.316 (a) The Wilson Creek Group Home staff take appropriate steps to ensure that youth 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. Such steps include providing access to Interpreters, and written materials provided in formats or through methods that ensure effective communication.

During the resident interviews 13 of 13 (100%) youth interviewed claimed English as their primary language. During staff interviews none of the staff could remember a youth, admitted in the last 12 months, that claimed another language as their primary language.

The Group Home policy addresses the provision of support services for disabled residents and provides the equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and appropriately respond to sexual abuse and harassment. DYS policy prohibits the use of resident interpreters, readers, and other forms of resident assistants except in limited circumstances where an extended delay could compromise a resident's safety, performance of a first responders' duties, or the investigation of the allegations. Facility Manager / Administrator, Youth Specialist, and Administrative Support Staff interviews confirmed knowledge of the policy and process. DYS has a contract for on-demand remote interpreting services as needed.

115.316. (b) During interviews of the staff they explained they do what is necessary to ensure the residents understand the PREA standards and their rights. They made it clear they would only use staff as translators. During the past 12 months, the facility did not have any youth who were assessed as needing interpreting services because they had a disability or were limited English proficient. If they had, the language Access Court provided Language line (language interpreter services with access to 240+ languages) is available by phone and can be accessed by staff 24 Hour per day 7 days per week. The State has a contract for

	<p>sign language interpretation services as needed. Furthermore, the PREA Audit notice and “Safety First” resident education manuals are printed in English and Spanish. The facility is prepared to ensure equal access to limited English proficient or disabled. This determination of meets standard was made based on interviews of staff, administrators, facility observations, and a review of the residents’ documentation.</p> <p>115.316 (c) The Facility Manager, Assistant Regional Administrator, and direct care staff explained Wilson Creek Group Home does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations as the practice could compromise the integrity of the reporting process. The facility’s staff did have written PREA related information to provide to youth upon admission to the Group Home. At the time of the audit there were no residents listed, interviewed, or reported as needing interpreter services or the need for translated PREA related documents. The staff and resident interviews resulted in consistent responses that Wilson Creek Group Home had not had a recent need for the use of interpreters or services for residents with a disability that hindered their ability to communicate an allegation related to sexual abuse or harassment. DYS does have statewide contracts for sign language and for on-demand remote interpreting services as needed.</p> <p>The facility meets the requirements of standard 115.316.</p> <p>Corrective Action: None</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA DYS Policy 2-107 Background Checks Criminal Records and Child Abuse Registry Check Documentation Explanation of Background Check Annual Background Check Results Employment Application Self-Disclosure Affidavit Training Records</p> <p>Interviews included: Administrative (Human Resources) Staff</p>

Facility Manager / Administrator
Random Staff

Site Review / Observation:

None.

Provisions:

115.317 (a) DYS Policy prohibits hiring or promoting anyone who may have contact with youth and does not use services of any contractor who may have contact with the person if the person: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or has been convicted or civilly or administratively adjudicated or 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.

The Facility Manager / Administrator confirmed during interviews that the Wilson Creek Group Home has not hired, promoted, or contracted with anyone who meets the criteria listed in the above paragraph. A review of personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (b) DYS Policy considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services. When interviewed by PREA Auditor Howell, the Human Resource Director explained that DYS would find out such information through criminal background checks, Family Care Safety Registry, Sex Offender Registry, pre-employment reference checks, and a thorough interview of the applicant for an open position. The Facility Manager / Administrator explained the interview process for hiring, promotions and contract positions. A review of personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (c & d) Before hiring new employees, volunteer, or contractors who may have contact with youth, the DYS Policy requires hiring staff to perform a criminal background records check, Family Care Safety Registry, Sex Offender Registry, pre-employment reference checks, and a thorough interview of the applicant, and contact all prior institutional employers in search of substantiated allegations of abuse or resignation during a pending investigation of an allegation of abuse. Wilson Creek was able to show documentation that DYS has been conducting background checks, child abuse registry checks, completing reference checks, and attempted to ask previous juvenile institution employers of applicant's past involvement in PREA related incidents.

115.317 (e) Division of Youth Services policy states the facility conducts criminal background checks of current employees and contractors who may have contact with residents upon hire and annually after. Initially during Auditor Howell's review of background check documentation, however the information was provided before auditor Howell departed the facility. PREA Compliance Coordinator Judy Parratt demonstrated that the missing background re-checks were actually completed, just

	<p>not included in the initial documentation provided.</p> <p>115.317 (f) Administrative (Human Resources) Staff explained how they asked all applicants and employees who may have contact with residents directly about previous PREA related misconduct described in paragraph 115.317 (a). Administrative (Human Resources) Staff explained all candidates complete the DYS Addendum to the DSS Application for Employment which asks, “while working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of an inmate, detainee, client, or resident of the facility?” Similar questions are asked during reference checks. Question #3 asks, “while working or volunteering at this facility, was the individual terminated or otherwise disciplined or counseled for sexual abuse or sexual harassment of an inmate, detainee, client or resident of the facility?”</p> <p>115.317 (g) In accordance with this standard, Wilson Creek Group Home Facility Manager / Administrator stated in her interview that material omissions regarding such misconduct (PREA related) or the provision of materially false information is grounds for termination of employment.</p> <p>115.317 (h) The Human Resources Staff confirmed, unless prohibited by law, DYS provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. DYS answers, “the same questions that we ask” (on the second page of the reference check form). In addition, the Facility Manager / Administrator confirmed that the facility does consider all items listed in 115.317(a-h) when making hiring and promotion decisions.</p> <p>Based on the information received and the documents reviewed in the interviews the facility meets the requirements of standard 115.317.</p> <p>Corrective Action: None</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ Facility Schematics</p> <p>Interviews included:</p>

	<p>Assistant Regional Administrator Facility Manager / Administrator</p> <p>Site Review / Observation: Observation of the campus operations during the on-site tour.</p> <p>Provisions: 115.318 (a-b) During interviews of the Facility Manager / Administrator and Assistant Regional Administrator both administrators explained there had been no substantial modification to the facility (including upgrades to any camera system) since the last PREA Audit. Some buildings had received minor upgrades and renovations, but none included materials changes to the buildings or grounds. Auditor Howell suggested making meeting notes of PREA considerations when facility renovations are discussed in the future.</p> <p>The staff interviews, the on-site tour of the facility, and the schematics provided to the auditor all corroborated that the facility meets the requirements of standard 115.318 (a-b)</p> <p>Corrective Action Findings: None</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 Prison Rape Elimination Act DYS Policy 3.8 Employee Conduct DYS and Great Circle MOU Missouri Department of Public Safety Forensic Exam Protocols Resident Handbook</p> <p>Interviews included: Facility Manager / Administrator Nurse Children's Advocacy Centers Representative Random staff interviews Random resident interviews</p> <p>Site Review / Observation: Facility postings Brochures available to residents</p>

Provisions:

115.321 (a) DYS Policy 9.18 PREA does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions when responding to allegations of sexual abuse. Random staff interviews revealed the Wilson Creek Group Home staff are aware of the physical evidence expectations for First Responders. Page 9 of the DYS PREA policy references the process to refer all allegations of sexual harassment and abuse to outside agencies for investigation. 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 manager / administrator would contact the local law enforcement (Green County Sheriff's Department).

115.321 (b) The DYS policy does follow a protocol that is developmentally appropriate for youth and is current (i.e. adapted from the most recent edition of the US Department of Justice's Office on Violence Against Women publications) . Auditor Howell was able to ascertain and confirm the following:

The facility does not conduct administrative or criminal investigations. Allegations are referred to CD-OHI and local law enforcement for criminal investigations and OHI (Out of Home Investigations) for administrative investigations. Random staff interviews confirmed an understanding of the facility investigations protocol.

The Child Advocacy Center provides forensic interviews and examinations in alleged child sexual abuse situations. The practitioners are qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. In her interview, the Children's Advocacy Program Director explained there had been no forensic medical exams, related to Wilson Creek Group Home, conducted in the past 12 months.

The Children's Advocacy Center provides outside the facility emotional support and crisis counseling services. During interviews, the Wilson Creek Facility Manager / Administrator and Nurse confirmed their understanding of the practice.

115.321 (c) In accordance with Wilson Creek Group Home Policy, in the event of a PREA related allegation, the supervisor on duty would call local law enforcement for criminal investigation and a facility representative would take the resident to The Children's Advocacy Center for a referral to a qualified medical professional to conduct a SAFE and SANE examination. The sexual assault services include sexual assault kits, SAFE and SANE exams, advocacy, and testing for sexually transmitted infections. In addition to interview the Children's Advocacy Director, auditor Howell reviewed the CAC web site and found a comprehensive explanation of the structure of the department, the staff training, and multiple ways the CAC provides support, forensic medical services to meet the needs of sexual assault victims. In a phone interview, the Director explained there was a qualified and trained Nurse Practitioner available 24 hours a day. She reported no knowledge of any forensic exams involving youth from the Wilson Creek Group Home during the past 12 months.

115.321 (d) During an interview of the CAC Director, she confirmed they provide

intervention and related sexual assault assistance services free of charge. The services include 24 hour per day access for reporting, advocacy, and forensic exams. Children's Advocacy Centers is not an organization that is part of the criminal justice system. Of the residents interviewed, 13 of 13 were able to describe at least one way to access the services in a confidential manner while in the Wilson Creek Group Home.

115.321 (e) The Facility Manager / Administrator and Nurse explained the Wilson Creek Group Home does have access to qualified mental health therapists to provide advocacy and emotional support services. In addition, the Hotline remains available 24/7 to support youth as needed. Auditor Howell observed zero tolerance posters with the hotline number in most resident living areas, classrooms, and dining areas. The number listed was 1 (800) 392-3738. Auditor Howell called the Hotline number and verified the services available, if a caller could remain anonymous, and if the services were free of charge to residents of Wilson Creek Group Home. The Hotline representative confirmed all of the above.

115.321 (f) The CD-OHI is responsible for conducting all criminal investigations. The Children's Advocacy Center is responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. Both agencies follow uniform protocols that are age appropriate for youth that are residents of the Wilson Creek Group Home.

The following language is included in a February 16, 2022 internal DYS memo: "Missouri Children's Division Out of Home Investigation Unit (CD-OHI) investigates allegations of sexual abuse/harassment for DYS regarding youth under the age of 18. They receive reports through their hot line number made by DYS staff, the youth, parent, guardian or external entity on behalf of the youth. If law enforcement is not already involved, CD-OHI unit contacts the appropriate law enforcement agency to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services. Should law enforcement decline to coinvestigate initially, or if the investigation results in the need for criminal charges, CD OHI refers the case for criminal prosecution. As there was a recent change in the individual who supervises the CD-OHI, a meeting was held with the new supervisor to discuss PREA. The supervising manager over CD OHI unit's name, position and contact information is listed below.

James 'Ryan' Harris Program Manager
Children's Division Out of Home Investigation Unit (CD-OHI) Phone: 573-521-8660"

1155.321 (g) Auditor is not required to audit this provision.

115.321. (h) Wilson Creek Group Home is in compliance with standard 115.321 (h) because the Children's Advocacy Center has access to appropriately trained and a licensed clinician. The facility does not have an agreement for victim support services with Children's Advocacy Centers. Children's Advocacy Services confirmed they have a relationship with Wilson Creek Group Home and have trained staff available 24/7 for advocacy service, emotional support; in accompaniment through

	<p>forensic examination and investigative interview upon request; and provision of information and resources.</p> <p>The facility meets the requirements of standard of 115.321. Corrective Action Findings: None</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 Prison Rape Elimination Act Wilson Creek staff training documentation DYS Fundamental Practices DYS Policy 3.80 Employee Conduct DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures Hotline Reporting Form Link to DYS Resources web page</p> <p>Interviews included: Facility Manager / Administrator Random staff interviews Random resident interviews</p> <p>Site Review / Observation: Facility postings Brochures available to residents Provisions:</p> <p>115.322 (a) DYS Prison Rape Elimination Act Policy 9.18 requires that all allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are investigated by the Office of Out of Home Investigations and criminal investigations are the responsibility of local law enforcement. Interviews of the local law enforcement agency representatives (Green County Sheriff) confirmed there were zero reported allegations of abuse or investigations during the past 12 months, therefore there were zero administrative investigations and zero criminal investigations. As result of zero investigations, PREA Auditor Howell could not review investigation reports to confirm the documentation matched the written procedure or PREA standards. Interviews of staff confirmed the staff’s knowledge of which agencies are responsible for administrative and criminal investigations in all allegations of sexual abuse and sexual harassment.</p>

	<p>115.322 (b) The DYS Zero Tolerance Policy is in place and explained on the agency web page 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. There were zero referrals in the past 12 months as evidenced by auditor confirmation with the Police Department, interviews with Wilson Creek Group Home management, and interviews of random staff and students. As a result of there being no evidence showing allegations during the past 12 months, Auditor Howell asked the Facility Manager / Administrator if there had been any allegations since the last PREA audit. Mrs. Laura Thomas responded “no.” This auditor also reviewed the previous 2020 Final PREA Audit Report for any reported allegations or investigations. The previous audit report listed none. A review of the Missouri Department of Social Services website did show the agency’s PREA Policy that includes a requirement that all allegations of sexual abuse or sexual harassment are referred to the local Sheriff’s Department as they have the legal authority to conduct criminal investigations.</p> <p>115.322 (c) The DYS PREA policy, CD-OHI, and County Sheriff’s Department protocols govern PREA related investigations. PREA Auditor Howell confirmed with law enforcement that they are the authorized outside agency who conducts investigations into allegations of sexual abuse and sexual harassment.</p> <p>115.322 (d) The auditor is not required to audit this provision.</p> <p>115.322 (e) Auditor is not required to audit this provision. During staff interviews, including the Facility Manager / Administrator and random staff, it was evident that the facility staff understood the investigation process and were able to explain the process for involving qualified outside agencies to complete administrative and criminal investigations. The staff training records showed the staff received appropriate and current PREA training related to policies to ensure proper referrals of allegations for investigations.</p> <p>The facility does meet all of the requirements of standard 115.322 (a-e)</p> <p>Corrective Action Findings: None</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p>

PAQ
DYS Policy 3.18 Training
DYS Policy 9.18 PREA
Staff PREA Training Module Revised
PREA brochure
Employee training response to PAQ questions with slide numbers noted.
DYS Fundamental Practices

Interviews included:

Facility Manager / Administrator
Random Staff
Specialized staff
Human Resources Staff

Site Review / Observations:

Observation of opposite gender staff interaction with residents and public announcements upon entering resident living units.

Provisions:

115.331 (a) The Division of Youth Services PREA Policy 9.18 does require that the facility provide PREA related training to all its employees who may have contact with youth. The training is tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility.” The training includes the following:

- The Zero Tolerance policy for sexual abuse, sexual harassment,
- How to fulfill their PREA responsibilities under Wilson Creek Group Home sexual abuse and harassment prevention, detection, reporting, and response policies and procedures
- Residents right to be free from sexual abuse and sexual harassment
- The right of residents and employees to be free from sexual abuse and harassment
- The right of residents to be free from retaliation for reporting sexual abuse and harassment
- The dynamics of sexual abuse and sexual harassment in juvenile facilities
- The common reactions of juvenile victims of sexual abuse and harassment
- 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.
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- Relevant laws regarding the applicable age of consent (age of consent in Missouri is 17 years)

	<p>The staff are provided a training that describes the facilities zero tolerance of sexual abuse and harassment. Random staff interviews revealed the staff know the learning objectives of the training (listed in #1-12 above). Auditor Howell reviewed staff training records that included initial training upon hire and refresher training on an annual basis.</p> <p>115.331 (b) The DYS policy requires that training is tailored to the unique needs and attributes and gender of the residents at the facility. Wilson Creek Group Home provides services to youth who identify as female. All youth are housed together. The staff of the opposite gender receive the same training regardless of what shift they are assigned. Training documentation reviewed by PREA Auditor Howell supports this standard. The training is initiated during new employee orientation and is continued through annual refresher training.</p> <p>115.331 (c) The DYS Policy states that the facility documents employees written verification that they receive PREA training and understand their PREA responsibilities. The agency provides refresher training every year. This was confirmed by auditing the employee training files and interviewing the staff.</p> <p>115.331 (d) Administrative support staff and the Facility Manager / Administrator provided the auditor with training documentation showing proof the staff acknowledge with their signature that they understand the training they received. This was confirmed by auditing the employee training files. Staff training records of all staff interviewed confirmed they all had completed the training. In the interviews, the staff demonstrated they had a good understanding of 115.331 (a, 1-12) and 115.331 (b, c, d). Furthermore, the training documentation verified the completion of and understanding of the required PREA training.</p> <p>Auditor Howell interviewed staff, reviewed the training policy, reviewed the training curriculum, and verified training is taking place and determined the facility meets the requirements of standard 115.331.</p> <p>Corrective Action Findings: None</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA DYS Policy 9.19 Volunteers and Community Liaison Councils Volunteer (Practicum) and/or Contractual Provider Cover Letter for Fundamental</p>

Practices

Interviews included:

Facility Manager / Administrator
Agency PREA Coordinator
Random Staff
HR Representative

Site Review / Observations:

None

Provisions:

During the facility tour the Facility Manager / Administrator explained that the volunteer and contractor interaction with the residents is limited. When asked how Wilson Creek Group Home volunteers and contractors are trained, the Facility Manager / Administrator explained the Volunteer (Practicum) and/or Contractual Provider Cover Letter for DYS Fundamental Practices. Auditor Howell Reviewed the training materials and acknowledgements and found them to be in compliance with PREA Standards. The facility did provide existing proof of PREA training and PREA acknowledgements for contractors and volunteers.

115.332 (a) DYS Policy 9.19 outlines the order in which volunteers and contractors are screened and background checked and trained. Policy states that the facility shall ensure that all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.332 (b) Wilson Creek Group Home Facility Manager / Administrator explained all volunteers and contractors who have contact with residents are notified of the agency's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. She also explained the training was the same as the full-time paid staff. The use of contractors or volunteers was limited in the past year, however PREA Auditor Howell was able to review training documentation and signed acknowledgements related to 115.332 (b) that confirmed that volunteers and contractors understand the training they have received.

115.332 (c) Wilson Creek Group Home does maintain documentation confirming that volunteers and contractors understand the training they have received. PREA Auditor Howell was able to review training documentation and signed acknowledgements related to 115.332 (c) that confirmed that volunteers and contractors understand the training they have received.

The facility meets the requirements of standard 115.332 (a, b, and c).

Corrective Action Findings: None

115.333	Resident education
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 1353 412">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="280 456 772 490">Documents reviewed included:</p> <p data-bbox="280 501 903 781">PAQ DYS Policy 9.5 Residential Care DYS Policy 9.1 Comprehensive Assessment DYS Policy 8.3 Individual Education Program Site Posters Youth / Parent Handbook Safety First Resident Education Materials</p> <p data-bbox="280 826 606 860">Interviews included:</p> <p data-bbox="280 871 732 1106">Facility Manager / Administrator Group Leader Intake Staff Specialized Staff Random Staff Random Residents</p> <p data-bbox="280 1151 719 1184">Site Review / Observations:</p> <p data-bbox="280 1196 1469 1341">Posters hanging in areas commonly used by residents such as: Dormitory (hallways, bathroom, common rooms), Dining areas, Administration, Building hallways, and Intake areas PREA materials available to residents, staff, and guests.</p> <p data-bbox="280 1386 456 1420">Provisions:</p> <p data-bbox="280 1453 1469 1733">115.333 (a) DYS PREA Policy 9.18 states that during the admissions process the youth are provided, by staff, age appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, sexual harassment, or sexual activity. This is done through verbal explanation by the intake staff and being provided the appropriate PREA education information in the Safety First PREA materials and included in the Wilson Creek Group HomeYouth/ Parent Handbook.</p> <p data-bbox="280 1756 1469 2069">When interviewed, 13 of 13 residents reported learning of and understanding the Wilson Creek PREA Policy and how to report sexual abuse and sexual harassment. Over the past twelve months 24 youth were admitted to the Wilson Creek Group Home. Of the 24 intakes 23 of them stayed longer than 72 hours. The intake documents include an acknowledgement signed by each resident that they received and understood the Zero Tolerance policy information. When reviewing resident files, PREA Auditor Howell found no evidence that there were residents who did not receive the required Zero Tolerance Policy information.</p>

115.333 (b) DYS Policy 9.5 Residential Care (page 9.5-2, section d.) states, “Complete Safety-First Training. Information within the training regarding safety, rights and how to report shall be completed immediately upon arrival. The remainder of the training shall be completed within 10 days of arrival.” Through the random resident interviews, Auditor Howell found evidence that 13 of 13 residents had received PREA education upon intake. Auditor Howell discussed with the Facility Manager / Administrator and Assistant Regional Administrator the importance of resident re-education on a regular basis and shared a PREA compliant resident education video. It was agreed the facility would be compliant with standard 114.333 (b) if they showed the recommended PREA video on a regular basis in all living units. This would create a system where no youth would go long from intake education to re-education. On March 28, 2023 the link to the PREA video was e-mailed to Facility Manager / Administrator and Assistant Regional Administrator. The resident files show resident acknowledgement of receiving and understanding the Safety First PREA education materials.

115.333 (c) During the intake staff interview Auditor Howell asked how he ensured current residents as well as those transferred from other facilities were educated on the facilities PREA Policy. The intake staff confirmed that regardless of where they came from all residents are (upon intake) provided the same resident education about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. Agency policy requires that residents who are transferred from one facility to another be educated 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 to the extent that the policies and procedures of the new facility differ from those of the previous facility.

115.333 (d) Wilson Creek staff provided Auditor Howell with the resident education materials in formats accessible to all residents at the facility during the audit. The “Safety 1st” resident education materials were available in English and Spanish. When the staff was asked how intakes with limited reading skills could learn the PREA related information they responded the staff would read the print information to the resident with the limited reading skills, get an interpreter, or get a bilingual staff to translate the PREA information and show the resident how they can call the hotline number (posted on the walls in many areas) to file a report or request emotional support services. Furthermore, the courts have access to interpretive services for youth with special needs or disabilities including youth who are deaf, speech impaired, blind, or otherwise disabled. It is not Wilson Creek Group Home policy to allow residents to be used as translators for other residents.

115.333 (e) The Facility Manager / Administrator and Group Leader were able to clearly explain the resident PREA education process. Upon auditor review, all resident files reviewed included documentation including the residents’ acknowledgement of receiving and understanding the PREA information. In the resident interviews the youth were able to explain the process consistent with what is written in the facility PREA Policy and what is expected to meet this standard. 16 of 16 residents said they believed they could report allegations of sexual abuse and

	<p>harassment without being punished or fearing retaliation.</p> <p>115.333 (f) During tour and other unobstructed movement within the facility, Auditor Howell viewed PREA posters in the resident living units, classrooms, and common areas. Posters included the name, address, and phone number to report sexual abuse and sexual harassment. Auditor Howell also received a copy of and reviewed the PREA information in the brochure. PREA brochures and postings were observed in common areas of the building and observed in the lobby of Group Home building. Postings include the phone number for the Children Advocacy Service Center 1 (800) 681-1419. The call is toll free and posted in each resident living unit. Auditor Howell called to verify the number was working and would be a resource for residents when they called. The Hotline representative confirmed the intent of and the free services provided.</p> <p>Through interviews of staff and residents as well as a comprehensive documentation review the facility was found to be in compliance with PREA Standards 115.333 a-f.</p> <p>Corrective Action Findings: None</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA Training Documentation</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Out of Home Investigations Green County Sheriff's Department</p> <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.334 (a) In accordance with DYS Policy facility staff members are not authorized</p>

to investigate allegations of sexual abuse. All investigations are conducted by outside agencies. therefore this section is N/A.

115.334 (b) Because abuse investigations are the responsibility of the Missouri Out of Home Investigations (OHI) and local law enforcement Wilson Creek Group Home staff are not required to have specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Random staff interviews showed staff are trained on and understand evidence preservation standards. The Green County Sheriff's investigative staff and OHI staff are trained in the areas necessary to conduct administrative and criminal sexual abuse investigations. This section is N/A.

115.334 (c) Wilson Creek Group Home did not provide documented proof of specialized training because the investigations are completed by outside agencies. This section is N/A.

115.334 (d) Auditor is not required to audit this provision.

Auditor Howell called OHI and confirmed they are the responsible agency for administrative investigation related to abuse and neglect allegations. As confirmed by phone, the Green County Sheriff's Department is responsible for criminal investigations at the Wilson Creek Group Home.

The facility meets the requirements of standard 115.334 (a-d).

Corrective Action Findings: None

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA DYS Policy 3.18 Training Training Documentation</p> <p>Interviews included: Facility Manager / Administrator Medical Staff</p>

Assistant Regional Administrator

Site Review / Observations:

None

Provisions:

115.335 (a) DYS Policy 3.18 Section III B. 5 i. d. covers "Medical and Mental Health Care Providers." It references mental healthcare practitioners who work regularly in the Center are required to be trained in their role in prevention, detection, physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations. During interviews, specialized staff gave examples of how they would detect and assess signs of sexual abuse and sexual harassment, preserve evidence, respond professionally to allegations of sexual abuse or harassment, and how to report allegations or suspicions of sexual abuse and harassment. Auditor Howell confirmed the specialized training completed was appropriate and met standards listed at www.prearsourcecenter.org .

115.335 (b) Wilson Creek Group Home medical staff do not conduct forensic exams. The facility nurse as well as the Facility Manager / Administrator confirmed this fact. The Program Director at the Children's Advocacy Center confirmed via phone the trained and certified SAFE/SANE medical staff conduct the exams for the Group Home.

115.335 (c) Auditor Howell interviewed medical health staff at Wilson Creek Group Home. The interview results and training documentation showed medical and mental health staff do receive PREA training, however because they do not conduct forensic exams, there was no proof of that training. Mercy Hospital Pediatrics' Department representative "William" explained their nurses are SANE trained in accordance with standards and their department would handle any sexual abuse referrals from Wilson Creek Group Home.

115.335 (d) DYS Policy 3.18 Training lists the training requirement for medical and mental health providers. DYS employees must complete "the PREA training for Medical Health Professional Staff." Contracted medical and mental health staff must complete DYS Fundamental Practices and the PREA Cover Memo. The facility nurse confirmed that medical staff received specialized mental health training. A review of the training documentation confirmed that the staff have received specialized training. The staff at the local SANE emergency room at Mercy Hospital explained the certified training the nursing staff are required to complete.

Using information from interviews and documentation reviews (training records and policy reviews) the facility was determined to be in compliance with PREA Standard 115.335 (a-d).

Corrective Action Findings: None

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in the making of the compliance decision:</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA DYS Policy 9.5 Residential Care DYS Policy 6.7 Administrative Case Review Missouri DYS Administrative Case Review Report PREA Screening Instrument Form - PREA Vulnerability Information Review (PVIR): Screening Results and Follow up Notification Form Dual Jurisdiction Review Form</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Nurse Random Residents Random Staff</p> <p>Site Review / Observations: There was no intake/admission to observe during the on-site portion of the audit.</p> <p>Provisions:</p> <p>115.341 (a) DYS Policy 9.5 describes the admissions and assessment process. The policy does list that within 72 hours of a resident’s arrival at the facility, the staff perform screening that uses an objective screening instrument to obtain information about the youth’s personal history and behavior (Tool title: PREA Vulnerability Information Review form) to reduce the risk of sexual abuse by or upon another youth. Upon review of the screening instrument form, Auditor Howell determined the screening instrument includes the elements required in provisions 115.341 a, b, and c. During discussions with the administrators and random staff, Auditor Howell inquired about the admissions and assessment process. The staff interviewed consistently explained how the first thing youth do upon admission is spend time with the designated intake staff and receive facility information and education on topics such as PREA. During the on-site portion of the audit, auditor Howell used the office area where intake processes take place and concluded the area included sufficient private space for individual and confidential assessment meetings. The Facility Manager / Administrator explained the facility continues to gather information periodically throughout the youth’s stay to reassess housing and supervision assignments based on incidents and periodically for residents who have an extended stay at the Group Home.</p>

115.341 (b) DYS Policy 9.5 Residential Care provides direction on how assessments are to be conducted using objective screening instruments within 72 hours of intake (page 2, b. c.) PREA Auditor Howell was provided completed PVIR youth assessments for all residents at the facility at the time of the on-site audit. The PVIR's included past and current residents. There were no deviations observed from DYS policy or PREA standards.

115.341 (c) In accordance with PREA standards the screening instrument, in use at Wilson Creek Group Home does include the following information:

- Prior sexual victimization or abusiveness
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore vulnerable to sexual abuse
- Current charges and offense history
- Age
- Level of emotional and cognitive development
- Physical size and stature
- Mental illness or mental disabilities
- Intellectual or developmental disabilities
- Physical disabilities
- The residents own perception of vulnerability
- Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents

115.341 (d) Through a review of the PVIR, staff interviews, resident interviews and an interview with the Facility Manager / Administrator and random staff Auditor Howell was able to ascertain that risk assessments were done in all eleven areas listed in 115.341 (c). This information was collected from conversations with the residents and a review of court records, case files, facility behavioral records, and other relevant documentation that is gathered upon the resident's arrival at the facility. The facility met the standard of this section.

115.341 (e) The Facility Manager / Administrator, and intake staff indicated during interviews that the information obtained during the initial and follow up screening is sensitive and treated as confidential, therefore the information has limited dissemination and secure access to prevent exploitation. Employees are only permitted to view the protected information on a need-to-know basis.

Based on the information learned during interviews, related documentation reviewed, and facility plant layout observed, the facility meets the requirements of standard 115.341 (a-e).

Corrective Action Findings: None

115.342	Placement of residents
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 1353 412">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="280 456 772 490">Documents reviewed included:</p> <p data-bbox="280 501 1422 781">PAQ DYS Policy 9.18 PREA DYS Policy 9.5 Residential Care DYS Policy 9.8 Separation DYS Policy 9.28 Developing Relationships PREA Screening Instrument Form - PREA Vulnerability Information Review (PVIR): Screening Results and Follow up Notification Form</p> <p data-bbox="280 826 608 860">Interviews included:</p> <p data-bbox="280 871 887 1061">Facility Manager / Administrator Assistant Regional Administrator Random Residents Random Staff Staff Responsible for Risk Screening/Intake</p> <p data-bbox="280 1106 719 1140">Site Review / Observations:</p> <p data-bbox="280 1151 959 1218">Intake and Assessment area. Facility Tour - no isolation rooms were observed.</p> <p data-bbox="280 1263 459 1296">Provisions:</p> <p data-bbox="280 1308 1453 1621">115.342 (a) DYS Policy explains that the facility uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for youth. The PVIR screening tool does provide an objective tool to aide in deciding housing, bed, program, education, and work assignments. Despite resident rooms being open dorm style multi-person occupancy rooms, housing assignments are discussed anytime there is an incident and moving residents bed assignment is considered an intervention/option to keep residents safe and free from violence and/or abuse.</p> <p data-bbox="280 1666 1477 2069">115.342 (b) DYS Policy 9.8 Separation dictates that a resident may be isolated only as a last resort when less restrictive measure are unavailable 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 Group Home staff shall clearly document the basis for the concern for the resident’s safety and the reason why no alternative means of separation can be arranged. During the on-site phase of the audit PREA Auditor Howell walked freely through the facility and was given access to all areas as requested. There were no extra rooms or offices that could be used to isolate a resident. At no time were isolation areas or isolation practices observed.</p>

According to the Facility Manager / Administrator and Assistant Regional Administrator, if a youth were to be isolated for safety purposes, the reasons would be documented. The resident would be put on 1:1 supervision and most likely be transferred to another facility. Even in times of 1:1 supervision or separation regular program activities would continue. Full program activities such as regular meals, education, medical, and psychological services. Auditor Howell found no reported incidents that required isolation or documentation of isolation.

115.342 (c) The Facility Manager / Administrator, and Assistant Regional Administrator explained the facility does not place LGBTQ residents on a special housing status/assignment or identification status as an indicator of vulnerability for sexual assault or harassment. Throughout both direct care staff and resident interviews, no staff or resident reported Wilson Creek Group Home having a LGBTQ resident for the past 12 months. The facility staff reported that if LGBTQ youth were in the program they would always refrain from considering lesbian, gay, bisexual, transgender, intersex, or questioning (LGBTQ) identification or status as an indicator or likelihood of being sexually abusive. Random staff interviews and a targeted resident interview revealed no special housing based on how a resident gender identifies.

115.342 (d) The Random Staff, Intake Staff, Supervisors, Facility Manager / Administrator, and Nurse reported no LGBTQ identifying residents in the facility during the past 12 months. The administrative staff interviewed stated the bed/housing assignments would be made on a case-by-case basis and as with all youth the assignment would be based on resident choice while ensuring the residents health and safety, and whether placement would present management or security problems. The observed staff to resident ratio during the on-site portion of the audit never went beyond the required 1:8 ratio. During the on-site portion of the audit, Auditor Howell observed the facility staff to resident ratio to be in compliance with PREA standards 100% of the time.

115.342 (e) The Wilson Creek Group Home program is designed for a longer-term length of stay and the average length of stay is 340 days. The Facility Manager / Administrator explained that residents are reassessed at least every six months. During the audit there were no LGBTQ identifying residents at the facility. Regardless of who was at the facility during the audit, the practice of reassessing residents every six months meets the standard that transgender and intersex residents programming is reassessed at least twice per year.

115.342 (f) At the time of the audit there were no residents who identified as LGBTQ at the facility, therefore the auditor could not interview a resident in respect to them feeling like their own views were being considered in regard to housing assignments. The facility's screening instrument (PVIR) used for all admissions does take into consideration the residents own views with respect to his or her own safety. Due to the strong staff to resident ratios and the open bay design of the living areas Auditor Howell determined there was plenty of space and staff to safely house and program juvenile residents.

	<p>115.342 (g) All residents shower privately out of view from other youth and from the direct observation of staff. This practice would allow transgender and intersex residents the opportunity to shower separately from other residents. During the facility tours PREA Auditor Howell observed the shower areas in each residential living area. The shower areas provide privacy curtains and the shower practice and protocols consider the individual privacy of the resident while showering and changing clothes. All staff and residents, in individual interviews, explained the same shower process that afforded privacy to the resident showering.</p> <p>115.342 (h) Wilson Creek does not use isolation, but DYS policy requires all DYS staff document any student isolation or separation including 1. The basis for the facilities concern for the residents safety. 2. The reason why no alternative means of separation can be arranged.</p> <p>115.342 (i) According to the Facility Manager / Administrator and the supervisory staff, in a case of a resident that is isolated as a last resort when less restrictive measures were inadequate the facility staff would put the resident on 1;1 supervision and most likely move the resident to another facility. The PREA standard regarding the need for regular reviews to allow for continued separation from others would not apply.</p> <p>Based on the information learned in the interviews, document reviews, and the observations of the auditor, Wilson Creek Group Home is in compliance with standard 115.342 (a - i).</p> <p>Corrective Action Findings: None</p>
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115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA DYS Policy 6.1 Programmatic Rights of Youth & Grievance Missouri Division of Youth Services Hotline Form Memo James 'Ryan' Harris, Program Manager PREA Resident Curriculum - Safety 1st Wilson Creek Student Handbook Ways to Report Abuse RsMO 210.115.1</p>

Interviews included:

Facility Manager / Administrator
Intake Staff
Random Residents

Site Review / Observations:

Intake assessment and orientation area.
Facility Tour

Provisions:

115.351 (a) Wilson Creek Group Home provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. In interviews, the Wilson Creek Group Home staff and residents explained the residents have the following options to report:

- Report to any staff (verbal or in writing using the grievance procedures or other means)
- Report to a third party
- Report in writing
- Report verbally
- Reporting anonymously is permitted
- Reporting staff misconduct without having to first attempt to resolve the complaint with any Youth staff.

Auditor Howell observed posters with the hotline phone number in areas residents had access to. Auditor Howell tested phone number and confirmed the number provided access to confidential resources outside the facility. The areas where the posters were present included living units, classrooms, hallways recreation and dining areas. Also observed were grievance boxes where youth could put a note asking to speak with someone.

In Random resident interviews, 13 of 13 youth could explain at least 3 ways to report sexual abuse and/or harassment. 13 of 13 explained they would tell a staff or a parent/guardian.

115.351 (b) Wilson Creek Group Home provides at least one way for residents to report sexual abuse or harassment accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. All of the staff interviewed gave multiple examples of how residents could report sexual abuse and/or sexual harassment. Per Anonymous and third-party reports may be submitted to The Child Advocacy Hotline was observed posted throughout the facility. This phone number was tested and confirmed two times by Auditor Howell.

The Hotline operator confirmed the Hotline procedures for taking and processing a call from the Wilson Creek Group Home. The Hotline is available 7 days per week and 24 hours per day. Anonymous calls are accepted.

13 of 13 residents gave examples of "how" they would report to a Third Party. 100% of resident responses included the resident pointing to the designated phone and explaining how they were instructed how, by using the designated phone in the living unit, they could call the hotline or a family member, or verbally report to a trusted staff member.

The Wilson Creek Group Home does not detain residents solely for the civil immigration purposes.

115.351(c) In accordance with DYS Policy, any staff member shall accept reports of sexual abuse and sexual harassment from a detained juvenile or a third party, whether verbally or in writing, and shall promptly document any verbal reports.

This was evident in the staff and resident responses during the in-person interviews. When asked about documenting verbal reports of sexual abuse and sexual harassment all of the non-supervisory staff responded that they would immediately share the report with their supervisor and once the residents had been determined safe (i.e. separated from the alleged aggressor and free from retaliation) the staff would document what they were initially told. The Facility Manager / Administrator and Assistant Regional Administrator also confirmed the process for accepting allegations from residents as well as third parties.

115.351 (d) Wilson Creek Group Home provides residents access to grievance forms and writing instruments to privately make a written report. Auditor Howell observed grievance forms available and 13 of 13 residents reported access to writing instruments and the privacy to complete a form if necessary. In interviews all of the residents reported that they believed they could file a confidential grievance or allegation of sexual abuse or harassment.

The Wilson Creek Group Home staff can submit reports of allegations of sexual abuse or harassment of residents by submitting a report to the on-site administrators and by calling the Child Abuse Hotline. The staff interviews revealed the staff understand the multiple reporting avenues they have and what the expectations are. They all mentioned the posted Child Abuse Hotline posters.

115.351 (e) Wilson Creek Group Home has established procedures for staff to privately report sexual abuse and sexual harassment of residents. During staff interviews all interviewees gave the posted hotline phone number as an example of a way to privately and confidentially report. Staff also discussed learning the process in their initial PREA training.

Auditor Howell reviewed a memo from James 'Ryan' Harris, Program Manager in the Children's Out of Home Investigations Unit (CD-OHI). The memo included the following explanation:

"Missouri Division of Youth Services' (DYS) 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 where the hotline can also be located. The Children's Division Child Abuse and Neglect Hotline (CA/

NHU) is a toll-free telephone line which is answered seven days a week, 24 hours a day, 365 days a year. For hearing and speech impaired, they can contact Relay Missouri 1-800-735-2466/voice or 1-800-735-2966/text phone. Reports made by the youth or other person to the Missouri Children's Division Child Abuse and Neglect hotline are referred to the Missouri Children's Division Out of Home Investigation Unit (CD-OHI) who investigates allegations of abuse and neglect. Youth are allowed access to the telephone to make such calls. The supervising manager over CD OHI unit's name, position and contact information is listed below."

Based on the information learned in the resident and staff interviews, document reviews, and the observed facility postings, the facility EXCEEDS the requirements of standard 115.351 (a - e). The designated phone for confidential reports and the fact that all residents mentioned it in their interviews, pointed out the location of the phone, and explained how they were instructed on how to file a report, exceeds the expected standard for 115.351(b).

Corrective Action Findings: None

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA DYS Policy 6.1 Programmatic Rights of Youth & Grievance Youth / Parent Handbook</p> <p>Interviews included: Facility Manager / Administrator Assistant Facility Manager Random Residents Random Staff</p> <p>Site Review / Observations: N/A</p> <p>Provisions: 115.352 (a - g) This standard does not apply to Wilson Creek Group Home because the facility does not have administrative procedures to address resident grievances regarding sexual abuse and harassment. The policy and procedure is confirmed in Policy 9.18 Page 9.18-9 section E. c. which reads:</p>

“DYS does not have an administrative procedure to address youth grievances regarding sexual abuse. In accordance with DYS Policy 6.1 Programmatic Right of Youth and Grievance Process, complaints of sexual abuse and sexual harassment initiated by the youth completing a "Division of Youth Services (DYS) Youth Grievance or Complaint Form" (DYS: F6-1) shall be reported and investigated in accordance with DYS Policy 3.8 Employee Conduct and this policy. The PREA Compliance Manager shall provide a copy of the grievance form reporting sexual abuse and sexual harassment to the Statewide PREA Coordinator and maintain a copy of the grievance form on site with the investigation documents.”

Because the Wilson Creek Group Home does not conduct any investigations and any grievance related to sexual abuse and harassment would be turned over to the authorities (Children's Division, OHI, Sheriff’s Department), they are considered exempt from the standards listed in this section. However, the policy does address emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse would be reviewed for immediate corrective action. The Facility Manager / Administrators did place a high level of priority related to appropriately communicating with residents on all resident safety concerns. This was observed by Auditor Howell while on the facility tour and while on site conducting interviews and observing overall operations. Staff were interacting with the residents and participating in activities with them instead of just watching them. Management staff had a positive rapport with both the students and direct care staff. Furthermore, the staff and resident interviews revealed a trust level between staff and residents that any complaint, grievance, or report would be handled in a timely and professional manner.

As a result of the auditor observations while on campus, reviews of resident grievance procedures, and interviews this auditor has determined the facility meets the requirements of standard 115.352 (a - g).

Corrective Action Findings: None

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.
	Documents reviewed included: PAQ

DYS Policy 9.18 PREA
DYS Policy 6.2 Legal Representation
DYS Policy 6.5 Youth's Visit, Mail, Telephone
MOU between Children's Advocacy Centers and DYS
PREA Postings
Facility Schematics
Resident PREA Curriculum
Wilson Creek PREA Pamphlets
Wilson Creek Student Handbook

Interviews included:

Facility Manager / Administrator
Assistant Regional Administrator
Intake Staff
Supervisory Staff
Random Residents
Children's Advocacy Center Representative

Site Review / Observations:

Telephone locations and resident ability to make confidential calls.
Room provided for confidential resident meetings with lawyers, advocates, and parents

Provisions:

115.353 (a) The Wilson Creek Group Home Policy outlines how all residents have access to outside confidential support services related to sexual abuse and harassment. The facility provides information through living unit and common area building postings that include mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. 13 of 13 residents interviewed confirmed they believed they could request a private call to outside support services. When interviewed, the residents confirmed they could ask for privacy when speaking with their attorney or an outside advocacy service. 8 direct care staff, 2 administrative staff, and one nurse interviewed confirmed residents were provided private and confidential phone calls upon request.

Auditor Howell observed and called to confirm the phone number posted on colorful paper in the resident living areas, dining room, and classrooms.

The facility also provides residents with information about outside victim advocates for emotional support services with postings explaining their right to services.

Auditor Howell called the phone number on the brochure and spoke to a hotline staff about the confidential services offered to callers. The representative reported no calls on record from the Wilson Creek Group Home in the past 12 months.

The Wilson Creek Group Home does not provide services for youth detained solely for civil immigration purposes; therefore no postings or brochures include contact information for immigration services.

115. 353 (b) 13 of 13 residents reported during their interviews that upon admission they received information on how to access outside confidential support

services and that they believed they could make confidential calls upon request. 13 of 13 residents, the Facility Manager / Administrator, and Nurse confirmed the residents are informed of the mandatory reporting rules, governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Auditor Howell observed the PREA posters with toll free numbers to access confidential support services. Auditor Howell tested the phone numbers from the facility phone designated for resident use. At first the process did not work. The facility staff quickly updated the number (not needing to dial 1 before the number) posted on the phone and the call went through as designed. The Hotline operator confirmed the process was established, working, and was not aware of any calls from this facility in the past 12 months. 100% of direct care staff and 2 of 2 administrative staff confirmed in their respective interviews that the resident phone calls could be made in a confidential manner upon request.

115.353 (c) The Children’s Advocacy Center provides the Wilson Creek Group Home residents with confidential emotional support services related to sexual abuse and harassment. Services are free of charge and can be provided in person or by phone. Auditor Howell confirmed the services are available and applicable to PREA Standard 115.353 by internet research and calling and speaking with the Children’s Advocacy Center AND The Victim Center. Director. Auditor Howell received a copy of an e-mail between the DYS Regional Administrator and the Victim Center (www.thevictimcenter.org) confirming compliance with this provision.

115.353 (d) In accordance with DYS Policy, the Wilson Creek Group Home does provide residents with reasonable and confidential access to their attorneys or legal representation, parents, and legal guardians. Residents are informed of this right upon admission. Intake staff explained residents are verbally told to request a call or meeting. The Resident Handbook explains the residents have a right to visit in private with their lawyer. In-person visits from parents and legal guardians are permitted. In the interviews 100% of residents all reported feeling safe at the Group Home and that they could make confidential contact with legal representatives or other outside service resources to receive emotional support services as needed.

The documentation reviewed, information received through interviews, and what was observed on the tour of the facility led Auditor Howell to determine the facility meets the requirements of standard 115.353 (a - d).

Corrective Action Findings: None

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ

DYS Policy 9.18 PREA

DYS Policy 6.2 Legal Representation

DYS Policy 6.5 Youth's Visits, Mail and Telephone

PREA Postings

Sexual Abuse and Assault Brochure

DYS website <http://mo.gov/dys/>

DYS complaint web page <http://AskDYS@dss.mo.gov>

Interviews included:

Facility Manager / Administrator

Assistant Regional Administrator

Random Residents

Random Staff

Site Review / Observations:

Facility postings

Provisions:

115.354 (a, 1-2)) DYS Policy describes the procedures for to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a youth.

DYS facilities allow receiving PREA allegations in writing, verbally, or anonymously from Legal Counsel, Parents, and Guardians.

DYS Internet page <http://dss.mo.gov/dys/> allows for the public to report resident sexual abuse or harassment through the Children's Division Hotline link that is provided on the site. For other complaints or to report sexual abuse or harassment regarding youth aged 18 and older, individuals can send a complaint through "Ask DYS" at AskDYS@dss.mo.gov .

Random staff interviews revealed the staff are aware of the Third-Party reporting expectations. 13 of 13 staff reported they would accept a Third-Party report and follow the DYS procedures. During interviews, all of the residents explained there was someone outside the facility they could report an allegation of sexual abuse or sexual harassment.

When contacted by Auditor Howell, the Hotline staff explained they would accept a Third-Party report of sexual abuse or harassment.

Through gathering information in interviews, observing the on-site wall hangings, and reviewing related policies it was determined the facility meets the standards listed in 114.354.

Corrective Action Findings: None

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1353 416">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="280 456 772 492">Documents reviewed included:</p> <p data-bbox="280 497 1235 694"> PAQ DYS Policy 9.18 PREA DYS Policy 3.8 Employee Conduct Section III C DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct page 3 PREA Posters </p> <p data-bbox="280 734 606 770">Interviews included:</p> <p data-bbox="280 775 1123 972"> Facility Manager / Administrator PREA Compliance Manager Random Residents Random Staff Hotline Representative Intake Staff </p> <p data-bbox="280 1012 721 1048">Site Review / Observations:</p> <p data-bbox="280 1052 507 1088">Facility Postings</p> <p data-bbox="280 1173 459 1209">Provisions:</p> <p data-bbox="280 1214 1474 1877"> 115.361 (a & b) Agency policies require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Policy 3.8 Employee Conduct page 3 section C. states, "Employees are required to report suspicious or inappropriate conduct of other employees. Whenever a DYS employee has reasonable cause to suspect an abusive or neglectful incident has occurred, they should report immediately as outlined below. This includes, but is not limited to, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility, even if external to DYS; any retaliation against youth or employee for having reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and harassment, including third-party and anonymous reports, must be investigated. The applicable law referenced is 210.115.1 of the Revised Statutes of the State of Missouri. </p> <p data-bbox="280 1917 1449 2074"> 115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, according to DYS Policy 3.8 Employee Conduct Section III. A. 13. the agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent </p>

	<p>necessary to make treatment, investigation, and other security and management decisions. Staff must abide by all applicable child abuse reporting laws. Section 210.1115 RSMo.</p> <p>115.361 (d) The Wilson Creek Group Home does have medical and access to mental health staff. Through interviews, Auditor Howell confirmed both the mental health and medical practitioners understand they are 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. The Nurse interviewed reported she is required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. The Children’s Advocacy Center Director reported the mental health advocates had the same duty to report.</p> <p>115.361 (e) In accordance with Policy 9.18 and 3.8, upon receiving any allegation of sexual abuse or neglect, the Facility Manager / Administrator or designee shall call the Child Abuse Hotline and local Law Enforcement. In addition, the facility head shall promptly notify the alleged victims’ parents or legal guardians and his or her attorney and Court caseworker. If the juvenile court retains jurisdiction of the alleged victim, the assigned court representative is notified by the Facility Manager / Administrator. Though the PREA Audit interview process, Auditor Howell learned the Facility Manager / Administrator and Assistant Facility Manager have a good understanding of the reporting processes.</p> <p>115.361 (f) in the past 12 months, there were zero allegations of sexual abuse that required a call to the investigative authorities. Interviews of key staff and a review of related policy demonstrate the facility is aware of the requirements to immediately report all allegations of sexual abuse and sexual harassment, including third party anonymous reports, to the local law enforcement (Green County Sheriff’s Department).</p> <p>Based on the information found through documentation reviews, interviews, and facility postings the facility meets the requirements of standard 115.361 (a-f).</p> <p>Corrective Acton Required: None</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ</p>

	<p>DYS Policy 9.18</p> <p>Interviews included: Facility Manager / Administrator Random Residents Random Staff</p> <p>Site Review / Observations: Facility Postings</p> <p>Provisions:</p> <p>115.362 (a) Interviews of random staff as well as administrators revealed 13 of 13 Wilson Creek staff understand that when anyone learns that a resident is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the resident. DYS Policy 9.18 PREA supports this standard (115.362). All staff interviewed discussed separating a resident that was at risk. Because the facility does not utilize isolation the separation procedures shared by staff included changing room assignments so alleged victims and perpetrators would be on separate living units and providing one on one supervision to both individuals. If the alleged perpetrator is a staff, he/she would be suspended from working directly with the residents until the investigation is complete. Staff interviews confirmed that Wilson Creek management would remove the person (staff or resident) who is causing the imminent risk of sexual abuse or harassment.</p> <p>During resident interviews the residents expressed trust in the facility reporting and response process. In interviews staff were able to explain the process of receiving a report, making a report, separating the alleged victim from the perpetrator, protecting evidence, and documenting everything. In addition, answers provided in individual interviews of administrators demonstrated the Group Home's management team knowledge of provision 115.362.</p> <p>Based on information received from interviews, documentation reviews, and public postings, the facility meets the requirements of standard 115.362.</p> <p>Corrective Action Required: None</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision:

	<p>Documents reviewed included: PAQ DYS Policy 9.18 – Section III F5 Hotline Forms Printed Notification E-mails</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Regional Administrator Random Staff</p> <p>Site Review / Observations: None</p> <p>Provisions: 115.363 (a) In accordance with Policy 9.18 section III. F. 5, if the allegations are involving sexual abuse that occurred while confined at another facility, the Facility Manager must notify the Facility Manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the Facility Manager. At Wilson Creek the Facility Manager is aware of the expectations and acts as the PREA Compliance Manager, therefore the facility is following this standard.</p> <p>In the past 12 months there have been incidents of a resident making allegations of sexual abuse while in the care of another facility. Auditor Howell reviewed completed copies of e-mails showing that appropriate notifications were made by the Wilson Creek staff.</p> <p>1115.363 (b) Policy 9.18 section III. F. 5, if the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation.</p> <p>115.363 (c) Auditor Howell reviewed written confirmation of the Wilson Creek Facility Manager making the appropriate notifications (in the incidents listed in 115.363 a.) within 72 hours of receiving the allegations.</p> <p>Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 155.363 (a-c).</p> <p>Corrective Action Required: None</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

PAQ

DYS Policy 9.18 – PREA

DYS First Responder Protocols for Sexual Abuse

MO Division of Youth Services Policy 6.1 Juvenile Rights

DYS Policy 3.8 Employee Conduct

Documents reviewed included:

PAQ

DYS Policy 9.18 – PREA

DYS First Responder Protocols for Sexual Abuse

MO Division of Youth Services Policy 6.1 Juvenile Rights

5DYS Policy 3.8 Employee Conduct

Interviews included:

Facility Manager / Administrator

Assistant Regional Administrator

Random Staff

Site Review / Observations:

1. None

Provisions:

115.364 (a). All available staff (13 total) were interviewed by Auditor Howell. Each staff was asked what they would do upon learning of an allegation that a resident was sexually abused and they were the first staff member to respond to the report. 13 of 13 responded that they would separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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), 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).

115.364 (b). DYS Policy 9.18 and the First Responder Protocols for Sexual Abuse require that if the first staff responder is not a security staff member, the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. This is also supported by the DYS Fundamental Practices curriculum (page 3):

	<p>“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 as provided by section 352.400, RSMo, peace officer or law enforcement official, or other person with the 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</p> <p>Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 115.364.</p> <p>Corrective Action Required: None</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA Coordinated First Responder Plan</p> <p>Interviews included: Facility Manager / Administrator Random Staff First Responder Staff</p> <p>Site Review / Observations: None</p> <p>Provisions: 115.365 (a) The DHS Coordinated First Responder Plan provides specific guidelines for a staff’s response to allegations of sexual abuse and sexual harassment. The plan includes each position's role and specific action they are expected to take including first responders, mental health staff, administrators, and leadership. The Facility Manager / Administrator and Assistant Regional Administrator both explained the Coordinated Response Plan. In other interviews, random staff were</p>

	<p>able to also articulate the process.</p> <p>Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 115.365.</p> <p>Corrective Action Required: None</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA Staff files</p> <p>Interviews included: Agency Head Designee Facility Manager / Administrator Assistant Regional Administrator Random Staff</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Random Staff</p> <p>Site Review / Observations: None</p> <p>Provisions: 115.366 (a) There was a 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. It has expired and does not exclude the facility's authority to suspend, transfer, or terminate staff with appropriate cause. During the interview of the Agency Head designee, it was explained any new agreement would be in compliance with PREA standards.</p>

	<p>Interviews of the Facility Manager / Administrator (Mrs. Laura Thomas) and the Assistant Regional Administrator (Kyle Bentley) provided no evidence that any collective bargaining processes limits PREA compliance. A review of staff records showed no evidence of non-compliance with this standard.</p> <p>115.366 (b) The auditor is not required to audit this provision.</p> <p>Through staff interviews and file audits, PREA Auditor Howell determined the facility meets the requirements of standard 115.366.</p> <p>Corrective Action Required: None</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYS Policy 9.18 PREA DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct DYS Retaliation Monitoring Form Staff files</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Youth Services Supervisor Random Staff</p> <p>Site Review / Observations: None</p> <p>115.367 (a) DYS Policy 9.18 PREA Section III F6 provides for designated staff provide protection against retaliation 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. At Wilson Creek the Facility Manager / Administrator and the Youth Service Supervisor is the staff designated to monitoring retaliation against staff or residents that report sexual abuse or harassment.</p> <p>Staff members designated as responsible for monitoring retaliation are the site supervisor or designee which at this facility is the Facility Manager / Administrator and Assistant Facility Manager.</p>

115.367 (b) The agency employs multiple protection measures for staff and residents that fear retaliation for reporting sexual abuse or sexual harassment. Measures include bed assignment moves, removal of alleged abuser from contact with the alleged victim, and emotional support services for youth or staff who fear retaliation. During the on-site audit, PREA Auditor Lawrence Howell asked the Facility Manager / Administrator reasons that would necessitate the movement of residents from one bed to another. Facility Manager / Administrator explained how the staff would discuss and agree on any moves to avoid incidents based on disagreements between peers. This was not sexual abuse or sexual harassment related; however, it was a demonstration that the facility did implement proactive protection/intervention measures to avoid negative incidents among the residents. According to Policy 9.18, “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 Wilson Creek the monitoring steps include reviewing 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.

115.367(c, d, e) The Wilson Creek management team is responsible for protecting staff and residents who report sexual abuse and sexual harassment. In accordance with DYS Policy 9.18 , for at least 90 days (or until when the allegation is unfounded): the designated manager (Facility Manager / Administrator and/or the Youth Services Supervisor) is tasked with protecting residents from retaliation. The person charged with monitoring the staff and residents for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews or reassignment of staff. This Facility Manager / Administrator and/or Youth Services Supervisor are expected to conduct periodic status checks on the alleged victim and act promptly to remedy any retaliation.

Because there were zero reported allegations of sexual abuse or sexual harassment during the last 12 months, Auditor Howell was unable to review documentation which would prove or disprove compliance with this standard. Interviews of the key staff designated as those responsible for monitoring for retaliation resulted in the individuals interviewed being able to explain measures they would take to protect residents.

As a result of the evidence considered (interviews, policy review, and staff file reviews), the facility meets the requirements of this standard 115.367 (a-e).

Corrective Action Required: None

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

- PAQ
- DYS Policy 9.18 PREA
- DYS Policy 9.80 Separation
- Facility Schematic
- Incident reports
- Resident Files

Interviews included:

- Facility Manager / Administrator
- Medical and Mental Health Staff
- Youth Services Supervisor
- Assistant Regional Administrator
- Random Staff
- Random Residents

Site Review / Observations:

Facility tour

115.368 (a) Wilson Creek Group Home does not have or implement the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342. As observed on the facility tour, the facility does not have space for or utilize segregated housing in the living unit. If separations was a recommended course of action, the Assistant Regional Director, the Facility Manager and the Youth Services Supervisor would develop a plan to protect the resident that did not include isolation. If no other alternative was available, the resident could be moved to a facility protect the resident.

As reported on the PAQ, given as responses during staff and student interviews, and discussions with investigative agencies, in the past 12 months the number of residents who allege to have suffered sexual abuse who were placed in isolation is zero. The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services is zero. The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization is zero.

Evidence considered in making a compliance decision included the following: documentation reviewed to determine compliance included incident reports and resident case files to determine if isolation is used at all at the Wilson Creek Group Home. Interviews included administrators, random staff, and residents. Observations included each building on campus to determine if there was an isolation area. Auditor Howell could not find evidence that isolation is used at the facility.

	<p>As a result of the evidence considered, the facility meets the requirements of standard 115.368.</p> <p>Corrective Action Required: None</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA DSS HR Retention Schedule re: Discipline DYS Policy 3.80 Employee Discipline Staff Files</p> <p>Interviews included: Facility Manager / Administrator Random Staff Assistant Facility Manager Agency HR Representative Agency PREA Coordinator</p> <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.371 (a) When interviewed the Facility Manager / Administrator explained that when an allegation is made, they first ensure the alleged residents involved are safe and the potential crime scene is not disturbed. They then call the Hotline, OHI, and law enforcement as soon as possible. When asked specifically how long it takes to initiate an investigation the Facility Manager and Assistant Regional Manager replied, "right away" and "asap."</p> <p>At the Wilson Creek Group Home, the investigating authorities are the Green County Sheriff's Department for criminal investigations. The Missouri Children's Division of Out of Home Investigations (OHI) conducts administrative investigations. The Youth Services Supervisor, Facility Manager and the Assistant Regional Manager said anonymous or third-party allegations would not be treated any different than any other allegation of sexual abuse or harassment. There were no investigation documents to review because there were no allegations of sexual abuse or harassment reported in the past 12 months.</p>

115.371 (b & c) The Wilson Creek Group Home refers all investigations related to sexual abuse and sexual harassment to the Missouri Children's Division of Out of Home Investigations (OHI) and local law enforcement. When contracted by Auditor Howell the Green County Sheriff's Department and OHI representatives confirmed the departments investigative responsibilities at Wilson Creek Group Home. From discussions with the Sheriff's Department representatives, Auditor Howell was able to confirm the investigation process includes:

- Investigators are required to stay current on sexual assault training techniques and relevant information.
- Training includes:
 - Techniques for interviewing juvenile sexual abuse victims.
 - Proper use of Miranda and Garrity warnings.
 - Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.
- The investigation process, including gathering of evidence.
- Investigation relate to juveniles are initiated immediately upon receiving a report.
- Third party or anonymous reports of sexual abuse or sexual harassment are not handled any different.
- The District Attorney's office is consulted throughout all investigations in case prosecutions are the end result of the investigations.

During an interview of the Children's Advocacy Center and Victim Center representative, they explained they work closely with the investigators from law enforcement during sexual abuse investigations involving juveniles. The hospital representative explained how the SANE certified staff are trained on implementing rape kits and training, evidence preservation and how they collaborate on individual cases involving alleged sexual assault.

115.371(d) Wilson Creek Group Home management staff (Facility Manager / Administrator, Youth Services Supervisor, and the Assistant Regional Administrator) reported in separate interviews that the facility administrators would refrain from terminating an investigation solely because the source of the allegation recants the allegation, or the alleged abuser or victim departs from the facility. Because the facility did not have any closed investigations reported in the past 12 months, Auditor Howell could not ascertain a reason to determine non-compliance with this provision. Additionally, the local law enforcement agency reported they do not terminate investigations solely because the source of the allegation recants the allegation.

115.371 (e) The facility reported zero allegations of sexual abuse or harassment, therefore there were zero investigations for the auditor to review. The facility management staff did report they would do nothing related to an on-going investigation unless it was pre-approved or requested by the investigating agency. This would include compelling interviews. Prior to taking steps that will be included

in a criminal prosecution, the Sheriff's Department consults the Prosecuting Attorney's Office throughout all sexual assault investigations. This constant communication allows the investigators to receive consultation on processes such as whether to conduct compelled interviews.

115.371 (f) The Wilson Creek Group Home staff accept all allegations of abuse or harassment regardless of 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. All allegations are reported to the Hotline, OHI, and also to the Green County Sheriff's Department. When interviewed, the Facility Manager / Administrator confirmed the facility does not judge the person or the allegations, nor require a polygraph or other truth telling device as a condition for proceeding. She stated they immediately would forward all allegations of sexual abuse and sexual harassment to the proper authorities as listed in facility policy.

115.371 (g) In accordance with Policy 9.18 Page 9.18-16 section J.1.a, "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using Critical Incident Review Form F9-71, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include supervising Deputy Director, Regional Administrator (RA), Assistant Regional Administrator (ARA), Facility Manager(s) and Youth Group Leader(s), with input from investigators, and medical or mental health providers."

115.371 (h) Because there were zero investigations, Auditor Howell was unable to determine compliance or non-compliance as to whether criminal investigations were 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.

115.371 (i) In accordance with Wilson Creek Group Home policy all criminal investigations are referred to local Law Enforcement. Any determination to pursue prosecution is determined by the District Attorney's office.

115.371 (j) According to DSS HR Retention Schedule: Discipline (page 1), the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.371 (k) Wilson Creek Group Home does not conduct sexual abuse investigations, therefore has no control on the progress or outcome. As confirmed in a Green County Sheriff's Department representative interview, the Sheriff's Department does not terminate an investigation based on the departure of an alleged abuser or victim from the employment at the facility.

115.371 (l) Auditor is not required to audit this provision.

115.371. (m) Administrative staff interviewed, and facility policy confirmed the

	<p>Wilson Creek Group Home staff would cooperate with outside sexual abuse investigators and endeavor to remain informed about the progress of the investigation as appropriate. All 11 staff interviewed confirmed they would participate in the investigation as requested by an outside investigative authority. The Facility Manager / Administrator and her management team members explained that they would fully cooperate with outside agencies investigating sexual abuse and sexual harassment and they would remain involved until the investigation was complete.</p> <p>Based on the documentation reviewed and information learned from facility staff interviews and outside agency interviews the auditor determined Wilson Creek Group Home to be compliant with standard 115.371 (a-m).</p> <p>Corrective Action Required: None</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA Child Welfare Manual, Section 2 Chapter 5 Sub Section 6 OHI</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Random Staff Outside Agency Investigative Staff Forensic Exam Representative Advocacy Agency Representative</p> <p>Site Review / Observations: N/A</p> <p>Provisions: 115.372 (a) 2 of 2 facility administrators (Facility Manager / Administrator and Assistant Regional Administrator) , reported no allegations or investigations in the past 12 months. Outside agencies reported no knowledge of Wilson Creek Group Home related allegations or investigations in the past 12 months.</p>

	<p>The Wilson Creek Group Home does not conduct criminal investigations into allegations of sexual abuse or sexual harassment. All investigations are conducted by outside agencies. Once an investigative agency substantiates an allegation of abuse the Wilson Creek Group Home may take disciplinary action against the staff involved.</p> <p>The Green County Sheriff's Department representative reported the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>The Child Welfare Manual Section 2, Chapter 5 (Child Abuse and neglect Reports), Subsection 6 – Out of Home Investigations (OHI) is a guide to investigating child abuse and neglect laws in Missouri. Section 5.6.5 includes the OHI investigation procedures for each type of OHI Provider.</p> <p>Because there were no reported allegations or investigations during the past 12 months, a review of facility policy, and interviews with outside agency representatives, auditor Howell determined the facility meets the requirements of standard 115.372 (a)</p> <p>Corrective Action Required: None</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA Staff Files</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Random Residents</p> <p>Site Review / Observations: N/A</p> <p>Provisions: 115.373 (a) DYS Policy 9.18 PREA section III. G. 2A requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to</p>

be substantiated, unsubstantiated or unfounded following an investigation. The Facility Manager / Administrator or Assistant Regional Manager are designated point person with outside investigative entities. The designee is responsible for informing a resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.373 (b) Wilson Creek Group Home does not conduct investigations, the agency policy (Policy 9.19 PREA Page 12, section III.G. 2.b.) on investigations states the facility shall request the information from the investigating agency in order to inform the resident. Because there were no investigations reported during the past 12 months, therefore there were no outcomes and notifications to verify.

115.373 (c) Wilson Creek Group Home Policy #1 states that following a resident's allegation that a staff member committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is indicted, convicted, or transferred from the resident's living unit or from employment at the Group Home.

Auditor Lawrence Howell could not review any examples of documented proof of resident notification (in accordance with 115.373 (c) because there were no reported allegations. Auditor Howell was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months at the facility. 13 of 13 residents interviewed answered "no" when asked if they had, or if they were aware of any other resident that had reported sexual abuse or harassment at Wilson Creek Group Home.

115.373 (d) DYS policy does address this provision on page 9.18-13 of Policy 9.18. It states the manager, "will ensure all notifications or attempted notifications shall be documented and maintained for audit purposes."

The facility administration could not provide any examples of documented proof of resident notification (in accordance with 115.373 (d) because there were no reported allegations in the past 12 months. Furthermore, Auditor Howell was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months and 100% of the residents interviewed said they were not aware of any allegations of sexual abuse or harassment during their time at the facility.

115.373 (e) The facility administration did not have any examples of documented proof of resident notifications (in accordance with 115.373 (e) because there were no reported allegations during the past 12 months.

Because there were no reported allegations or investigations during the past 12 months, a review of facility policy, and interviews with facility representatives, auditor Howell determined the facility meets the requirements of standard 115.373 (a - e)

Corrective Action Required: None

115.376	Disciplinary sanctions for staff
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1353 416">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="280 456 772 492">Documents reviewed included:</p> <p data-bbox="280 501 341 537">PAQ</p> <p data-bbox="280 546 580 582">DYS Policy 9.18 PREA</p> <p data-bbox="280 591 1008 627">DSS Policy 2-124 Employment Practices - Discipline</p> <p data-bbox="280 636 1474 672">DSS Policy 2-101 Employment Practices - Sexual Harassment/Inappropriate Conduct</p> <p data-bbox="280 698 606 734">Interviews included:</p> <p data-bbox="280 743 734 779">Facility Manager / Administrator</p> <p data-bbox="280 788 740 824">Assistant Regional Administrator</p> <p data-bbox="280 833 759 869">Human Resources Representative</p> <p data-bbox="280 878 472 913">Random Staff</p> <p data-bbox="280 940 721 976">Site Review / Observations:</p> <p data-bbox="280 985 338 1021">N/A</p> <p data-bbox="280 1048 459 1084">Provisions:</p> <p data-bbox="280 1093 1461 1290">115.376 (a) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy DYS Policy 9.18 PREA Section III H. 1. States, "DYS employees shall be subject to disciplinary. Sanctions up to and including termination for violating sexual abuse or sexual harassment policies as defined in policy 9.18.</p> <p data-bbox="280 1339 1474 1711">115.376 (b & c) Both DYS and DSS policies make it clear harmful conduct will result in suspension and ultimately dismissal. DSS Policy 2-124 states, "Dismissals are the removal of employees from service. An appointing authority may dismiss for cause any employee when s/he considers the action is required in the interests of efficient administration and that the good of the service will be served." Both the Facility Manager / Administrator and Assistant Regional Administrator stated termination was the presumed sanction for a staff person found in violation of policies prohibiting sexual abuse and such conduct will be reported to law enforcement and licensing agencies.</p> <p data-bbox="280 1747 1474 2033">115.376 (d) Key staff interviews and agency policy showed the administrators and policy were consistent in their approach to employee discipline for violations of the PREA policies. Wilson Creek administrators reported zero suspensions or terminations during the past 12 months for violations of the PREA and/or agency sexual harassment or assault standards. The Facility Manager / Administrator said, regardless of staff resignations, staff who would have been terminated would still be reported to law enforcement.</p> <p data-bbox="280 2042 1391 2078">During the on-site phase of the audit, PREA Auditor Howell reviewed staff files,</p>

	<p>including disciplinary actions. Documents reviewed showed zero disciplinary actions for violating the agency's PREA related policies in the past 12 months. In addition, all staff interviewed stated they were unaware of any staff terminations in the past 12 months for violations of the agency's Zero Tolerance Policy.</p> <p>Based on a review of the documentation available and the information learned in staff interviews the facility was determined to be in compliance with Standard 115.376 (a-d)</p> <p>Corrective Action Required: None</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA Staff Files Volunteer (Practicum) and/or Contractual Provider Cover Letter for Fundamental Practices</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Human Resources Staff Administrative Support Staff</p> <p>Site Review / Observations: N/A Provisions:</p> <p>115.377 (a) Included in DYS Policy 9.18 PREA is language that, "any contractor and volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." During staff interviews, Auditor Howell asked the staff members to explain what they would do if they received an allegation of sexual abuse or sexual harassment by a contractor or volunteer. All of th staff said they would report the information to the Facility Manager / Administrator. All Wilson Creek administrators interviewed stated that following any report of sexual misconduct by a contractor or volunteer they would call law enforcement.</p> <p>There were no Wilson Creek reports of sexual abuse or sexual harassment in the past 12 months.</p>

	<p>115.377 (b) DYS conducts background checks on all employees, volunteers, and contractors before they are permitted to work with residents. If anytime later the same employees, volunteers, and contractors are found to have violated agency sexual abuse and sexual harassment policies they will be prohibited from having further contact with residents.</p> <p>There have been no allegations of sexual abuse or sexual harassment in the past 12 months. Auditor Howell did review a current Volunteer (Practicum) and/or Contractual Provider Cover Letters for Fundamental Practices signed by volunteers. The documents are an attestation on receiving and understanding the PREA training and materials required for volunteers and contractors.</p> <p>The facility meets the requirements of standard 115.377 (a-b)</p> <p>Corrective Action Required: None</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA DYS Policy 9.08 Separation DYS Policy 6.1 Programmatic Rights of Youth & Grievances DYS Fundamental Practices</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Random Staff</p> <p>Site Review / Observations: N/A</p> <p>Provisions: 115.378 (a) Interviews of the facility administrators explained that residents who have been found, pursuant to a formal disciplinary process, to have engaged in sexual abuse or sexual harassment of another resident shall be subject to disciplinary sanctions in accordance with the law. If necessary, residents may be separated during the investigation and/or transferred to another facility ensure the continuing safety and security of the Group Home.</p>

115.378 (b) Youth who have been found to have sexually harmed others is provided the same services as youth who have not. According to the Facility Manager / Administrator the facility does not practice isolation as a form of punishment, however a resident may need to be moved or transferred during an investigation. All residents are provided the same rights as other residents including large muscle exercise on a daily basis, educational and special education programming, mental and medical care, and vocational opportunities when appropriate. As a result of there being, in the last 12 months, no allegations of sexual abuse or sexual harassment, there were no reports or case files to review to determine non-compliance with the standard of prohibiting isolation as a sanction for resident-on-resident sexual abuse.

115.378 (c) The Wilson Creek Group Home Facility Manager / Administrator explained how the disciplinary process considers a resident's psychological disabilities and mental diagnosis. The Facility Manager / Administrator also referenced that sanctions should be appropriate to the individual assessed needs of the resident.

115.378 (d) Facility administrators (FM & ARA) explained the facility provides residents counseling and other interventions designed to educate the youth, but not intended to correct underlying reasons or motivations for residents to participate in sexual abuse or harassment. The reason for this strategy is the facility is not designed to treat sexual abuse or sexual harassment. The facility does not require participation in such counseling and interventions as a condition of access to behavior-based incentives or as a condition to access general programming, education services, medical care, or exercise.

115.378 (e) Supervisory staff confirmed that the facility may discipline a resident for sexual contact with a staff only upon a finding that the staff member did not consent to such contact. Through interviews of staff and residents, documentation reviews, and contact with outside agencies, PREA Auditor Howell found no incidents of this type reported in the past 12 months.

115.378 (f) Wilson Creek Group Home residents cannot get in trouble for filing a grievance. DYS Policy 6.1 (Programmatic Rights of Youth & Grievance section III P.) states, youth may, "Report any problems or complaints and have those complaints investigated without fear of punishment or retaliation." Wilson Creek administrators interviewed explained any report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g) DYS Policy 9.18, section III H. 3 prohibits sexual contact between residents. All sexual contact is subject to disciplinary action. In Random Staff interviews, 13 of 13 staff confirmed sexual contact between residents was prohibited at the facility. They also confirmed they would report all allegations of sexual contact, sexual harassment, and sexual abuse. The outside investigative agencies would determine if sexual conduct was coerced, and a crime was committed.

	<p>The facility meets the requirements of standard 115.378 (a-g)</p> <p>Corrective Action Required: None</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA DYS Policy 7.2 Medical and Health Care DYS F7-17 Facility Health Screen DYS PREA Vulnerability Information Review DYS Policy 6.7 Administrative Review DYS F7-17 Facility Health Screen Post PVIR Follow Up Forms 18 and Over consent form</p> <p>Interviews included: Facility Manager / Administrator Medical Staff Children’s Advocacy Center Representative The Victim Center Representative Staff Responsible for Resident Screening Random Staff</p> <p>Site Review / Observations: N/A</p> <p>Provisions: 115.381 (a) When the residents are admitted to the facility, they are screened pursuant to § 115.341. According to the Facility Manager / Administrator, and the medical staff if the intake screen indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The DYS Post PVIR Follow Up with a Medical or Mental Health Practitioner Referral/ Refusal Form supports what the staff shared in the interviews when it instructs the form be, “initiated by the Facility Manager (FM) or designee and forwarded to the region’s Clinical Coordinator within 14 days of intake for the youth who it was determined, during the classification or facility placement (intake)process, had experienced prior sexual victimization and/or it was determined the youth had a</p>

prior history of sexual harming behaviors as documented on the PVIR.”
Through staff interviews, resident interviews, and documentation reviews Auditor Howell was able to determine that the facility was in compliance with

115.381 (a) Allegations of prior abuse were noted, reported, and follow services were offered.

115.381 (b) During their staff interviews both the Facility Manager / Administrator and Assistant Regional Administrator explained that 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, 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. This is supported in Policy 9.18 and the PVIR follow form.

Allegations of prior abuse were noted, reported, and follow services were offered.

Auditor Howell reviewed intake screening and mental health documents and found no evidence of non-compliance with this standard.

115.381 (c) The Wilson Creek Group Home has good controls on information. The information learned during intake screening remains confidential and only shared with staff involved in security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Information about prior victimization or if a resident has previously perpetrated sexual abuse, in or out of an institutional setting was shared on a need-to-know basis. The on Nurse confirmed staff have access to confidential records in their respective areas.

While completing the on-site facility tour and the structured on-site interviews, Auditor Howell was able to ask what information was shared with whom. No violations of standard 115.381 (c) were observed or discovered during the on-site interviews, file audits, or facility tour.

115.381 (d) Interviews of the medical and mental health staff showed the medical and mental health practitioners would obtain informed consent from residents before reporting information about sexual victimization that did not occur in an institutional setting unless the resident was under the age of 18. Because the facility is a youth Group Home, Auditor Howell confirmed the staff understood they were mandated child abuse reporters. All staff interviewed acknowledged they were mandated child abuse reporters. DYS has a 18 and over consent form for residents that are over the age of 18. Included is the statement, “I give _____ permission to disclose this information to the appropriate authorities.”

The facility meets the requirements of Standard 115.381 (a-d)

Corrective Action Required: None

115.382	Access to emergency medical and mental health services
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ
DYS Policy 9.18 PREA
DYS CIR Memo
DYS Nurse's Notes Page
DYS Follow up Medical or Mental Health Form

Interviews included:

Facility Manager / Administrator
Medical and Mental Health Staff
Children's Advocacy Center Representative
The Victim Center Representative
Hotline Representative
Intake Staff
Random Staff

Site Review / Observations:

N/A

Provisions:

115.382 (a) According to DYS Policy 9.18, alleged victims of sexual offense shall immediately be separated from the alleged abuser, advised to not destroy evidence, and referred to medical services for medical assessment and/or treatment. Medical staff explained alleged victims of sexual abuse would receive unimpeded access to emergency medical treatment and crisis intervention services by referral the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If a resident were to make an allegation of victimization, they would be transported to the local hospital (Mercy Hospital) where SANE forensic services are available. A review of the facility medical and mental health documentation processes showed compliance with this provision.

115.382 (b) Wilson Creek Group Home does have qualified medical (nursing) staff on duty. Staff first responders take preliminary steps to protect the victim pursuant to § 115.362. This was confirmed in the staff interviews. 8 of 8 random staff interviewed could explain the initial steps to protect the victim of sexual abuse. 100% of the staff interviewed also stated they would, upon learning of an allegation or incident, immediately notify their supervisor who would then notify the appropriate medical and mental health practitioners. The Facility Manager and Youth Services Supervisor explained they would notify medical and mental health practitioners immediately upon receiving a report from a subordinate.

	<p>115.382 (c) DYS Policy requires that resident victims of sexual abuse have access to medical and mental health practitioners who can provide medical and mental health assistance including emergency medical treatment and crisis intervention services.</p> <p>In the Facility Manager / Administrator s interview, she explained in the event of an on-site incident that was sexual in nature, residents would be immediately transported to the local hospital for medical services and the Children’s Advocacy Center or Victim Center would be contacted for advocacy services. During the interview the SANE nurse confirmed the services would include information on contraception and sexually transmitted infection prophylaxis. The hospital representative, Children’s Advocacy Center representative, and Wilson Creek Facility Manager / Administrator reported that there were zero allegations of sexual abuse and zero allegations of sexual harassment in the past 12 months. There were no residents who reported abuse that took place in the facility; therefore auditor Howell could not ask residents who had reported abuse what information they received or what treatment they were offered after what happened to them.</p> <p>115.382 (d) During interviews the Facility Manager / Administrator, hospital and advocacy center representatives reported that treatment services for victims of sexual abuse were provided without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. According to DYS Policy, all medical and mental health services provide to residents of the Group Home are provided at no cost.</p> <p>Based on the information received through staff interviews and document reviews the facility was found in compliance with standard 115.382 (a-d).</p> <p>Corrective Action Required: None</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA DYS Policy 6.1 Programmatic Rights of Youth and the Grievance Process DYS Policy 7.2 Standards Section DYS Policy 7.3 Special Needs DYS Policy 7.4 Access to Health Care Services</p> <p>Interviews included:</p>

Facility Manager / Administrator
Medical and Mental Health Staff
Intake Staff
Random Staff

Site Review / Observations:

Observation of facility wall postings and brochures

Provisions:

115.383(a) DYS Policies (DYS Policy 9.18 PREA Section III (I) 3, DYS Policy 6.1 Programmatic Rights of Youth and the Grievance Process Section III G, DYS Policy 7.2 Standards Section III A 3, DYS Policy 7.3 Special Needs, DYS Policy 7.4 Access to Health Care Services) lists the procedures for screening for risk of sexual victimization and abusiveness and/or perpetrator to be offered a 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. Observations while on the facility tour included posters and brochures that residents could access by phone. Information was posted and available including toll free, anonymous, and confidential phone numbers.

During the interviews of the facility Nurse and the Facility Manager appropriately explained the agency approved facility process to follow up and offer medical and mental health services to residents that have been victimized by sexual abuse.

115.383(b) The evaluation and treatment of sexual abuse 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. Resources for residents of Wilson Creek Group Home include local community based advocacy services, and on-site services from facility medical and DYS mental health staff. Because there were no reports of on-site sexual abuse or sexual harassment, Auditor Howell was unable to interview any residents that had made a report and may need follow up services, etc.

115.383 (c) The facility administrators confirmed that the facility provides sexual assault and harassment victims with medical and mental health services consistent with the community level of care. Despite not working together in the recent past (due to zero allegations) the law enforcement, advocacy, hospital, and facility staff discussed a community team approach when dealing with allegations of sexual abuse.

115.383 (d & e) The standards of 115.383 d and e are applicable as Wilson Creek is a facility for female residents. Residents of sexual abusive vaginal penetration while in custody are offered pregnancy tests at the hospital. If a resident were to become pregnant while in custody, the resident would receive timely and comprehensive information about , and timely access to, all lawful pregnancy-related medical services.

115.383 (d) According to the Wilson Creek Nurse and the Children's Advocacy Center Director, Youth at Wilson Creek Group Home who were victims of sexual

	<p>abusive vaginal penetration would be offered pregnancy tests.</p> <p>115.383 (e) According to the Wilson Creek Nurse and the Children’s Advocacy Center Director, if a resident were to become pregnant as a result from sexual abuse while living at Wilson Creek Group Home, the victim would receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.</p> <p>115.383 (f) According to DYS Policy and learned in the interview with hospital representative, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.383(g) According to the DYS Policy DYS 9.18 PREA Section III. I. 2. d. and confirmed during interviews of the Facility Manager / Administrator, Advocacy representative, and the facility Nurse the residents at Wilson Creek Group Home are able to receive treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. There were zero reported incidents of sexual abuse, therefore there were no residents to ask or records to review to determine non-compliance with this standard.</p> <p>115.383 (h) DYS Policy 9.18 PREA Section III. I. 3. the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers when learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. DYS mental health staff do conduct mental health evaluations and either offer treatment or ensure the resident is provided treatment from an outside resource upon learning of such abuse history.</p> <p>Based on the information received through staff interviews, interviews with medical and mental health staff, facility tours, and file reviews the facility was in compliance with standard 115.383 (a-h).</p> <p>Corrective Action Required: None</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision. Documents reviewed included: PAQ DYS Policy 9.18 PREA DYS Policy 9.17 Critical Incidents Interviews included: Facility Manager / Administrator</p>

Assistant Regional Administrator
Law Enforcement
Children's Advocacy Center Representative
Incident Review Team Members

Observations included:

None

Provisions:

115.386 (a & b) In accordance with DYS Policy 9.17:

"A Critical Incident Review shall occur immediately, but not more than 30 days from the conclusion of the investigation for sexual assaults, sexual misconduct, successful runaways, and behavior injurious to self/others requiring outside medical attention. (For those incidents involving sexual abuse, a review shall be conducted even if the allegation was not substantiated. A review is not necessary when the sexual abuse allegation has been determined to be unfounded)."

115.386 (c) The incident review team includes members of upper management who get input from everyone involved including but not limited to; supervisors, investigators, and medical and mental health practitioners. At Wilson Creek Group Home upper management positions involved and on the review team are the Assistant Regional Administrator, Facility Manager / Administrator, and Youth Services Supervisor with input from the Nurse and Education Specialists.

DYS Policy 9.17 supports the facility practice on page 9.17-4:

"The review team shall include appropriate management staff. For incidents involving sexual assaults or misconduct the review team will include the supervising Deputy Director, RA, ARA, Youth Services Manager-Facility Manager(s) (FM) and Youth Services Supervisor-Youth Group Leader(s), with input from investigators, and medical or mental health providers."

Interviews with local Law Enforcement and the Advocacy Center representative confirmed they would participate in any post investigation review. There were zero allegations and investigations of sexual abuse in the past 12 months, therefore there were no incident reviews to evaluate.

115.386 (d) Interviews of incident review team members indicated that they:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- 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.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

	<ul style="list-style-type: none"> • 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 Manager / Administrator. <p>There were no investigations during the past 12 months, therefore there were no incident review reports to evaluate.</p> <p>115.386 (e) DYS Policy 9.18 PREA page 9.18-17 requires the incident review team to prepare a report of findings and recommendations. The facility administration, “shall implement the recommendations for improvement or document the reasons for not doing so.</p> <p>There were no investigations or reported incidents, therefore there were no recommendations for improvement.</p> <p>Based on the information received through staff interviews, interviews with review team members, facility tours, and policy review the facility was determined to be in compliance with standard 115.386 (a-e).</p> <p>Corrective Action Required: None</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: DYS Policy 9.18 PREA DYS Data Collection Instrument Agency web page</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator Agency PREA Coordinator</p> <p>Site Review / Observations included: N/A</p> <p>Provisions: 115.387 (a) DYS Policy 9.18 PREA adequately addresses Data Collection and Storage on page 9.18-17 and 9.18-18. Each DYS facility is listed as responsible for collecting accurate, uniform data for every allegation of sexual abuse using a</p>

standardized instrument and set of definitions. The standard instrument used is the Missouri DYS Data Collection Instrument. The agency Missouri Division of Youth Services collects data for all DYS facilities.

115.387 (b) The Facility Manager / Administrator and Assistant Regional Administrator reported that they would review, collect, aggregate and report all data if the facility had any allegations of sexual abuse or sexual harassment. They acknowledged a review and report should be done at least annually. The facility and DYS does maintain records and collect data as needed from all incident-based documents related to all incidents. There were no allegations or incidents related to sexual abuse or harassment in the past 12 months.

115.387 (c) All Missouri Division of Youth Services facilities participated in the most recent version of the Survey of Sexual Violence conducted by the DOJ. Each Facility Manager / Administrator is required to report the minimum data necessary to participate in the survey as necessary.

115.387 (d) Auditor Howell was able to find and review incident-related documents, but there were none that included investigations and sexual abuse incident reviews from Wilson Creek Group Home. The facility is prepared to collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e) Wilson Creek Group Home is a juvenile treatment facility for the Missouri Division of Youth Services. There is no need to obtain incident-based and aggregated data from any private facility with which it contracts for the confinement of its residents because they do not contract with any private facility for the confinement of its residents.

115.387 (f) Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Based on the information received through staff interviews, facility tours, and document reviews the facility was in compliance with standard 115.387 (a-f).

Corrective Action Required: None

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.
	Documents reviewed included:

PAQ
DYS Policy 9.18 PREA
Wilson Creek Annual Report 2022
DYS Annual PREA Report 2021, 2022, 2023
DYS webpage

Interviews included:

Agency PREA Compliance Coordinator
Facility Manager / Administrator

Site Review / Observations:

Agency web page: <http://www.dss.mo.gov/dys/>

Provisions:

115.388 (a) The Facility Manager / Administrator explained that she prepares, and reviews 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. Fortunately, there have been no allegations that met the PREA standards of sexual abuse or harassment in the past 12+ months. Previous year reports are available on the DYS web site and were reviewed by Auditor Howell.

115.388 (b) DYC does complete annual PREA reports and posts them on the agency web site. The Facility Manager / Administrator stated he completes the reports and the DYS administration compares the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing any past issues related to sexual abuse.

The Division of Youth Services Prison Rape Elimination Act annual reports, for both the agency and contracted providers, are provided at the following site:
<http://dss.mo.gov/reports/prison-rape-elimination-act-reports/>

115.388 (c) DYS and the facility did complete an annual report and posted it on the facility web site. In addition, the facility sexual assault and sexual harassment data is submitted to the agency head and aggregated with all DYS youth facilities.

115.388 (d) DYS does complete annual reports and posts them on the agency web site. Auditor Howell reviewed three years of annual reports to confirm the reports do not include specific information that when published would present a clear and specific threat to the safety and security of a facility.

Based on a review of the agency web site, annual reports, a review of policies, and interviews of the PREA Facility Manager / Administrator, the facility was determined to be in compliance with 115.388.

Corrective Action Required: None

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ DYC Policy 9.18 PREA</p> <p>Interviews included: Facility Manager / Administrator Assistant Regional Administrator</p> <p>Site Review / Observations: Agency web page: http://dss.mo.gov/dys/ Provisions:</p> <p>115.389 (a) DYS Policy 9.18 page 9.18-18 addresses record keeping and storage at Wilson Creek Group Home. The facility collects and retains sexual abuse and sexual harassment data pursuant to § 115.387.</p> <p>115.389 (b) The facility, through the DYS agency web site, makes 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 the agency website. Upon a review of on-site records, the agency web site, and through interviews Auditor Howell confirmed there were no allegations that met the PREA standards of sexual Abuse or harassment during the past 12 months.</p> <p>115.389 (c) DYS does complete annual reports and posts them on the agency web site. Auditor Howell reviewed three years of annual reports to confirm the reports do not include specific personal identifiers before making aggregated sexual abuse data publicly available.</p> <p>115.389 (d) DYC Policy 9.18 directs sexual abuse documents and data collected pursuant to § 115.387 and securely retained for at least 10 years after the date of the initial collection, unless otherwise required by other applicable laws.</p> <p>Following key staff interviews, annual report reviews, and a review of the agency web site the facility was determined in compliance with 115.389 (a-d).</p> <p>Corrective Action Required: None</p>

115.401	Frequency and scope of audits
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The facility was determined to be in compliance with standard 115.401 as a result of the following:</p> <p>115.401 (a & b) The facility was previously audited in accordance with PREA standards. This audit was three years from the last PREA Audit (dated April 9, 2021).</p> <p>115.401 (h) PREA Auditor Howell had complete access to and the ability to observe every area of the facility. The tour included access to all locked doors including living areas, storage areas, kitchen, and activity spaces. Throughout the on-site portion of the entire facility was accessible as requested.</p> <p>115.401 (i) PREA Auditor Howell was permitted to request and did receive copies of any relevant documents requested.</p> <p>115.401 (m) PREA Auditor Howell was permitted to conduct private interviews of residents and staff. All residents and staff on campus during the on-site portion of the audit were interviewed.</p> <p>115.401 (n) A copy of the upcoming audit, with auditor Howell’s contact information was posted 6 weeks in advance of the audit allowing residents to send confidential information or correspondence in the same manner as if they were communicating with legal counsel. No correspondence was received.</p> <p>The facility is in compliance with Standard 115.401 (a,v, h, i, m, n)</p> <p>Corrective Action Required: None</p>

<p>115.403</p>	<p>Audit contents and findings</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance decision that the facility was in compliance with 115.403:</p> <p>115.403 (f) Wilson Creek Group Home was audited in 2021. The dates of the facility visit was March 25, 2021. A Final PREA Audit Report was issued by certified PREA Auditor Robert Manville on April 9, 2021.</p> <p>The 2021 report is posted on the State of Missouri Department of Social Services website.</p> <p>The facility meets the requirements of standard 115.403 (f).</p>

	Corrective Action Required: None
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Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	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.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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).)	na
115.334 (b)	Specialized training: Investigations	
	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).)	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).)	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).)	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).)	na
115.334 (c)	Specialized training: Investigations	
	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).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.335 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	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

115.335 (d)	Specialized training: Medical and mental health care	
	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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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.	no
115.352 (b)	Exhaustion of administrative remedies	

	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
	Does the agency always refrain from requiring an 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
115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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.)	no
115.352 (e)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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

	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	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?	no
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no

	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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 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, there has never been a Final Audit Report issued.)	yes