PREA Facility Audit Report: Final

Name of Facility: Parkston Residential Facility
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 09/24/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Stephanie Vetter	**Date of Signature:** 09/24/2019

AUDITOR INFORMATION	
Auditor name:	Vetter, Stephanie
Address:	
Email:	stephaniejvetter@gmail.com
Telephone number:	503-358-5707
Start Date of On-Site Audit:	2019-07-11
End Date of On-Site Audit:	2019-08-01

FACILITY INFORMATION	
Facility name:	Parkston Residential Facility
Facility physical address:	103 West Maple Street, Parkston, South Dakota - 57366
Facility Phone	6059287907
Facility mailing address:	103 West Maple Street Parkston, SD 57366

Primary Contact	
Name:	Jade Hamilton
Email Address:	jhamilton@ourhomeinc.org
Telephone Number:	6059287907

Superintendent/Director/Administrator	
Name:	Jenise Pischel
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Facility PREA Compliance Manager	
Name:	Elizabeth Cope
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Facility Health Service Administrator On-Site	
Name:	Richard Honke
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	33
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	12-17
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	51
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Our Home, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	334 Third Street SW, Huron, South Dakota - 57350
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Jenise Pischel, MSE
Email Address:	jpischel@ourhomeinc.org
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Joshua Thorpe	**Email Address:**	jthorpe@ourhomeinc.org

AUDIT FINDINGS

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

Narrative Section- Introduction:
This is the second PREA Audit for Our Home Inc.'s Parkston Program located at 103 West Maple Street, Parkston, South Dakota. Stephanie Vetter, a certified PREA Auditor independently conducted the audit; the on-site review occurred on July 11 and 25, and August 1, 2019. The contract between Our Home, Inc. (the parent agency of Parkston) and Ms. Vetter was executed in April 2019 for the completion of two PREA audits for two juvenile residential programs. In compliance with PREA Standard 115.403(a), Ms. Vetter has no conflict of interest with respect her ability to conduct an audit of the agency under review. Ms. Vetter wishes to thank Our Home Inc. Executive Director, the Agency PREA Coordinator/Associate Director, Parkston Program Coordinator, the PREA Compliance Manager and the Agency Licensing and Accreditation Manager, the residents, and all others for their cooperation during this audit. The first PREA Audit occurred in 2016.
Our Home Inc. is the central agency which administers three separate programs for juveniles, two of which are required to comply with PREA – the Parkston (ASAP) and the Parkston Residential Treatment Facility. The programs at Our Home, Inc. are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for Residential Treatment: Integrated: AOPD/MH (children and adolescents). The Parkston Program is licensed by the South Dakota Department of Social Services (DSS) as a Psychiatric Residential Treatment Facility (PRTF). Our Home, Inc. is a member of the South Dakota Association of Residential Youth Care Providers.
As the central agency, Our Home, Inc. addresses the requirements of the PREA Juvenile Facility Standards through agency-wide policies/procedures, administrative and employee practices, and extensive written and electronic documentation. There is no third-party entity involvement or private contractors/operators of Our Home, Inc.'s facilities.
Audit Methodology- Pre-Onsite Audit Phase:
Our Home, Inc.'s Licensing and Accreditation Manager coordinated the PREA Audit by completing the PAQ, posting the audit notice, responding to requests from the Auditor, arranging interviews and managing all aspects of the on-site portions of the audit. Several planning meetings occurred by email and phone; topics discussed during planning meetings included on-site audit logistics, unimpeded access to the facility, an overview of the audit process and purposes, Ms. Vetter's role as the PREA Auditor, the goals and expectations of the audit, timelines, and the purpose of corrective action.
The notice of upcoming PREA Audit included the date and purpose of the audit and Ms. Vetter's contact information; it was posted on June 13, 2019 in Parkston facility's main hallway on a large bulletin board six weeks prior to the audit. The Licensing and Accreditation Manager, who submitted a photo of this posting also reported to the auditor that residents' correspondence is protected from being opened, similar to legal mail, and that any mail to the PREA auditor would be treated as such.
The Online Pre-Audit Questionnaire (PAQ) link was provided to the Licensing and Accreditation Manager on 6/28/2019 and was subsequently completed by Licensing and Accreditation Manager on 7/2/2019. The auditor reviewed the PAQ for missing information and requested additional information which included: a complete Parkston resident roster, youthful inmates/detainees. residents with disabilities,

residents who are LEP, LGBTI residents, residents in segregated housing, residents in isolation, residents who reported sexual abuse, residents who reported sexual victimization during risk screening, complete staff roster, specialized staff, all contractors and volunteers who have contact with residents, all grievances/allegations made in the 12 months preceding the audit, all incident reports from the 12 months preceding the audit, all allegations of SA/SH (SA/SH) reported for investigation in the 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit, detailed list of number of SA/SH allegations in the past 12-months (which included total number of allegations, the number determined to be Substantiated, Unsubstantiated, or Unfounded, the number of cases in progress, number of criminal cases investigations, number of administrative case investigations, number of criminal cases referred to prosecution; number indicted; number convicted or acquitted).

The Auditor's review of reports uploaded to PAQ and all additional documents and contacts revealed no allegations of sexual abuse (SA) had been substantiated for Parkston in the past twelve (12) months. Ms. Vetter reviewed a total of eight (8) resident-to-resident allegations of sexual harassment during 2018; of which six (6) were determined to be internally substantiated as resident to resident sexual harassment (SH) based on a predominance of evidence and two (2) determined to be unfounded.

Ms. Vetter interviewed several external contacts including the Community-based organization/local advocate known as Disability Rights South Dakota (DRSD), the South Dakota Department of Social Services (DSS), the SANE program contacts at a Child's Voice Sanford Medical Center, and the SD Department of Corrections (DOC). Each external contact explained their agency's role in responding to residents and staff at Parkston and confirmed reports by staff and residents that there had been no allegations of sexual abuse. A thorough internet and media search found no litigation or reports of sexual abuse or harassment taking place at Parkston or other Our Home, Inc. facilities. Our Home, Inc. posts agency PREA policy and information on how to report and what agencies are responsible on their website. The 2016 PREA report posted under Licensing and Accreditation was reviewed by Ms. Vetter as part of the 2019 audit.

No correspondence was received by the Auditor from Parkston residents or staff during any phases of the audit. Parkston does not house "youthful inmates"; those youth are handled by the adult criminal justice system.

Every staff interviewed by the auditor described their role as a mandated reporter who is required by SD state law to report any instance where he or she has reasonable cause to suspect that a child under the age of 18 has been abused or neglected. Mandatory reporters in SD must report the instance to the state's attorney of the county in which the child resides or is present, the Department of Social Services (DSS) or law enforcement officers. The state's attorney or law enforcement officers, upon receiving a report, shall immediately notify DSS. Any person receiving the report of suspected child abuse or neglect shall keep the report confidential unless otherwise provided. SDCL Chapter 26-8A is the controlling law in this matter. The Nurse and Psychologist reported to the Auditor that information about past and current abuse is collected during intake through screening. The Nurse recalled reporting abuse histories on behalf of residents to DSS, and stated that this is not uncommon based on the high numbers of residents who have experienced past abuse.

Audit Methodology On-site Audit Phase -Site Review: The Parkston facility is a long-term Psychiatric Residential Treatment Facility (PRTF) for juvenile males and females ages 12-17; on July 25, 2019, the day of the PREA Site Review there were thirty-three (33) residents. Prior to conducting interviews, Ms. Vetter toured the Parkston program which included the housing units, health services, cafeteria, classrooms, recreational areas, office spaces and other areas in which residents were seen or would have access. Ms. Vetter conducted an entrance briefing with the Executive Director, Associate Director/PREA Coordinator, the PREA Compliance Manager and the Licensing and Certification Manager, prior to beginning the audit; she was provided with unimpeded access to all parts of the facility and to the selected residents and employees for interviews.

The Parkston Facility housing units and program space are located within one main building on a small campus in the town of Parkston, SD. Resident housing units are located together along three hallways in one area of the building, with a centralized staff work station located where the three hallways meet. The location of the desk allows staff to directly supervise anyone in the housing unit area. Housing units are single occupancy dorm rooms which are located on three (3) hallways. Each hallway has housing for twelve residents with a total capacity of thirty-six (36) and each is named (Independence, Phoenix and Star) for a total capacity of 36 residents. More detail on Facility Characteristics can be found later in this report.

There were no resident intakes scheduled on the day of the PREA Site Review so the auditor requested detailed descriptions of these processes from the nurse and group leaders (GL) who reported how the screening and intake instruments and discussion with residents informs the process of intake, classification and housing. Screening and intake records are stored electronically with access protected by individual passwords and these were reviewed by the auditor on July 11, 2019.

Staff and residents described details of resident PREA education process that were consistent with each other and with documentation reviewed by the auditor. During the first week of a resident's stay at Parkston, they are educated on PREA and the agency's zero tolerance policy in multiple ways including verbally during intake, in writing through the Resident Handbook, and through discussions during individual and group time.

The grievance system process flow, placement of grievance collections boxes, and routines around checking for grievances was reviewed by the auditor during the Site Review. The PREA Compliance Manager and the Licensing and Accreditation Manager explained that Grievance boxes are checked every day by admin staff and reviewed by the PREA Compliance Manager or Group Leaders that same day or the next day. Upon review of grievances, it was typical for grievances to be complaints about the program, its limitations and rules. The auditor was told that grievance forms are available in English and in Spanish, located next to the locked grievance boxes, and this was observed during the on-site review. Grievance boxes were observed during the tour located in multiple places throughout the building. Agency policy provide for emergency grievances to which staff must provide immediate action with an initial response provided to residents within 48 hours of receiving the grievance and a final resolution provided within five (5) days. Residents may use the Grievance process to file a PREA allegation, which are handled differently than routine grievances regarding discipline, policy, or rules as outlined by Agency policy.

Cross-gender announcements were observed by the auditor and a phone call made by the auditor verified that the external reporting mechanisms were operational. Residents and staff reported that residents could make a private report by telephone, although staff must dial the number and have direct supervision of the resident. During the on-site portion of the audit, Ms. Vetter was able to confirm that the telephones and hotline system are available to residents and operational. Ms. Vetter contacted the CPS hotline and the South Dakota Disability Rights who confirmed that each have a role to play in taking reports and responding to calls. Our Home, Inc. uses a Language line called A to Z interpreter services. There were no reported incidents of staff using resident interpreters. No Staff reported a time recently when they used these language interpretive services, however the Auditor confirmed with the nurse, Group Leaders and A to Z Interpretive Services during interviews that for Parkston residents who are visually or hearing impaired or illiterate, would be provided specifically targeted services based on their needs. The Parkston nurse and Group Leaders described taking extra time in helping residents understand their right to be free from SA/SH.

The Parkston housing units are single occupancy rooms with a bed, dresser and closet. Residents are able to have privacy in their rooms while staff monitor the hallways to ensure that residents remain in their own rooms and are not able to go into another resident's room without being detected. The auditor did not observe any areas that were blind spots based on staff explaining how they are posted at the end

of the resident housing hallways with cameras pointed on the hallways and on staff posts.
During the tour of the bathroom/shower areas, staff demonstrated how they post in the short hallway immediately preceding the bathroom/shower areas which allows them to remain in the camera's view, without a breach in residents' privacy. The PREA Compliance Manager reported that this supervision strategy was developed and refined to ensure monitoring and safety in the facility. There were no instances of breaching residents' privacy reported by staff or residents during their interviews. All residents and staff who were interviewed described the supervision model to keep residents and staff safe from SA/SH which was observed by Ms. Vetter during her on-site review.
Direct supervision and monitoring of residents was observed by the auditor as assigning two employees to each hallway/resident housing unit during the waking hours, which maintains a ratio of 1:6 or lower. During overnight hours, three employees supervise residents which maintains a ratio of 1:12 or lower. During the PREA Site Review, the direct supervision structure was observed by the auditor. Residents walked in single file with one staff supervising the front of the line and one supervising the back of the line which provides staffing ratios of 1:6 during the day, and supports safety and monitoring in order to prevent, detect and respond to resident behaviors.
The facility has two registered nurses, with offices in building allowing medical staff to meet privately with residents. The Nursing staff does not perform physical exams; instead residents are referred to an outside medical facility. Nurses are available from 8am-4:30pm, and on call for all medical needs; they rotate every third weekend with the psychiatrist for on-call purposes. Mental health care is available from 8:30am – 5pm during the week; on –call during the weekends for any behavioral needs or high risk behaviors. Parkston hospital provides Tele-psych services on an as-needed basis.
Grandparents, parents, guardians and legal professionals can visit upon a youth's entry into the facility. Most Parkston visitation was reported to take place on Sundays. Other days may be considered based on a family's circumstances, arrangements can be made through the Group Leaders, and visitation may depend upon a resident's progress in treatment. Additional visitors are approved on a case by case basis. Residents may also be allowed home visits and local outings with parents/guardians as part of their treatment plan.
Cameras were identified by the auditor, and the placements were discussed with the Executive Director, Associate Director, and the PREA Compliance Manager. The number of cameras and their location appear sufficient to prevent and detect SA/SH. The auditor noted a total of eleven (11) cameras positioned in strategic areas throughout the building. Video Camera Locations include one (1) in each of the three (3) Group Lounges/ Living Rooms; six (6) in the residents hallways (two in each wing hallway (1 center and 1 end); one (1) between the residential wing and the dining room and one (1) pointed toward the control desk area. Three additional cameras in the lounges will be placed after the most recent PREA Annual Review as a way to further comply with PREA and keep staff residents safe from SA/SH. Cameras in the Our Home, Inc. facilities are recording video. The Licensing and Accreditation Manager reported that recordings go back at least 6 weeks, and that recordings are randomly reviewed for purposes of supervision, training purposes, and to randomly check to make sure that night checks are occurring as reported by staff.
Parkston is a relatively small residential program that employs a total of fifty-one (51) staff. After reviewing the list of employees by shift, by housing assignment and by position title/role, Ms. Vetter randomly selected twelve employees from different shifts and housing units which included three (3) specialized staff: (1) nurse, (1) psychiatrist, and (1) educational liaison. Selection of specialized staff was based upon a single person being responsible for multiple roles, and the Auditor used multiple interview protocols to interview the specialized staff. Since, the nurse fulfills multiple roles which include medical services, screening at intake, treatment planning/review and first responder, the Auditor used those corresponding interview guides. Similarly the PREA Compliance Manager conducts administrative inquiries, serves as the designated facility director, monitors grievances and retaliation, and supervises

staff who conduct unannounced rounds, and the education liaison conducts unannounced rounds and screens residents for disabilities at intake. Selection of specialized staff was limited to a part-time psychiatrist and one nurse. There were no contractors or volunteers at the facility on the day of the site review. A total of two (2) contractors were reported to work occasionally with Parkston residents as reported by Licensing and Accreditation Manager.

Staff interviews were conducted throughout two days on July 25th in a conference room in the main building and August 1 by telephone. Additionally, Ms. Vetter interviewed Our Home, Inc.'s administration and agency leadership, Executive Director, Associate Director/PREA Coordinator/Associate Director, facility director/PREA Compliance Manager, and Licensing and Accreditation Manager, and other professionals who work with the Parkston program.

There were a total of thirty-three (33) residents at Parkston on July 25, 2019; and total of ten (10) were interviewed by the PREA auditor in the same conference room where staff interviews took place. The auditor selected every third resident from each housing unit, attempting to capture various ages and lengths of stay. Targeted resident interviews were selected from a list provided by Licensing and Accreditation Manager and included two (2) who had reported at screening a history of victimization prior to Parkston, two (2) who were on an Individual Education Plan (IEP); none had reported to identify as LGBTI. As of July 25th none of the current residents had reported sexual abuse or sexual harassment while at Parkston; nor had any of the residents at Parkston reported it happening at another facility. These factors limited the number of targeted resident interviews conducted by the auditor.

Audit Methodology On-site Audit Phase Documentation Review:

Resident files are stored electronically and secured by individual passcode. The auditor was provided access to all Parkston resident files via computer in a private office. A total of thirty-six (36) files were reviewed and included two (2) contractors, ten (10) resident files, twelve (12) personnel files, and twelve (12) training files, all of which corresponded to the residents and staff who were interviewed in order to corroborate information. As part of the file/ document review the auditor also reviewed training documentation/curriculum, medical and mental health screenings, and grievances to further corroborate information reported during interviews.

The Auditor reviewed eight (8) investigative files which reflected the total number of PREA allegations in the past eighteen months. These allegations were resident-to-resident sexual harassment incidents. Six (6) of the incidents were substantiated and two (2) Unfounded through Administrative Inquiry conducted by the PREA Compliance Manager. The auditor reviewed extensive documentation of interviews that were conducted as part of these internal investigations and the correspondence between DSS and Parkston related to the external investigation, all of which corresponded to Our Home, Inc.'s annual (internal) PREA report.

A discussion during an exit briefing between the Executive and Associate Directors, the PREA Compliance Manager, and the auditor, focused on how the investigations were handled and why, the strengths of the Parkston program team in cooperating with PREA, and the role of DSS and law enforcement.

Debrief/Exit Meeting: Ms. Vetter concluded the on-site portion of the audit at 6pm on July 25th after a meeting with the Executive Director, the Training Officer, the PREA Coordinator/Associate Director and the Agency Licensing and Accreditation Manager. The auditor provided feedback on the PREA Audit process, and identified several program strengths including comprehensive and on-going PREA training, program approach and low staff turnover rates.

Post On-site Audit Phase: The Licensing and Accreditation Manager responded to several requests from the auditor in the post on-site audit phase, providing program details and further clarification on medical and mental health services. There was no corrective action required as a result of the PREA audit findings; therefore an Interim Report was not issued. The submission of PREA Audit Final Report will occur on September 25, 2019.

AUDIT FINDINGS

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

Facility Characteristics: The Parkston Facility is a long-term Psychiatric Residential Treatment Facility (PRTF) for juvenile males and females ages 12-17. On average, the number of residents is slightly under the program's operating capacity of thirty-six (36) residents, the average length of stay is between twelve (12) and eighteen (18) months; there were 42 admissions in 2018 which was confirmed from monthly population reports submitted in the PAQ. Located in the rural town of Parkston, SD, the 17,000 sq foot facility is located on the site of a former public school. In 2007, an addition was constructed to expand and accommodate residential services. The program is staff-secure, which means residents are not in confinement; they may leave the program if they desire. The facility does not provide any segregated housing or isolation units.

The Parkston programs and services are located in a single building. Upon entering the main facility's front entrance there is a small reception area where youth, staff and the public enter, check in with administrative staff and sign-in, and is located nearby the entrance to resident housing units, showers, bathrooms, lounges (group gathering rooms), designated office/work space for employees, classrooms and administrative offices. The main door is locked from the outside and the receptionist grants visitors access to the program on an individual basis.

The main entrance is attached to an older 'traditional style' looking brick building which contains the gymnasium; all other areas of the facility are of new construction (2007), and the facility appeared clean and well maintained. A small garden and recreation areas outside are used for programming as the weather permits.

The gymnasium has a full-size basketball court, weight lifting area, and a smaller recreational area that contains a small climbing wall. Residents are directly supervised when using these areas. The basement to the facility is secured, this area contains an administrative meeting/training area, office space and an area where residents are allowed (accompanied by employees) to watch movies on a large screen.

The resident and staff cafeteria is located between the Administrative Offices and the Resident Living Area. During the on-site review, the Auditor ate lunch with staff and observed residents sitting in groups at tables with assigned staff to maintain the 1:6 staff to youth ratios.

The resident housing units are divided into three hallways/wings. There are two employees assigned to each hallway during the waking hours, which maintains a ratio of 1:6 or lower. During overnight hours, there are three employees assigned, one to each wing which maintains a ratio below 1:12. Residents are also supervised by these same assigned employees when moving within the facility, the employees maintain separation from each other when escorting groups of residents, this helps to ensure proper supervision can be maintained.

All three wings of the housing unit merge at one employee work station. The resident housing units are named: Independence, Star and Phoenix. One wing contains males while the other two have female residents. It was observed by the Auditor that staff working on the wings announces their presence when entering a hallway containing residents of the opposite gender. Approximately halfway down each hallway there are resident gathering areas/group rooms.

The residents sleep in single occupancy bedrooms which contain a bed, dresser and work desk. Bedroom doors are to be closed only during times when residents are changing clothes. There are

motion sensor lights in each room to detect movement during the overnight hours.
The bathrooms are very well maintained with single, fully encased shower stalls and toilet areas which maintain privacy. There are single, unfurnished rooms located next to the employee work station which can be secured, but not locked for longer than fifteen minutes at a time for time-out purposes. Any resident who is placed in the time-out room must be cleared by medical staff. These rooms have large windows and the doors are only secured, by an employee member who must continuously hold a button down to keep the door secured. When the button is released the door is no longer locked. This enables the direct observation of any resident in this room. There is no isolation or disciplinary 'lock up' at this facility.
The educational area is in close proximity to the living area, and assigned staff accompanies residents while attending classes. Teachers are employed by the Parkston School District and are mandated reporters by SD statute. Residents may attend a local high school when they have earned that privilege and in these cases, Parkston employees are stationed at the school while the resident is attending.
At the time of this audit some residents were attending summer school in the facility, some were attending activities outside of the facility, and some engaged in normal programming in the facility.
The facility employs registered nurses, who have offices within the facility; however there are no "exam rooms" because the nurses do not perform physical exams which get referred to an outside medical facility. Residents meet privately with nurses in a designated room. Recreation is supervised by Parkston program staff.
During the tour the Executive Director and Associate Director described a variety of opportunities in the community which residents have attended. The public pool is a popular destination in the summertime. The Parkston residents are encouraged to complete community-based service projects as part of positive youth development and treatment. In 2018 Parkston facility was chosen as a recipient of the Parkston Commercial Club’s Volunteer of the Year award. The award is presented to those who as volunteers go above and beyond to give back to the community. Mona Geidel, a volunteer with Our Home Inc., nominated the agency for the honor. She worked with the group on several projects in the community, and said the students were focused on task, self-motivated, creative and self-starters. This was covered by a local media outlet in March 2019.
Parkston program visitation is on Sundays from 100pm to 5pm, however other days may be considered based on circumstances. Residents may also be allowed home visits when they are nearing the end of treatment. Additional visitors are approved on a case by case basis of appropriateness and earned privileges. These arrangements are typically made through the residents Group Leader in consultation with the treatment team.
Residents are also allowed the use of the telephone; the use of phones is limited to two (15 minute) calls a week. These are paid for by the residents however if there is a need, Parkston employee will help ensure residents have the opportunity to speak with parents/legal guardians, and give them the privacy they need so as not to hear the private conversations of residents. Religious services include: pipe, smudging, and sweat ceremonies, attending a weekly church service in the community. All of these services/ceremonies are voluntary for residents.
Parkston’s program works with youth who have experienced legal, school or family concerns, chemical use and trauma by helping residents to develop healthier attitudes and coping skills for the behaviors that caused the need(s) for treatment. A multidisciplinary treatment team works with the youth and family to design a treatment plan that addresses each youth's individual needs and objectives.
The Parkston program offers chemical dependency group and individual counseling, 12-step programming, education, and relapse prevention designed to help residents strengthen their recovery program, prepare to enter a recovery program or develop better skills for dealing with peer pressure and other causes of use. Also offered: Person Centered Treatment Planning, person focused 24/7 service delivery, evidence based case management services,24/7 crisis management and weekly skill building

groups.
The program’s success relies upon the utilization of a therapeutic group milieu, in which peers become an important part of each resident's daily program, by developing concepts that include; respect for self and others, development of health relationships, developing and meeting expectations, and responsibility to provide and promote a safe and secure environment. This approach is referred to as Positive Peer Culture.
All youth first entering the Our Home Parkston program will first start with the Orientation Stage at which time the treatment employee will start to determine which track will best suit the youth's individual needs. This process may take 30 days or longer to help the treatment employee gather more information to better determine the appropriate track for each youth. The goal is to individually assess the need for placement, assist the youth in becoming familiar with the program and determine the appropriate track for each youth that best meet his or her individual needs. The tracks are as follows: Survivor Track: This track is for victims of severe abuse of any kind, particularly the sexual abuse but also for physical and emotional abuse. The level of trauma-based indicators demonstrated by the client's history and behavior will assist in making a determination for the need to participate on this track. Alternative Track: This is a special track for those without victim or perpetrator issues to deal with. Assignments for this track will be determined at the time of the development of the treatment plan. Other assignments may be added based on each youth's individual needs. Perpetrators Track: This track is for youth who have both victims and perpetrations, which have taken place recently. They must have evidence of current deviate sexual problems. Combined Track: This track is for youth who have both sexual victims and perpetrators, whose perpetrations may have taken place many years ago. They must not have any evidence of current deviate sexual problems. The agencies accreditations include the Commission on Accreditation of the Rehabilitation Facilities for Resident Treatment and the South Dakota Department of Social Services provides licensure for Psychiatric Residential Treatment and Chemical Dependency Facilities. Our Home Inc is also a member of the South Dakota Association of Residential Youth Care Providers.
Parkston utilizes strength- based approaches and cognitive behavioral therapy to reduce the risk for future offending; it consists of four stages. These stages include the evaluation/orientation stage, accountability stage, sexual safety stage and re-socialization stage. Each stage is progressive in nature and each youth gains new skills, knowledge and privileges as they move through these stages. Programming is structured to teach residents about their personal and sexual safety, to “keep space” (emotional and physical safety), and to use group time to discuss program rules, group dynamics, and sexual safety. This programming approach raises awareness, provides opportunities to prevent and detect abuse and harassment, and reinforces the agency’s zero tolerance policy on a daily basis. The treatment program focuses on reducing the risk of re-offense. A multidisciplinary treatment team works with each resident every 30 days to identify and re-assess specific problem areas and to develop treatment goals in the recovery process. The Parkston treatment approach is a group therapy atmosphere and a core milieu of positive peer culture and cognitive behavioral therapy. Concepts of expectations, privileges and responsibilities help to provide safety and security. Specific emphasis is placed on victim empathy, healthy relationships, relapse prevention, denial, techniques to interrupt inappropriate arousal and taking full responsibilities for their offenses.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

Summary of Audit Findings and Compliance Determination:
The PREA Auditor establishes that as a result of the PREA audit of 2019 for Our Home, Inc. PARKSTON there are zero (0) findings of “exceeds standard;” zero (0) findings of “does not meet standard;” and forty-three (43) findings of “meets” standards including all provisions of each standard. No corrective action is required at this time. Our Home, Inc. PARKSTON meets the following PREA Juvenile Facility Standards:
115.311 Zero tolerance of SA/SH; PREA Coordinator/Associate Director.
115.312 Contracting with other entities for the confinement of residents.
115.313 Supervision and monitoring.
115.315 Limits to cross-gender viewing and searches.
115.316 Residents with disabilities and residents who are limited English proficient.
115.317 Hiring and promotion decisions.
115.318 Upgrades to facilities and technologies.
115.321 Evidence protocol and forensic medical examinations.
115.322 Policies to ensure referrals of allegations for investigations.
115.331 Employee training.
115.332 Volunteer and contractor training.
115.333 Resident education.
115.334 Specialized training: Investigations.
115.335 Specialized training: Medical and mental health care.
115.341 Obtaining information from residents.
115.342 Placement of residents in housing, bed, program, education, and work assignments.
115.351 Resident reporting.
115.352 Exhaustion of administrative remedies.
115.353 Resident access to outside support services and legal representation.
115.354 Third-party reporting.
115.361 Staff and agency reporting duties.
115.362 Agency protection duties.
115.363 Reporting to other confinement facilities.
115.364 Staff first responder duties.
115.365 Coordinated response.
115.366 Preservation of ability to protect residents from contact with abusers.
115.367 Agency protection against retaliation.

115.368 Post-allegation protective custody.
115.371 Criminal and administrative agency investigations.
115.372 Evidentiary standard for administrative investigations.
115.373 Reporting to residents.
115.376 Disciplinary sanctions for staff.
115.377 Corrective action for contractors and volunteers.
115.378 Interventions and disciplinary sanctions for residents.
115.381 Medical and mental health screenings; history of sexual abuse.
115.382 Access to emergency medical and mental health services.
115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.
115.386 Sexual abuse incident reviews.
115.387 Data collection.
115.388 Data review for corrective action.
115.389 Data storage, publication, and destruction.

Standards

Auditor Overall Determination Definitions

- 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)

Auditor Discussion Instructions

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets : Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator/Associate Director The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Agency Personnel Manual c) PARKSTON Resident Handbook d) Department of Social Services' Manual for Investigation of Child Abuse and Neglect in Out-of-Home Care e) Job Descriptions f) Training certificates 2. Interviews: a) Facility Director/ PREA Compliance Officer b) PREA Coordinator/Associate Director c) Agency Director d) Intermediate or Higher-Level Facility Staff e) Licensing and Accreditation Manager f) Employees 3. Site Review Observations: a) Informal interviews during site review 115.311(a). The Our Home, Inc. Parkston facility has a Zero Tolerance Policy which is found in Agency Personnel Manual and entitled the Child Abuse, Neglect, and Sexual Harassment Prevention and Intervention (CANSH) policy. It mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the first paragraph of Section I. Definitions, and outlines the agency's approach to preventing, detecting and responding to this conduct. (Pages 1-4). It includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment (Section I) as well as sanctions for those who have violated this policy (Section IV. 9). The zero tolerance of such conduct is also outlined in the Our Home, Inc. Resident Handbook and defines child abuse/neglect using the Department of Social Services' Manual for Investigation of Child Abuse and Neglect in Out-of-Home Care. This definition includes any form of physical abuse, sexual abuse, neglect, or emotional maltreatment caused to any youth in our care. Our Home, Inc. further defines sexual abuse and sexual harassment using the National Standards to Prevent, Detect and Respond to Sexual Abuse. All twelve employees described to the Auditor what the policy meant and their role in carrying out prevention, detection, monitoring and responses to sexual abuse and sexual harassment. Most of those interviewed reported that they had attended PREA training within the past three months, and all reported attending in the past six months. Each described step-by-step actions they would take in the event of sexual abuse and/or sexual harassment in the Parkston program, starting with safety for the victim and reporting. All staff described a direct supervision model and staffing ratios meant to prevent and detect any abuse, neglect or

harassment in the program.
Every employee interviewed, reported they are mandatory reporters under South Dakota Codified Law (SDCL) 26-8A-3, meaning employees working with residents under age 18 are mandated to report any sexual abuse, abuse or neglect despite the residents' personal wishes to the South Dakota Department of Social Services (DSS) through Child Protection Services (CPS). All residents at the Parkston facility are under age 18.
Those residents who were interviewed by Ms. Vetter, reported an overall feeling of safety in the Parkston program. They demonstrated an understanding of their rights to be free from sexual abuse and sexual harassment (SA/SH) and were able to describe their options to report verbally, in writing, by telephone and anonymously. Each resident answered "no" that they had not experienced or witnessed sexual abuse and/or sexual harassment while in the program, and that during the orientation phase of the Parkston program they were educated on their rights, program expectations, agency policies, how to file written grievances and SA/SH reports, how to report by telephone to an outside advocate, and how to report to staff in multiple ways.
Zero tolerance posters were found in every area of the program including lounges, housing units, school and cafeteria. The posters contained: information on youth rights to be free from SA/SH, ways to report, telephone numbers and addresses of external contacts. The Resident Handbook, which was reviewed by the Auditor, also contains this information.
115.311(b-c). The Agency, Our Home, Inc employs an upper-level agency-wide PREA Coordinator/Associate Director with sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA standards in its facilities. The designated Agency PREA Coordinator/Associate Director is Mr. Josh Thorpe. The auditor reviewed Mr. Thorpe's job description which clearly states that one of the main duties of this position is to oversee and coordinate the agency's efforts to comply with PREA.
Our Home Inc, ensures that the Parkston Facility employs a designated Facility PREA Compliance Manager who has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The auditor reviewed Section III of the Agency CANSH policy which outlines the PREA Coordinator/Associate Director and PREA Compliance Manager's authority to assist in compliance and investigatory activities and the requirement to complete the PREA Investigation Training. The Our Home, Inc. PREA Compliance Manager Job description was reviewed by Ms. Vetter, which states that one of the main duties of this position is to oversee and coordinate the agency's efforts to comply with PREA. During their interviews and the facility tour both described their training in PREA investigations; they reported that Grievances are reviewed daily by the PREA Compliance Manager, and routine meetings are used to review any PREA allegations.
Additionally, the staff and residents in interviews with the Auditor clearly identified both Mr. Thorpe as being the person in charge of PREA situations in this facility. Mr. Thorpe stated during his interviews to Ms. Vetter that they have ample time and authority to complete the responsibilities associated with their PREA roles, and both accompanied Ms. Vetter on the program tour during the on-site portion of the audit, all of which suggests that ample time is dedicated to PREA duties.
The Licensing and Accreditation Manager is another agency employee who has a role in ensuring compliance with PREA. She described her duties during the interview which corresponded to the written job description. Duties pertinent to PREA include: leading agency wide and program compliance state and federal licensing and accreditation requirements; conducting and documenting internal audits and agency self-evaluation studies; maintaining program policy and procedures manuals as necessary to demonstrate licensing, accreditation,

	and contractual compliance; and coordinating agency accessibility activities and compliance to assist in health and safety practices; and coordination of compliance inspections and audits. The position requires significant teamwork and ability to work effectively with others. The Executive Director, Associate Director and the Licensing and Accreditation Manager have been employees for sixteen (16) years, ten (10) years and four (4) years respectively. The team demonstrated proficient knowledge in all aspects of the PREA requirements during the tour and through the audit. Employees who were interviewed by the Auditor also demonstrated proficient knowledge of PREA and acknowledged attending a PREA training within the past six months which suggests that the Executive Director, Associate Director and the Licensing and Accreditation Manager have developed a high functioning team that is effective and has ample time dedicated to PREA compliance and on-going program accreditation and improvements agency-wide. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets standard 115.311(a-c).

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.312 Contracting with other entities for the confinement of residents The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Resident Supervision Policy c) Direct Service Contractors Policy d) Agency Personnel Manual e) Agency Website f) DSS Licensing Certificate 2. Interviews: a) Facility Director/ PREA Compliance Officer b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager d) Higher-Level Facility Staff e) Residents 3. Site Review Observations: a) Informal interviews during site review 115.312(a). Our Home Inc. does not contract with other entities for the confinement their residents, which was confirmed through interviews with Licensing and Accreditation Manager, PREA Coordinator/Associate Director, and Jenise Pischel, the Our Home, Inc. Executive Director. In a review of agency files, the auditor found no indication of the agency or Parkston contracting with other entities for the confinement of residents. The programs at Our Home, Inc. are residential in nature and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for Residential Treatment: Integrated: AOPD/MH (children and adolescents). The Parkston facility is licensed by the South Dakota Department of Social Services as a Psychiatric Residential Treatment Facility, and the licensing certificate was up to date. 115.312(b). Although Our Home Inc. does not contract with other entities for the confinement their residents, and will not in the future, agency policy entitled Direct Service Contractors states that “Contractors fulfilling any direct service role or who have direct contact with the residents must also receive verification of background information before a service agreement can be completed. Administrative personnel shall follow the procedures in the agency’s Verification of Background, Credentials, and Employment/Contract Eligibility policy when conducting verifications. In addition to verifications, Our Home, Inc. adheres to PREA Standards and prohibits enlisting the services of any contractor who has: 1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; 2. Been convicted or engaging or attempting to engage in sexual activity in a community facility by force, or by overt or implied threats of force, or by coercion; or if the victim did not consent or was unable to consent, or refused; 3. Been civilly or administratively

	adjudicated for engaging in any of the activities referenced in item # 2; Our Home, Inc. also considers any incidents of sexual harassment in determining whether to enlist the services of any contractor." This policy was confirmed through interviews with Licensing and Accreditation Manager, PREA Compliance Manager, the PREA Coordinator/Associate Director, and the Executive Director. In a review of Agency documentation completed by the Auditor, there was no indication of the Agency contracting with other entities for the confinement of residents. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets standard 115.312(a, b).

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.313 Supervision and monitoring The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH, Unannounced Rounds, Resident Supervision Policies b) Agency Personnel Manual c) Unannounced Monitoring of Direct Supervision d) Annual Pre-budget PREA Staffing Plan e) PREA Staffing Plan Assessment 2. Interviews: a) Facility Director/ PREA Compliance Manager b) Program Coordinator c) PREA Coordinator/Associate Director d) Agency Director e) Intermediate or Higher-Level Facility Staff conducting unannounced rounds f) Residents 3. Site Review Observations: a) Informal interviews during site review 115.313(a). Our Home Inc. ensures that the Parkston facility has developed and implemented a staffing plan that is documented and provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, PARKSTON takes following into consideration as outlined in their Policy: (1) Generally accepted juvenile detention and correctional/secure residential practices were observed by the Auditor during the tour and are listed on the Our Home, Inc. Website in the program description page; services include effective juvenile detention/residential standard practices such as psychoeducation groups, cognitive behavioral therapy, objective screening and assessment, multi-disciplinary treatment planning and 30-day reviews, education and pro-social programming and individual therapy. The facility is licensed by SD DSS, and the license is current. (2) Judicial findings of inadequacy do not exist for Our Home, Inc. according to reports by the Licensing and Accreditation Manager and Executive Director. The Auditor conducted a search of the internet and found no related media. The DRSD Executive Director confirmed that Our Home, Inc. has not been the known subject of any court cases or judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies do not exist for Our Home, Inc. according to reports by the PREA Compliance Manager and Executive Director. The Auditor conducted a search of the internet and found no related media. (4) Any findings of inadequacy from internal or external oversight bodies do not exist for Our Home, Inc. according to reports by the PREA Compliance Manager and Executive Director. The Auditor conducted a search of the internet and found no related media. The DRSD

Executive Director confirmed that Our Home, Inc. has not been the known subject of any findings of inadequacy from internal or external oversight bodies.
(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated) are taken into consideration when making program improvements. The Auditor observed that three more cameras were incorporated into the upcoming budget to address blind spots. The addition of these cameras is documented in the Our Home, Inc. Annual Pre-budget PREA Staffing Plan 2019, which states that it is the assessment that "our continuous supervision policy plays a very important and positive role in preventing and minimizing sexual harassment and abuse. During the 18-19 budgets, additional cameras were budgeted in 3 additional common areas; they are currently in hallways and will be added before the end of the budget year to include the living rooms in the Parkston/PRTF. PREA training continues to be offered at hire and at minimum one time of year for all staff. "
(6) The composition of the resident population is entirely males between the ages of 12-17, and Our Home, Inc. Executive Director reported that recruitment of qualified staff was a priority. During the tour, the auditor observed that the majority of staff working directly with the residents were male, and that cross-gender announcements occurred when a member of the opposite gender was on the housing or lounge unit.
(7) The number and placement of supervisory staff is outlined in detail is the Resident Supervision Policy. The number and placement of supervisory staff was observed by the auditor during the on-site review phase and is detailed in this report.
(8) Institution programs occurring on a particular shift, require a direct supervision model with the 1:6 staff to youth ratios. Resident off-campus passes or home visits are described in Our Home, Inc. Resident Supervision policy. Several residents described being off-campus accompanied and supervised by staff.
(9) Any applicable State or local laws, regulations, or standards are reflected in the CANSH, Health and Screening, Grievances, and the Supervision Policies. Mandatory reporting requirements are posted on the Our Home, Inc. website and found in Resident Handbooks.
(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse is taken into consideration and documented in the Annual Pre-budget PREA Staffing Plan. There were no substantiated or unsubstantiated incidents of sexual abuse; however changes were made as a result of sexual harassment allegations occurring in 2018. Three new cameras will be placed in the Parkston facility; one in each Group Lounge/Living Room.
(11) Any other relevant factors: none reported by the Executive Director.
115.313(b). The "Resident Supervision" policy requires staff to provide direct supervision at all times to the residents; and, procedures under this policy require direct supervision is adjusted for youth who are showering, using the bathroom or changing clothing.
The Accreditation and Licensing Manager and Executive Director reported no staffing plan deviations to the policy over the past year, and staff reported no staffing shortages or instances of deviation from the staffing ratios during their interviews.
115.313(c). The Parkston staffing ratio of direct supervision employees to residents outlined in the Agency "Resident Supervision" policy exceeds the PREA requirements. Our Home, Inc. policy requires maintaining staffing ratios of 1:6 during the day shift and 1:12 on the overnight shift. During the Auditor's on-site visit the 1:6 ratio was observed with no evidence or reports of deviation from the staffing plan over the past year. In interviews with the Auditor, employees reported that supervision ratios met Agency policy at all times over the past year, and described how supervision of the housing units, the lounges and the bathroom/shower areas are managed.
115.313(d). The Executive Director and Licensing and Accreditation Manager reported that

whenever necessary, but no less frequently than once each year, Our Home, Inc. operates, in consultation with the Executive Director and the PREA Coordinator/Associate Director (required by § 115.311), to assess, determine, and document whether adjustments are needed to:
(1) The staffing plan established pursuant to paragraph (a) of this section;
(2) Prevailing staffing patterns;
(3) The facility's deployment of video monitoring systems and other monitoring technologies; and
(4) The resources the facility has available to commit to ensure adherence to the staffing plan.
Our Home Inc. uses the "Annual Pre-budget PREA Staffing Plan Assessment" form to document the staffing plan review which is completed and discussed during the Annual Pre-Budget Meeting. Calendar year 2018- 2019 data was documented by Our Home, Inc. Annual Pre-budget PREA Staffing Plan Assessment dated 2019, and examined by Ms. Vetter. The report lists the following information: the numbers, types and investigatory findings of PREA incidents for each of the Agency's programs, the eleven PREA criteria considered in the staffing plan, notes on how the staffing plan had an observable or quantifiable impact on the occurrence of sexual abuse and sexual harassment within the facility and the indication that the facility has sufficient resources to ensure adherence to the plan. It is dated and signed by the Executive Director on 3/1/2019.
During the Parkston facility tour the Auditor observed the video monitoring equipment, and Licensing and Accreditation Manager pointed out that three (3) new cameras will be added based on the latest PREA Staffing Plan Assessment Plan. They explained how the video monitoring system and strategically placed cameras in each hallway, lounge areas and common areas (cafeteria and school) help prevent and detect sexual abuse and sexual harassment. Review of the video has helped staff build certain skills and has been used for training. This information was also noted in the Annual Pre-budget PREA Staffing Plan Assessment Plan.
115.313(e). Parkston's Resident Supervision Policy and procedures require having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This policy was reviewed by the Auditor, as well as documentation of unannounced rounds having occurred on night shifts as well as day shifts. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility, and states that "monitoring shall be conducted and documented on an Unannounced Monitoring of Direct Supervision form at least once every two-week period for each shift", and that the Child Care Coordinator at each facility "shall be responsible for assuring that random and unannounced site visits are conducted to monitor resident attendance and constructive participation in any community activities or services away from the facility".
Under this policy Youth Supervisor I and II positions, a Group Leader/Counselor or "any staff qualified to do supervision" are required to conduct unannounced rounds once per week. The policy also states that employees are prohibited from alerting other employee members that an announced monitoring is occurring.
Ms. Vetter reviewed a sample of documented unannounced rounds from three months in 2019 found on the "Unannounced Monitoring of Direct Supervision" forms. This form guides employees on what is to be observed and must be signed by the Parkston Program Coordinator. Each form reviewed by the Auditor indicated the date and time, which suggested that, unannounced rounds are occurring as required under Agency policy so as not to occur

	with regularity or a set pattern, time or date to ensure that staff cannot predict when the rounds will occur. Ms. Vetter interviewed the Program Coordinator and another staff (who signed the forms) and each confirmed that unannounced rounds occur according with agency policy. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.313(a, b, d, e) and exceeds 115.313 (c) .

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.315 Limits to cross-gender viewing and searches The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) Search and Shower Policy b) Pat Searches policy c) Memo-Staffing Plan from Director d) Resident Supervision Policy e) Health Screening and Physical Examination Policy 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Program Nurse d) Intake Staff, Supervisors and Group Leaders e) Agency Director f) Intermediate or Higher-Level Facility Staff g) Residents h) Nurse 3. Site Review Observations: a) Informal interviews during site review 115.315(a). Our Home Inc. policy "Search and Shower" sets limits to cross-gender viewing and searches, and states "Search and Showers must be conducted by an employee member of the same gender as the resident and observed by another". 115.315 (b-c). Our Home, Inc. does not allow staff to conduct cross-gender pat-down searches ever. The Search and Shower policy prohibits the pat-down search of any resident. During the initial intake, upon return from a home-visit, upon return from runaway status, or if suspicion of hidden contraband or missing items remain staff of the same gender as the resident provide a wrap or robe to the resident prior to the resident undressing to underwear behind a privacy screen. During this process residents are never fully viewed. Employees are not allowed to touch a resident at any time during a search. Each of the residents who were interviewed by the Auditor, consistently stated they are never nude in front of employees, nor have they been pat searched or touched by staff at any time while at the facility. The Nurse confirmed this and stated that neither she nor other employees would ever conduct these types of searches or any type of examination which requires a resident to be fully viewed without clothing covering private parts. She stated that searches or examinations which require a resident to be nude are conducted at an outside medical facility by medical staff. 115.315(d). The “Resident Supervision” policy states that “staff of the opposite gender shall announce their presence when entering an area where residents are likely to be showing, performing bodily functions or changing clothes”. Our Home Inc. policy on "Resident Supervision" requires all employees to adjust their direct

	supervision to ensure they are not view of residents while taking showers, performing bodily functions or changing clothes. In both observing employee duties, along with interviews with employees and residents, it was clear there is supervision of residents and employees. However, the shower areas allow for privacy without being viewed and the toilet stalls have a privacy curtain which prohibits direct viewing of residents. Resident and employees both confirmed the procedures utilized to ensure residents privacy are working. No resident reported ever being viewed during showers, performing bodily functions or changing clothing. This same policy requires employees of opposite gender announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothes. Resident interviews confirmed that these announcement happens during day and night shifts. 115.315(e). Our Home, Inc. policy states that no resident will ever be searched or physically examined by program or medical staff at any time. In an interview with the Auditor, the nurse, staff and Executive Director indicated that if any physical examination is necessary, it would occur at a doctor's office or hospital and be conducted by an outside entity. 115.315(f). Our Home, Inc. policy states that no resident will ever be searched or physically examined by program or medical staff at any time. In interviews with the Auditor, the Nurse, staff and Executive Director indicated that if any physical examination were necessary, it would occur at a doctor's office or hospital and be conducted by an outside entity. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets standard 115.315(a, b, c, d, e, f).

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.316 Residents with disabilities and residents who are limited English proficient The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) Limited English Proficiency Policy b) Reasonable Accommodation for Residents Policy c) A to Z Interpretive Services protocol agreement d) Agency Website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Program Nurse d) Intake Staff, Supervisors and Group Leaders e) Agency Director f) Intermediate or Higher-Level Facility Staff g) Residents h) A to Z Intrepretor 3. Site Review Observations: a) Informal interviews during site review 115.316(a). Although there were no residents with disabilities at the time of the audit, Our Home, Inc.'s Reasonable Accommodation for Residents Policy defines disabilities, the scope of reasonable accommodation and examples of accommodations. 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, the agency's policy states it will take the following steps: • When necessary to ensure effective communication with residents who are deaf or hard of hearing, access will be provided to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. • Written materials will be provided in formats and through methods that ensure effective communication with residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or low vision. If residents are perceived to have such disabilities but do not request accommodation, then agency staff shall assist the resident in understanding the reasonable accommodation process and requesting accommodation if needed. The Our Home, Inc. website makes it clear that anyone with disabilities requiring alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities are instructed to contact USDA through the Federal Relay Service at (800) 877-8339. During the interviews, two residents who may have been cognitively challenged explained their right to be free from sexual abuse and sexual harassment, how they could report it in multiple

way, and described how the Resident Handbook was reviewed with them by staff and with other residents in groups (verbally, in writing and in group discussions) and demonstrates that Parkston uses multiple approaches to accommodate various learning styles and abilities.
115.316(b). Our Home Inc. Limited English Proficiency (LEP) Policy addresses residents with Limited English Proficiencies and describes staff roles and procedures for achieving effective communications with LEP residents to identify and assess the language needs, to provide language assistance to ensure residents meaningful access to programs and services to prevent, detect and respond to sexual abuse The Procedures Section of this policy describes the practice of achieving effective communications to be governed by the following procedural guidelines: Annual agency evaluation activities shall collect evaluation data that reflects referrals and admissions where the case history indicates that a limited English proficiency exists. This data shall be collected and summarized for the purpose of identifying proficiency trends that may exist and need to be responded to. The data shall be reviewed annually by the Associate Director to determine the agency's consumer need as well as the agency's compliance with TITLE VI - PROHIBITION AGAINST NATIONAL ORIGIN DISCRIMINATION.
The Agency policy also states that at a minimum the facility will assure that LEP individuals are provided written notice of the right to receive competent oral translation of written materials and extends to all vital documents including applications, consent forms, letters containing important program information, notices pertaining to the reduction, denial or termination of services or benefits, notices of right of appeal, and notices of the availability of free language services. In the policy it states that Our Home, Inc. considers a variety of approaches to meet the language needs of the LEP consumers such as Employing bilingual staff; Arranging for volunteer staff or community interpreters; Contracting for interpreter or translator services; and, Utilizing telephonic interpreter services.
During interviews with the Executive Director and language service provider, the Auditor confirmed that Our Home, Inc. works the A to Z Interpreter Services to interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.
Although there were no LEP residents at the time of the audit, Our Home, Inc. has an agreement for interpretive services with A to Z; the Auditor's review of the agreement and interview with A to A staff confirmed these services. The interview with the Licensing and Accreditation manager revealed that employees' introductory Training Program provides guidance for the identification of persons impacted by LEP. The LEP Policy that employees are trained on states that " Any employee identifying a person so impacted shall expediently notify their supervisor. All agency employees shall be expected to refresh their training through the annual and periodic review of the policy and procedures manual."
The Nurse and Group Leaders responsible for intake reported if LEP residents needed it, they would receive a personal orientation with a Spanish-speaking Agency staff to review resident forms and handbook. The Auditor examined Grievance Forms, Posters and the Resident Handbook in English, Spanish and translated to two of the most common local languages.

115.316(c). Employees confirmed during interviews that they had not needed interpreter services for a resident, but described how to make contact with an interpreter if needed. Employees further confirmed that they are prohibited from relying on resident interpreters, resident leaders, or other types of resident assistants.
The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets standard 115.316 (a, b, c).

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.317 Hiring and promotion decisions The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) Recruitment and Verification of Background, Credentials and Employment/Contract Eligibility, Employee Selection Process, References for Employment, Obligation to Inform, CANSH, and Direct Service Contractors policies b) Human Resources and Personnel Files c) Our Home Inc. Personnel Manual 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Licensing and Accreditation Manager d) Program Nurse e) Intake Staff, Supervisors and Group Leaders f) Agency Director g) Employees 3. Site Review Observations: a) Informal interviews during site review 115.317(a.1-3). Verification of Background and Credentials and Employment/Contract Eligibility Policy requires Our Home, Inc. to verify prospective, newly hired and current employees/direct service contractors through criminal history, fingerprint, child abuse record, employment eligibility and other background and credential checks. The Employee Selection Process Policy states that in addition to verifications, Our home, Inc. adheres to PREA standards, prohibiting the hiring or promotion of employees who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. The Direct Service Contractors Policy requires contractors fulfilling any direct service role or who have direct contact with the residents must also adhere to these same policies. The Licensing and Accreditation Manager, PREA Compliance Manager, and the PREA Coordinator/Associate Director confirmed that Our Home, Inc. strictly complies with agency policy on verifying background and credentials for employment edibility. Background checks were found in all employees files which also contained employment application, employment histories and references. 115.317(b). The Employee Selection Process Policy states that Our Home, Inc. also considers 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. The Licensing and Accreditation Manager and the PREA Coordinator/Associate Director confirmed that Our

Home, Inc. strictly complies with agency policy. The Auditor reviewed each employee file and found none to have any allegations of sexual harassment.

115.317(c). Verification of Background and Credentials and Employment/Contract Eligibility and References for Employment Policies describes procedures requiring Our Home, Inc. to (1) Perform a criminal background records check; (2) Consult the Sex Offender Registry abuse registry maintained by the State ; and (3) 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, and that all attempts to contact shall be documented on an Employment Mail/Phone Reference check form. The Auditor reviewed the forms found in the personnel files which appeared to be complete in all the required information and signed by the Investigator.

115.317(d). Recruitment and Verification of Background and Credentials and Employment/Contract Eligibility Policy requires Our Home, Inc. to verify prospective, newly hired direct service contractors prior to performing services through criminal history, fingerprint, child abuse record, employment eligibility and other background and credential checks. The agency performs a criminal background records check, and consults applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. These forms were verified by the Auditor in the personnel files.

115.317(e-f). The Our Home, Inc. employment application requires all prospective employees/contractors to disclose details about any past criminal history. The Obligation to Inform Policy requires employees to disclose any criminal misconduct, and failure to report such information subjects the employee to termination by policy. All employee files reviewed contained written applications signed by applicants to disclose any criminal history.

All of the files reviewed by the Auditor contained a background clearance from the Federal Bureau of Prisons and the South Dakota Sex Offender Registry. Background checks for new employees were completed prior to employment, and every five years, and this paperwork was reviewed by the Auditor in each of the personnel files. The Executive Director, the PREA Coordinator and the Licensing and Accreditation Manger confirmed during their interviews that they play a role in hiring and promoting employees and that in their hiring and promotion practices, the Agency policy and PREA requirements are strictly adhered to.

115.317(g). The Obligation to Inform Policy pertains to the employee's historical record and to their current status, and states that material omissions, meaning failure to notify the supervisor immediately regarding criminal misconduct or criminal charges is grounds for termination.

115.317(h). Section IV.8. of CANSH states that cooperation with external investigators includes but is not limited to providing information on substantial allegations of sexual abuse and harassment involving former employees upon request from an institutional employer for whom such employee has applied for work. Our Home, Inc. (based on legal advice) may be restricted to a cautionary referral that the prospective institutional employer consult further with the DSS about the applicant.

The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets standard 115.317(a, b, c, d, e, f, g, h).

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.318 Upgrades to facilities and technologies The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) Building Expansion and Modification Projects Policy b) Annual Pre-budget PREA Staffing Plan Assessment 2019 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager 3. Site Review Observations: a) Informal interviews during site review 115.318(a-b) The Building Expansion and Modification Projects Policy was implemented by Our Home, Inc. in November of 2013, and requires agency facilities to consider the effect of the building design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The Parkston program added cameras to its facility in July 2016 subsequent the last PREA Audit. During the onsite tour, the Auditor observed the three (3) group lounges/living areas where the three (3) new cameras will be placed. Mr. Thorpe the Associate Director discussed the placement of these cameras during the tour and indicated that the PREA standards and review of incidents guide the placement of cameras. Ms. Vetter noted that the cameras placed around the facility were working at the time of the tour. Additionally, motion lights have been installed in all of the resident bedrooms. The Auditor also reviewed the 2018 Annual PREA Staffing Plan Assessment which documents employee discussions on the review of incidents, existing staffing levels and all components of the facility's physical plant, and how monitoring and video technology may enhance the Our Home's ability to protect residents from sexual abuse. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.318 (a, b).

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.321 Evidence protocol and forensic medical examinations The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Resident Handbook c) DSS letter of service provision for victims d) A Child's Voice /Our Home, Inc correspondence e) DOC Training 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Licensing and Accreditation Manager d) Program Nurse e) Agency Director f) Program Coordinator g) Child's Voice h) DOC PREA Coordinator 3. Site Review Observations: a) Informal interviews during site review 115.321(a). Parkston is responsible for conducting administrative sexual abuse and sexual harassment investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The South Dakota Department of Social Services (DSS) and the Department of Criminal Investigation (DCI) are responsible for conducting criminal sexual abuse and sexual harassment investigations. Only trained investigators may conduct internal administrative inquiries and those are limited to allegations of: a)Sexual harassment; b)Policy and procedure violations where-in sexual abuse was not thought to be an end result; c)Allegations thought to be of casual physical contact preliminarily suspected to have occurred without sexual intent; and d) Cases screened out or referred back to Our Home, Inc. by the DSS for further investigation. To the extent that Parkston is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PREA Coordinator and the PREA Compliance Manager for Parkston are trained by the SD Department of Corrections PREA Coordinator. The Auditor observed the training certificate which included The CANSH Policy Section IV.5. states that staff assure that all necessary measures are taken to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. In interviews with program employees and the PREA Compliance Manager the procedures to protect a crime scene were described uniformly by all describing that a staff member would post at the scene and remain there until the area is

secured or until the crime scene has been turned over to investigating authorities. If the abuse occurred within a time period that still allowed for the collection of physical evidence, interviews reflected the CANSH policy requiring staff to request the alleged victim to and ensure the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.321(b). The protocol is developmentally appropriate for youth and 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 Interviews with the Program Coordinator and other employees indicated that there was a general knowledge of who was in charge of sexual abuse investigations and named the Associate Director.

Employees reported knowing how to preserve evidence to aid responders in collection of usable physical evidence, indicating that the safety of the residents was a top priority.
Our Home Inc. policy allows residents to have a victim advocate from either a public entity or agency trained employee. If requested by the resident, advocates may accompany them to provide support throughout the process. Victim advocacy services posters are posted throughout the facility and visible during the tour.

115.321(c). Section IV.3. of the CANSH states that Our Home, Inc. states that under the authority of an external investigator (such as local law enforcement or DSS) that measures taken may include ensuring the resident victim receives timely, unimpeded access to emergency medical treatment whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. The Executive Director, PREA Compliance Manager and Licensing/Accreditation Manager reported that forensic examinations are performed by the local hospital by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) through a Child's Voice, which is a nationally accredited Child Advocacy Center that provides medical evaluations for children who may be victims of abuse and neglect. Childs Voice employs SANE/SAFE personnel according to their website. Sanford Children's Child Abuse Pediatrics and A Child's Voice advocacy centers provide diagnosis, treatment and prevention of child abuse by specifically trained Pediatricians or by Emergency Room Physicians. Our Home policy allows residents to obtain these medical and forensic exams without financial cost. The Auditor confirmed this arrangement in an interview with Child's Voice.

115.321(d). Our Home, Inc. provides residents with access to outside victim advocates for emotional support services related to sexual abuse, as stated in the CANSH policy in Section VI.7. and the Resident Handbook which provides two advocacy agencies names, mailing addresses and telephone numbers.

115.321(e). As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. This service is provided through a Child's Voice as per the agreement reviewed by the Auditor.

	115.321(f). Our Home, Inc.'s CANSH policy in Section IV.3 state that the agency will request that all external investigating agencies of incidents of sexual abuse follow PREA Standards 115.321 and 115.371. This could be documented through correspondence from Our Home, Inc to DSS demonstrate that to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.321(a-f).

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.322 Policies to ensure referrals of allegations for investigations- The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.322 (a). In the Our Home Inc. Personnel Manual and CANSH policy the agency's investigative policy is described in Section IV.2. as how the facility is responsible to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; it defines the role of Our Home, Inc. and DSS in the investigative process. The policy requires staff to immediately report any allegation of abuse, neglect or sexual harassment as required in SD Codified Law 26-8A-3 to the next level of supervision who then immediately informs the facility's Program Coordinator and the Executive Director who immediately reports to CPS or local law enforcement, unless the allegation is for sexual harassment. In interviews, all employees knew they were mandated reporters and would report as per policy and immediately. Section VI of this policy requires that the internal administrative inquiry be conducted in accordance with the SD Department of Corrections (DOC) Investigating Sexual Abuse in Confinement Settings. The Auditor reviewed all documentation associated with the eight (8) allegations that were described as having the "potential to rise to sexual harassment as defined by PREA" as reported by Parkston in 2018-19. The summary of these allegations is captured in a report entitled Annual Pre-budget PREA Staffing Plan Assessment. The grievances, the facility's Administrative Inquiry documentation, referrals to DSS were reviewed by the Auditor. Documents were comprehensive, organized, and signed with time/date stamps; which suggests that the policy guiding investigations into allegations is closely followed by Our Home, Inc. employees and DSS. Within the past year a total of eight (8) incidents with the potential to rise to sexual harassment as defined by PREA occurred and were reported. Two (2) were unfounded and six (6) were substantiated by Our Home, Inc. Administrative Inquiry. These cases all involved resident-to-resident consensual behavior according to the Annual Pre-budget Staffing Plan Assessment for 2019. None of the cases were forwarded to DOC or law enforcement for criminal investigation.

115.322(b). In the Our Home Inc. Personnel Manual and CANSH policy the agency describes how the facility is responsible to report allegations of sexual abuse and sexual harassment to DSS, and defines the role of DSS in the investigative process. The Agency Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention & Intervention" is posted in its entirety on the agency/facility web page. https://www.ourhomeinc.org/prea
115.322(c). Our Home, Inc. policy describes the responsibilities of both the agency and the investigating entity; it requires all sexual abuse allegations be referred to DSS, and requires sexual harassment allegations be investigated using the Our Home, Inc.'s Internal Administrative inquiry procedures (unless they are criminal in nature). Administrative Inquiry protocol described in Section VI of this policy indicates that when there is a suspicion the sexual harassment allegation is criminal in nature, it is referred to DSS. During interviews, the facility PREA Compliance Manager and the PREA Coordinator, confirmed their specific roles in conducting Administrative Inquiries for allegations of sexual harassment, their signatures were observed on related documentation, and they both attended the DOC PREA Investigation training with recent dates of certification their personnel files. DSS correspondence was also reviewed to affirm the DSS criminal investigation role.

115.322(d). The SD Department of Corrections (DOC) Investigating Sexual Abuse in Confinement Settings policy governs the conduct investigations and requires that only trained investigators may conduct internal administrative inquires. Link to policy https://doc.sd.gov/about/PrisonRapeEliminationAct.aspx
DSS, as the state entity responsible for conducting criminal investigations outlines its agency policy in comprehensive detail in a letter dated 2016 from DSS to Our Home, Inc describing the Division of Child Protection Services (CPS) centralized intake function, the procedures followed during the week and on the weekends, when a report assigned to a DSS investigator and made to local law enforcement, and what type of information DSS will release about the investigation. DSS determines whether the allegation will be investigated criminally or by Our Home, Inc. Administrative Inquiry.
There have been no criminal investigations or investigations into sexual abuse at this facility, which was confirmed by DSS, and interviews with the Our Home, Inc. Executive Director, the PREA Compliance Manager, and the PREA Coordinator. The Auditor interviewed the Executive Director of Disability Rights of South Dakota (DRSD) who confirmed that there have been no criminal investigations or investigations into sexual abuse at this facility, and no residents have contacted DRSD to report sexual abuse or sexual harassment.

115.322(e). There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities and therefore a policy governing the conduct of such investigations so this provision does not apply. N/a
The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. PARKSTON meets the standard 115.322.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.331 Employee training The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Training documentation, training PowerPoint and 2-hour curriculum, PREA employee exams and employee participation records and signature pages. 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Employees 3. Site Review Observations: a) Informal interviews during site review 115.331(a-b). CANSH policy Section XI requires that employees who may have contact with resident shall receive documented training that addressed sexual abuse and harassment and that when a staff member transfers from the Parkston Program to another agency program, additional training to cover gender-specific needs for female residents shall be provided to meet the unique needs, attributes and genders of the residents. The Personnel Manual Policy introduction states the agency has a zero-tolerance policy in regards to sexual harassment and sexual abuse. This policy requires all employees who have who have contact with residents to complete and document the PREA training. The Auditor reviewed Parkston's PREA training curriculum which includes: definition of terms related to sex abuse and harassment, review of roles, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Resident's right to be free from sexual abuse and sexual harassment; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in treatment programs; The common reactions of juvenile victims of sexual abuse and sexual 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; How to comply with laws related to mandatory reporting of sexual abuse to outside authorities; Relevant laws regarding the applicable age of consent; 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. 115.331(c-d). CANSH policy Section XI states that this training will be conducted during the

	staff's initial orientation and then at least every 2 years thereafter. Randomly selected Parkston employee files were reviewed for PREA training documentation. All files contained documentation of the training as per the PREA Standards which was signed by the employee indicating they received and understand this information; training forms were dated within the last six months. Documentation of the initial PREA training was present in the files for two recently hired employees. Every employee interviewed by the Auditor reported to have completed the PREA training curriculum upon hire and annually, and thoroughly described the training and their responsibilities. The Licensing and Accreditation Manager reported that the most recent PREA trainings for staff occurred in February and May 2019 and was evidenced by several pages of employee signatures indicating their attendance at these trainings. The PAQ reports that each employee is required to sign the signature page. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.331(a-d).

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.332 Volunteer and contractor training The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH, Orientation and Training, and Supervision Policies b) Training documentation and attendance records c) Volunteer and contractor files 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Volunteers /contractors 3. Site Review Observations: a) Informal interviews during site review 115.332(a-c). The CANSH Policy addresses volunteer and contractor training in Section XII. for those who may have contact with residents. It states they shall receive documented training that addresses their responsibilities as detailed in the policy, that the training occurs during their initial orientation, and that the level and type of training will be based on the services provided and the level of contact. The Auditor examined the administrative files for all volunteers and one contractor, and found documentation of PREA signed statement of their responsibilities. Although there were no volunteers at the Parkston Facility during the onsite visit, the Licensing and Accreditation Manager reported that volunteers would never be alone with residents, as per the Orientation and Training and Supervision policies; volunteers assist staff in programming and do not conduct therapy or counseling with residents. Residents who were interviewed confirmed that they are never alone with volunteers during anytime. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.332(a-c).

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.333 Resident Education The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH and Grievance Policies b) Resident Files c) Intake Checklist Forms d) Resident Handbook e) Our Home, Inc. website f) DSS website g) Disability Rights of South Dakota website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Residents f) Employees g) Nurse 3. Site Review Observations: a) Informal interviews during site review 115.333(a-b). According to Child Abuse, Neglect, and Sexual Harassment Prevention (CANSH) policy, there are multiple ways that residents in the Parkston program receive a documented orientation and comprehensive education which address the subject of child abuse, neglect and sexual harassment. The policy requires that resident education begin during program orientation, upon the arrival of a resident, and continues during the time of this orientation and over the course of the next few days. The Licensing and Accreditation Manager described the program's two Registered Nurses and Group Leaders as those staff who provide resident education on the right to be free from SA/SH and from retaliation for reporting such abuse. The education includes details on how to report verbally, in writing or by telephone, anonymously through the grievance or emergency grievance system. The Group Leaders are also required by this policy to ensure that residents receive and understand the zero tolerance policy and how to report incidents or suspicions of abusive, neglect or sexual harassment, and as part of the Group Leader role, they review the Resident Handbook with new residents individually and as part of a group process. The facility displays several posters, handbooks and other visual reminders in housing units and common areas that describe residents' right to be free from SA/SH, how to report any incidents, and who to contact including Child Protective Services (CPS) at the Department of Social Services (DSS) and the Disability Rights of South Dakota (DRSD). (This information is

also included in the Resident Handbook.) There are "PREA Pamphlets" that are available to residents in the main hallway with this information.
The nurse and Group Leaders reported providing PREA education as part of intake and orientation to all residents within 24 hours of their arrival into the program that defines SA/SH. They also described using the program's Positive Peer Culture (PPC) to continue to educate and reinforce sexual safety with the residents.

The auditor interviewed (ten) 10 residents; two had been in the program for twelve months and two were fairly new to the Parkston Program. Every resident interviewed reported receiving PREA education from multiple people at intake and a Resident Handbook within a few hours of their arrival, which was provided by the medical staff and reviewed again later by the assigned Group Leader with the resident. Residents reported discussing this same information and thoroughly reviewing and signing the Resident Handbook by reading it out loud with their groups. It was clear the residents understood their rights to be free from sexual harassment and sexual abuse. Further, residents confirmed that as orientation continues after intake over the next two-three days, as residents review the policies of the Resident Handbook in groups and individually with Group Leaders. Every resident was able to describe how to report an incident and understood there are multiple ways to report, including verbally to a Group Leader, the nurse, the PREA Compliance Manager, CPS and parents, or in writing submitted to any staff or placed into grievance box.

The auditor randomly selected resident files and compared the resident admission/intake date with the date the PREA Education was provided (resident signatures) and each timeframe reflected that residents were educated on PREA within the first 24-48 hours, and typically within the first few hours of arriving in the program.

115.333(c-f). Our Home, Inc. agency policies apply uniformly to both Parkston and ASAP facilities. There is a process for residents transferred between facilities to be re-educated on the PREA requirements, however at the time of this report there had been no residents transferred between the Parkston and ASAP facilities.
The nurse and Group Leaders consistently reported that no residents with limited English proficiency (LEP), deafness, physical or visual impairment were currently admitted to the program but cited the LEP policy to arrange for an interpreter in these situations. Our Home, Inc. has a signed agreement with A to Z World Languages, Inc. in Sioux Falls, SD for interpreter services. Upon further questions from the Auditor, the staff reported that they take into consideration the demographics (ages) of their program population and the learning levels of current residents and approach education on a case-by-case basis to ensure residents understand their rights, the program rules/expectations and how to report SA/SH in multiple ways.
Resident files reviewed by the auditor contained documented resident participation in these education sessions; each file contained checklist signed by the resident acknowledging their understanding of the rules and their rights to be free from SA/SH, and how to report.
Section XIII on Resident Education states that each facility shall ensure that appropriate key information from the orientation and education is continuously and readily available to all residents via the Resident Handbook and pamphlets on display in the facilities. Resident Handbooks and grievance forms reviewed by the Auditor are available in Spanish and Karin, can be translated into any other language or translated into sessions provided by sign

	language interpreter via a contract with A to Z Interpretive Services. The auditor reviewed the signed agreement between Our Home, Inc. and then contacted a representative of A to Z Interpretive who confirmed the agency would provide translation and interpretive services for any language including sign language for the hearing impaired to Our Home, Inc. programs The Nurse and Group Leaders who conduct the program intakes reported that Parkston's review of the rules, the agency's zero tolerance policy on SA/SH, and program expectations are reviewed within the first 24 hours and then multiple times during the residents' first week in group and individual sessions to ensure that the information is provided in a developmentally appropriate manner and for residents who have IEP's or may need testing (for those who may be cognitively impaired) the educational liaison would follow up on an individual basis. Residents reported that they received a Resident Handbook within the first several hours of arrival at the program and they described a several day orientation process using the Resident Handbook in group and individual sessions. They also described posters that were placed around the program describing the agency's zero tolerance policy for SA/SH and specific instructions on how they could report. The Auditor observed these posters as being developmentally appropriate for the residents. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.333(a-f).

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.334 Specialized training: Investigations The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) DOC training certificate 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) SD DOC PREA Coordinator 3. Site Review Observations: a) Informal interviews during site review 115.334(a-d). Our Home Inc. does not investigate criminal sexual abuse. The Personnel Manual Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention" states: Internal administrative inquiries shall be conducted following Agency procedures and in accordance with the South Dakota Department of Corrections Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators manual. Our Home Inc. staff is authorized to conduct administrative inquiries but does not formally conduct PREA investigations. This is the responsibility of the South Dakota Department of Social Services (DSS) and the Department of Criminal Investigation (DCI) To the extent that Parkston is responsible for investigating allegations of sexual abuse and sexual harassment, the facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The CANSH Policy Section VI 1-3 states that administrative inquiries are limited to allegation of sexual harassment, policy and procedure violations where-in sexual abuse was not thought to be an end result; allegations thought to be of casual physical contact preliminarily suspected to have occurred without sexual intent; cases screened out or referred back to Our Home, Inc. by the DSS for further investigation. This section requires that all inquiries must be conducted by staff members who have complete PREA investigation training, and that PREA Compliance Mangers shall be responsible for this duty, and if the Compliance Manager has been involved in the allegation, the Associate Director shall investigate in their place. A review of employee training files for the PREA Compliance Manager and Associate Director revealed a certificate dated January 16, 2019 for participation in the SD DOC training entitled, Responding to Juvenile sexual Abuse and Sexual Harassment. This is an 8-hour course that includes PREA investigation Procedures and Documentation; Identifying your Role as a PREA

	Investigator and Outside Investigator; Techniques for Interviewing Juvenile Sexual Abuse Victims; Proper use of Miranda and Garrity Warnings; Sex Abuse Evidence Collection in Confinement; Criteria and Evidence Collection for Substantiated Case. The Auditor interviewed the PREA Coordinator/Associate Director for SD DOC who confirmed that he is the trainer of this course, that the training meets the requirements of the PREA Standards of 115.334 and 115.371. He confirmed participation in this training of Mr. Thorpe and confirmed his attendance to meet the requirements of their PREA roles. The Auditor reviewed the 2018-19 administrative inquiries, all of which contained Mr. Thorpe's signature. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.334(a-d).

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.335 Specialized training: Medical and mental health care The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH and Orientation and Training Policies b) Employee and contractor training files 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Nurse f) Psychologist 3. Site Review Observations: a) Informal interviews during site review Our Home Inc. Policy and Procedure Manual, "Orientation and Training" describes training for staff that is appropriate to their assignment. The Parkston Facility employs two nurses and a clinical psychologist. The training for these professionals is the same as all employees. It is also noted by the Auditor as reported by multiple staff that employees do not conduct any forensic medical exams, nor do they conduct any exams which entail a young person to be unclothed. This information was confirmed during the interviews of the Nurse and Clinical Psychologist. Documentation in the files confirmed attendance at most recent 2019 training for all medical and mental health care employees. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.335.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.341 Screening for risk of victimization and abusiveness The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH and Assessment to Reduce Risk of Sexual Abuse policies b) Screening and Intake Assessment Tools and Intake Forms c) Resident Intake and Case Management Files d) Case Record Management Policy 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Nurse f) Employees g) Residents 3. Site Review Observations: a) Informal interviews during site review 115.341(a-c). It is the policy of Our Home, Inc. to conduct assessments of residents to reduce the risk of sexual abuse by or upon the residents, and this is outlined in Assessment to Reduce Risk of Sexual Abuse policy, which states that within 72 hours of intake the Counselor/Group Leader shall obtain information about the resident's personal history and behavior and document the information on the agency's Intake Assessment Tool. The PAQ indicates that 100% of forty-two (42) residents were screened within 72 hours of admission. The Intake Assessment Tool was reviewed by the Auditor and found to be an objective assessment tool using questions to determine an overall point score and to determine potential victims and potential perpetrators. The questions contained on this form measure a resident's potential vulnerability for abuse and the potential for being a perpetrator of abuse. The tool includes the following PREA criteria: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The Assessment to Reduce Risk of Sexual Abuse policy requires that as part of the initial treatment plan and continuing review and update process, placement and programming assignments of all residents shall be reassessed to review any threats to safety experienced by the resident. The resident's own views with respect to his or her own safety shall be given

	serious consideration. The on-going review and re-assessment schedule was confirmed by the Executive Director, PREA Compliance Manager, Nurse, and Licensing and Accreditation Manager. Reassessment documentation as part of residents' treatment plans were reviewed by the Auditor in resident files; this occurs every 30 days as part of the treatment planning process with a multi-disciplinary team. 115.341.(d). The Assessment to Reduce Risk of Sexual Abuse policy states that the Counselor/Group Leader ascertains information for the assessment through conversations with the resident during the intake process and by reviewing relevant documentation from the new resident's case record. During the intake process medical and mental health screenings occur to gather more information by reviewing court records, case files, facility behavioral records, and other relevant documents. Twelve resident files were selected, including files of residents who were interviewed by the Auditor and random files. All of the Intake and screening forms were completed and signed by group leaders, nurses and mental health staff within the 72 hour timeframe. During Auditor interviews, Group Leaders and mental health staff confirmed the practice of assessment during intake within the first 72 hours of admission. Group Leaders and mental health staff also review collateral information when completing assessments, including case files, court records, and psychological reports when determining risk. Residents confirmed to the Auditor that they were asked specific assessment questions during intake to the facility that could be found on the intake forms. 115.341(f). The Group Leaders, the Clinical Psychologist and Nursing Staff are the primary staff completing assessments at the Parkston Facility. They confirmed the limits placed on the dissemination of information contained in the assessment tools with sharing only enough information to achieve the goal of keeping all residents safe and free from sexual abuse. As the policy on confidentiality states and interviews confirmed, the treatment team (Group leaders, mental health and health) use all the information obtained in the OHi Intake Assessment Tool and from other internal assessments to make decisions regarding the resident's bed assignment, programming, education, and work assignments. The Auditor confirmed that access to resident files was limited to the treatment team by way of the Confidentiality and Case Record Management policies. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.341(a-f).

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.342 Use of screening information The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Screening and Intake Forms c) Resident Intake and Case Management Files 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Nurse f) Employees g) Residents 3. Site Review Observations: a) Informal interviews during site review 115.342(a). The Assessment to Reduce Risk of Sexual Abuse policy requires Parkston employees to conduct assessments of residents to reduce the risk of sexual abuse by or upon the residents. Under Section C. Use of Information, the policy states: "the information will be used in determining bed assignments, programming, education and work assignment". The PREA Compliance Manager, Nurse, and Group Leaders (GL) are part of the Intake and treatment team staff, and during their interviews they were asked by the auditor to describe the intake process, how the treatment team gathers and uses the screening information to determine which residents are assigned to specific housing units to prevent SA/SH. The screening forms reviewed with the Nurse include: the Checklist for Staff Upon Resident Admission which needs to be signed and dated by staff and resident; the Chemical Training Sheet; Clothing and Inventory; Client Evaluation Information Form –Admission (completed by the GL) which includes criminal, family, trauma and sexual history; the Initial Intake form to gather basic demographics; a Checklist for Admitting New Residents; Application Packet for Admission; a Primary Assessment focused on life domains; the Initial CANS Assessment; the Request for Psychological Services; Our Home, Inc policies (e.g. Confidentiality, Items of Value, Contraband, Journal Contract); ACES; PHQ-9 (Modified for Teens); the MAYSI-2; Suicide Risk Screen; Intake Assessment Tool (Potential victim/perpetrator questionnaire); and the Transgender Preference Form. 115.342(b) The facility does not have a policy that addresses the use of isolation because the facility does not have isolation rooms or segregation housing. The PAQ reports no use of isolation during the past year. This was confirmed by interviews with the Licensing and Accreditation Manager, PREA Compliance Manager, Executive Director and Associate Director who also noted that the Seclusion Room could be used temporarily in an extreme emergency. The Seclusion Room is located at the end of the resident hallway; it has no bed or

supplies and appeared to not have been used recently. The Associate Director reported that the room rarely is used and can only be used for up to 15 minutes with direct observation of resident. During the tour of the facility the auditor confirmed that the facility does not have any segregated housing units, and observed as staff demonstrated that the seclusion room's door could not be continuously locked unless a staff was holding the lock button down.

115.342(c-d). The Assessment to Reduce Risk of Sexual Abuse policy Section B. prohibits the placing of residents in particular bed, programming or other assignments solely based on resident's identification of being lesbian, gay, bisexual, transgender or intersex. The policy clarifies such determinations will be made on a case by case basis. It also prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Section C. of this policy requires that the treatment team consider on a case-by-case basis whether assigning a transgender or intersex resident to a facility for male or female residents (and in making other housing and programming assignments) would ensure the resident's health and safety, and whether the placement would present management and security problems.

These practices were confirmed by the nurse, the PREA Compliance Manager and the intake staff. The Auditor interviewed one resident who reported that he felt he had never been in place into a unit based solely on his sexual identity.

115.342(e-f). 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. According to Section D. of this policy as part of the initial treatment plan and continuing review and update process, placement and programming assignments of all residents shall be reassessed to review any threats to safety experienced by the resident. The resident's own views with respect to his or her own safety shall be given serious consideration. Interviews with employees, the PREA Compliance Manager, Executive Director, mental health staff confirmed that residents are reassessed every 30 days as part of their treatment plan review any threats to safety experienced by the resident and educational and treatment progress. Residents reported that they participate in the treatment planning and evaluation on a monthly basis.

115.342(g). Transgender and intersex residents were not currently residents in the program however according to policy they would be given the opportunity to shower separately from other residents. Individual shower stalls with shower curtains were observed in the bathroom areas during the facility tour. Each resident interviewed reported being able to shower individually and privately without being viewed by employees or residents.

*Our Home Inc. Policy and Procedure, "Case Record Management" limits the dissemination of the sensitive screening information to those who make decisions related to treatment plans, security and management decisions, including bed, program and work assignments.

115.342(h-i). All employees interviewed reported that isolation is not currently used for any resident. All of the residents interviewed reported they had not been held in isolation ever or witnessed anyone being held in isolation while they had been in the program, a few of whom had been residents for over twelve (12) months.

The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.342(a-j).

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.351 Resident reporting The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy, Alleged Abuse and Neglect Incident Report form, Grievance Policy, Grievance Form, Health Screening and Physical Examination policy, PREA Emergency Grievance Form b) Administrative Inquiries Reports c) Resident Handbook d) Agency Website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Residents f) Disability Rights of South Dakota(DRSD) Executive Director g) Employees h) Nurse 3. Site Review Observations: a) Informal interviews during site review 115.351(a). Our Home Inc. provides numerous ways for residents to privately report sexual abuse or sexual harassment that are detailed in the CANSH policy which states that reporting can be done verbally to a Group Leader, medical staff or manager; in writing via a grievance, or by sending an email or text, or calling an outside source, the National Sexual Abuse Hotline of the South Dakota Advocacy Service, DSS, or Disability Rights of South Dakota (DRSD). Grievance and Appeal Process described in the Resident Handbook on page 32 allows residents an opportunity to express themselves regarding any problems they are having with the program or possible resident rights violations without being subjected to any retaliation or barriers to services. CANSH policy Section VIII. States that retaliation is strictly prohibited against any resident or employee who has reported an alleged or substantiated incident of physical or sexual abuse, neglect, or sexual harassment or who has been a victim, and that anyone who experiences, witnesses or suspects acts of retaliation shall immediately report this matter to the Program Coordinator. Written grievances are placed into a locked drop box which can only retrieved by administration. Instructions for PREA reporting are found in the Resident Handbook and on posters throughout the Parkston Facility and were observed by the Auditor as being developmentally appropriate for the resident population. Each resident who was interviewed by the Auditor was able to describe at least two ways they could report sexual harassment, neglect or abuse of any kind, as well as any retaliation; some of those responses included: calling DSS, reporting to a Group Leader, the Executive Director

or a parent, filing a confidential grievance or telling their caseworker.
115.351(b). Our Home, Inc. provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This can be done by calling the 1-800 number for Child Protective Services (CPS), local law enforcement, or Disability Rights of South Dakota(DRSD) and those numbers are posted on posters throughout the facility. During interviews with the Auditor, each resident reported they could make a confidential report if they needed to and described being able to use the phone in private if they requested. Our Home, Inc. does not house residents detained solely for civil immigration purposes, and therefore does not provide the contact information for the Department of Homeland Security.
115.351(c). All employees with Our Home Inc. are mandated reporters under SD law and required to take immediate action to protect a victim upon receiving such reports in writing, anonymously, or by a third party. The Personnel Manual policy CANSH policy Section IV.1 states Staff shall accept reports made verbally, in writing, anonymously, and from third parties and immediately enact corrective actions that offer the victim protection, documenting those actions, then reporting to the next higher supervisor who reports immediately to the Program Coordinator. This policy mandates the "Alleged Abuse and Neglect Incident Report" be completed by the end of the employees work shift. This same policy mandates the reporting of such an incident be made by the Executive Director to the South Dakota Department of Social Services. Employees who fail to make such a mandated report are guilty of a Class 1 Misdemeanor. Interviews with employees and residents reflected this required compliance with this standard. Every staff who was interviewed by the auditor reported that they were mandated reporters of abuse and neglect; they described that they were required to take immediate action to offer the victim protection and report to a supervisor, then contact DSS or law enforcement.
115.351(d).The Grievance Policy states that residents shall initiate the grievance process by completing a standard Grievance Form. The Auditor observed the strategically placed grievance boxes, locked for privacy, and pencils to fill out those forms available to residents without asking a staff. The completed form shall be given without alteration, interference, or delay to the resident's assigned Counselor/Group Leader. If assistance is needed, the resident can request a staff representative for help in preparing/presenting the complaint or providing information during the ensuing investigation(s). The staff representative may not be a staff member who is or may be responsible to render a decision in any step of the Grievance Procedure.
115.351(e). The CANSH policy Section IV.2. states that an employee, contractor, or volunteer who is not comfortable with or who is fearful of making an “in-house” report may immediately and privately contact the DSS or local law enforcement. During interviews Parkston employees, the Executive Director and the PREA Compliance Manager confirmed that staff may privately report sexual abuse and sexual harassment of residents to local law enforcement or DSS. Staff who were interviewed confirmed that they could make a report privately but also reported that there had been no circumstances in which they had made any private SA/SH reports.
The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.351(a-e).

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.352 Exhaustion of administrative remedies The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH and Grievance Policy b) PREA - Emergency Grievance Documentation Form c) Resident Handbook d) Documents from Administrative Inquiries, including copies of grievances e) Correspondence from DSS related to administrative vs. criminal investigations 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) DRSD, Executive Director 3. Site Review Observations: a) Informal interviews during site review 115.352(a). Our Home Inc. has an administrative procedure for dealing with resident grievances regarding sexual abuse however DSS and law enforcement are ultimately responsible for any criminal investigation related to sexual abuse and sexual harassment. Agency procedures require if at any time the PREA Compliance Manager/ investigator has a suspicion of the conduct being illegal or criminal in nature, then all investigative duties are curtailed and the alleged incident is then reported to the DSS for an external investigation. It is the responsibility of DSS to investigate allegations of sexual abuse and to provide a final determination and notification as to the outcome of the grievance alleging sexual abuse as per the DSS letter dated 2016. This letter was reviewed by the Auditor who recommended that the letter be updated routinely as a best practice. The CANSH policy addresses the Internal Administrative Inquiries in Section VI. as being limited to allegations of sexual harassment, policy violations where in sexual abuse was not thought to be an end result, allegations thought to be of causal physical contact preliminarily suspected to have occurred without sexual intent, and cases screened out or referred back to Our Home Inc. by the DSS for further investigation.) The Grievance Policy requires that any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators. The PREA Compliance Manager described the role to conduct administrative inquiries related to allegations only if the allegation did not rise to the level of a crime. All staff who were interviewed described these practices as per Our Home, Inc. policy and described DSS and the local police as the investigatory agency for SA/SH criminal activities. 115.352(b. 1-4;-c.1-2). Our Home Inc.’s Grievance policy expressly states that no time limit restricts when a resident can submit a grievance. Further it states that "a grievance shall not

be submitted or referred to a staff member who is the subject of the complaint." The PREA Compliance Manager described the Grievance Policy and procedures in detail, and confirmed that residents are not required or allowed to submit a grievance to a staff member who is the subject of the complaint and that there is no time limit for filing.

115.352(d.1-4). The Parkston Facility has received no grievances alleging sexual abuse over the past 12 months. Our Home Inc. "Grievance Policy" includes an Emergency Grievance Procedure for those at Substantial Risk or Imminent Risk that allows for the filing of an Emergency Grievance in the event a resident or other responsible party such as a parent or guardian suspects that they or any other resident is at substantial risk of imminent physical or sexual abuse. These reports can be submitted in any form including but not limited to letters, emails, text messages, telephone or other reliable form of communication. The Group Leaders who were interviewed stated the Emergency Grievance Form is immediately forwarded to the Program Coordinator/PREA Compliance Manager through the employee's completion of the PREA-Emergency Grievance Form who then will review and asses this information in order that more long-term protective action can be taken, or, if and when appropriate the protective action can be discontinued.

The policy requires the Program Coordinator/PREA Compliance Manager to provide an initial response within 48 hours. The final decision will be made and documented within five (5) days of receiving the grievance. If the compliant is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Program Coordinator.

The PREA Compliance Manager and Group Leaders who were interviewed described their required responses to grievances as being five days from the date of receiving the complaint and initial responses to emergency grievances (PREA complaints) within 48 hours.

The grievance system at Parkston is designed to protect victims from imminent or potential sexual abuse or further victimization by being easily accessible in the main hallway where residents pass by every day; Staff reported during interviews that the grievance box is monitored every day. Although the Parkston Facility has not had any grievances filed alleging sexual abuse, the facility and the Agency appear to be prepared for such an incident.

115.352(e.1-4). Both the Resident Handbook and the Grievance Policy state that in the event a resident or other responsible third party such as a parent or guardian or advocate suspects a resident is at substantial risk of imminent physical or sexual abuse, that resident or responsible party is encouraged to make an emergency grievance. An emergency grievance may be submitted in any form including but not limit to letters, emails, texts messages, telephonically or other reliable form of communication. Employees shall accept and respond promptly to all requests for emergency protection. Under the "Informing Residents" section of the policy it states that the assigned Counselor/Group Leader shall ensure that the grievance and appeal process is communicated orally during the resident's orientation and in writing in the Resident Handbook to residents on arrival in the facility and the process shall be communicated in a language clearly understood by each resident.

Staff interviews confirmed that the grievance system is reviewed in multiple ways during intake with residents and parents/guardians as reported by the Nurse and Group Leaders (who are involved in managing resident intakes) and the PREA Compliance Manager. During Resident interviews, most residents reported that they knew their parents/guardians could make a PREA complaint on their behalf. Our Home, Inc. allows fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing formal complaints relating to allegations of sexual abuse and to file formal complaints relating to allegations of SA/SH on behalf of residents. A parent or legal guardian of a resident is allowed to file a

formal complaint, including appeals, on behalf of such resident regardless of whether or not the resident consents. This was confirmed by the PREA Compliance Manager and Group Leaders during interviews.

Our Home, Inc. Executive Director, PREA Compliance Manager and the Licensing and Accreditation Manager reported to the Auditor that there were no third-party reports alleging sexual abuse in the past year. The DSS Protective Services Programs Specialist reported to the Auditor that DSS handles all allegations of sexual abuse, and could neither confirm nor deny that DSS had received any reports from Our Home, Inc. Parkston program alleging SA/SH, and that this would require submitting a Public Information Records Request to the state of South Dakota. The Auditor also asked the Executive Director of Disability Rights SD if the agency had received any reports from Our Home, Inc. Parkston program alleging sexual abuse or sexual harassment over the past year, and he responded that no reports had been received.

115.352(f.1-2). The Grievance Policy states that any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators. The PREA Manager reported to the Auditor that grievances alleging sexual abuse could also be handled as Imminent Risk that allows for the filing of an Emergency Grievance in the event a resident or other responsible party such as a parent or guardian suspects that they or any other resident is at substantial risk of imminent physical or sexual abuse. These reports can be submitted in any form including but not limited to letters, emails, text messages, telephone or other reliable form of communication.

The Our Home, Inc. Grievance Policy states: After taking immediate action to protect the resident/s involved, any and all information about the alleged risk shall be immediately forwarded to the Program Coordinator through the employee's completion and submittal of a PREA - Emergency Grievance Documentation Form. The Program Coordinator shall review and assess this information in order that more long-term protective action can be taken, or, if and when appropriate, the protective action can be discontinued. The Program Coordinator shall document the findings of his/her initial review on a PREA - Emergency Grievance Review Form. The Program Coordinator shall then provide an "initial response" to all parties involved in submitting the emergency grievance within 48 hours after the grievance was submitted. A final agency decision shall be documented on the PREA - Emergency Grievance Review Form within 5 calendar days after the grievance was submitted and then the Program Coordinator shall provide the final decision to all parties involved. The final determination shall again document the agency's determination of whether the resident is in substantial risk of imminent abuse and the actions taken in response to the grievance. If the determination of risk or if the action taken has not varied from the "initial response", the "initial response" may be marked as final and dated accordingly. All completed forms shall be filed in the charts of all residents involved. The agency recognizes that failing to respond to a grievance within the time frames allotted for reply allows the resident to consider this failure to be a denial of the alleged risk.

115.352(g). Section IV.8. of the CANSH policy states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall NOT constitute falsely reporting an incident for lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Licensing and Accreditation Manager described this policy to the Auditor. None of the residents who were interviewed had filed a grievance or alleged SA.

The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.352(a-g).

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.353 Resident access to outside confidential support services- done The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) Correspondence from Child's Voice e) Our Home, Inc. website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) Child's Voice representative g) Disability Rights of South Dakota Executive Director 3. Site Review Observations: a) Informal interviews during site review 115.353(a). The CANSH policy and the PARKSTON Resident Handbook provide residents with information on how to access outside support and victim advocates. The Resident Handbook contains contact information for Childs Voice and Children's Safe Place in order to obtain a victim advocate. There are posters throughout the facility that display phone numbers and mailing addresses, and the agency website details residents' rights to outside victim advocates. Residents reported knowing that they could all or write letters to report SA/SH privately, but were not entirely sure how confidential their reporting would be once it was disclosed; some reported that even though staff supervise phone calls, they could have a private conversation without staff overhearing details. 115.353(b). The limits to confidentiality are disclosed to all residents with the person taking the report. Residents reported that they understand that staff are mandatory reporters, and that all reports of abuse or neglect are forwarded to DSS and law enforcement in accordance with mandatory reporting law in SD. 115.353(c). The PREA Compliance Manager, Executive Director and Licensing and Accreditation Manager consistently reported that if sexual abuse were to occur, the agency would work with DSS and a Child's Voice, the local community provider to provide residents with confidential emotional support services related to sexual abuse. The auditor reviewed a letter dated 2016 from the Medical Director of a Child's Voice Sanford Medical Center that describes the Compass Center as providing immediate crisis counseling and support 24/7 to any resident from Our Home, Inc. who is a victim of sexual abuse. A Child's Voice has a

	mental health counselor from The Compass Center on-site 40 hours per week to provide crisis counseling, advocacy and follow up. The letter states that all patients seen for sexual assault after hours in the emergency room will have The Compass Center on-call crisis advocate available to residents. Although this is not a formal agreement between agencies, the letter demonstrates the role and responsibilities of a Child's Voice toward the Our Home, Inc.'s residents, which constitutes evidence of the facility attempting to formalize the relationship between the two entities . 115.353(d). Only one of the residents who were interviewed reported having an attorney but all who were interviewed felt that if they wanted to speak to a lawyer, parent, or victim advocate that they could ask the staff for a private conversation or phone call and it would be granted. All residents who were interviewed reported that the program allows routine access to visitors/parents/guardians. Visiting hours for the program occur weekly according to the Resident Handbook. Some residents interviewed by the Auditor reported regular visits from family; a few reported being too far from home for their families to visit; and two reported to be foster care youth who have been in multiple placements with no home in which to return. Two residents reported to have progressed enough in the program to participate in outings with their families. Although not every resident who was interviewed reported every specific detail, they knew that the posters in the hallways and the Resident Handbook contained a phone number and address for advocacy and reporting, and they felt like they could contact those places if necessary. Providing reasonable and confidential access to attorneys, legal representation, parents and legal guardians was described by Group Leaders as granting residents' request for phone calls that would be supervised but not listened to or recorded. During the on-site review, the auditor used the phone in one of the group areas to contact A Child's Voice. Given the results of interviews of staff, residents, and A Child's Voice correspondence the auditor confirms that residents can reach these advocates free of charge. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.353(a-d).

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.354 Third-party reporting The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) Our Home, Inc. website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.354. The CANSH policy states: "In the event that an alleged incident is reported to an employee (whether it is made verbally, in writing, anonymously or by a third party) the employee shall accept this report and immediately enact corrective action(s) that offer the victim protection. Every staff interviewed by the Auditor confirmed their responsibilities in accepting and reporting third party reports. The residents also reported to the Auditor that another person could file reports on their behalf, and they all reported to the Auditor that facility staff were mandated reporters. The PREA Compliance Manager reported that staff are trained to take third party reports and immediate action to protect the victim if necessary, and interviews with program staff confirmed this. Our Home, Inc.'s website states affirmatively that all reports including third-party and anonymous reports are confidential and will be thoroughly investigated. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.354.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.361 Employee and agency reporting duties The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) SDCL 26-8A e) DSS website f) Our Home, Inc. website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.361(a). The CANSH policy addresses the official response following a resident report outlining employee and agency reporting duties and mandating all employees who suspect, experience, observe, or become otherwise aware that a resident has been abused at in any way, neglected or sexually harassed will “report immediately” the information, and according to agency policy. This also applies to those who are subject to substantial risk of imminent sexual abuse. It requires employees to report any neglect or violation of responsibilities which may have contributed to an incident of retaliation. It requires the reporting of incidents which may have occurred outside of the agency. Retaliation towards any resident or employee for reporting physical abuse, sexual abuse, neglect, sexual harassment or victims is prohibited by CANSH policy. The Auditor’s review of training curriculum and personnel files reflected the participation of each employee selected for review and a training curriculum that included detailed reviewed of staff reporting duties/procedures for SA/SH. Those staff who were interviewed by the Auditor responded similarly with specific details on their participation in the training including when, how and who they would report SA/SH. All staff responded that they would report “immediately” and not delay reporting until the end of the shift or wait until the next day if a resident or another staff disclosed SA/SH. The Parkston Program Coordinator/PREA Compliance Manager reported that all staff are trained to immediately report such incidents to their next level supervisor who when immediately informs the facility’s Program Coordinator/PREA Compliance Manager and the Executive Director. 115.361(b). Employees are trained on the mandated reporting requirements as set forth in South Dakota Codified Law 26-8A-3. The policy states that the Program Coordinator is responsible to report this information to the resident's caseworker, parents/legal guardians,

	and assigned court officer. The resident's DSS caseworker is then notified by the Program Coordinator. Both the Licensing and Accreditation Manager and Executive Director confirmed that employee and agency reporting duties are covered in employee orientation training and in refresher courses that occur several times throughout the year. The most recent training occurred in early 2019. 115.361(c). The "Confidentiality of Information" policy clearly defines the limits of confidentiality for employees and prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary. Employees are trained in this policy and sign a confidentiality agreement indicating they have read and understand this particular policy. The Auditor observed the "confidentiality of Information" forms signed in the selected personnel files of the employees. 115.361(d.1-2). Under South Dakota Codified Law 26-8A-3 and the agency CANSH policy, the Nurse and the Psychiatrist are required to report SA to the Program Coordinator/PREA Compliance Manager, the Executive Director and to DSS or law enforcement. The Resident Handbook clearly outlines the requirements of these professionals to report SA and residents confirmed this in their interviews by describing mandated reporting. 115.361(e.1-2). The PREA Compliance Manager and the Licensing and Accreditation Manager described their roles requiring them to report SA/SH to the Executive Director immediately; to report to the alleged victim's parents/guardians, to CPS, to the DSS caseworker, the Unified judicial System Court Services Officer or to the DOC caseworker, and the resident's attorney within the next 24 hours. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.361(a-e).

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.362 Agency protection duties The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) DRSD Executive Director 3. Site Review Observations: a) Informal interviews during site review 115.362(a). Our Home Inc. CANSH policy mandates all employees who suspect, experience, observe, or become otherwise aware that a resident has been abused at in any way, neglected or sexually harassed will immediately report the information, implement and document corrective action(s). Our Home Inc. Grievance Procedure requires protective actions will be taken immediately to protect the at -risk resident. Under SD law, employees working with residents under age 18 are mandated to report any sexual abuse, abuse or neglect despite the resident's personal wishes. The Auditor Interviews with staff and DRSD Executive Director, and subsequent document review of grievances and investigative files, revealed that the Parkston Facility has not had any allegations in which a resident was subject to a substantial risk of imminent sexual abuse. In the interviews, the Parkston employees demonstrated being knowledgeable in their responsibilities if a threat of imminent sexual abuse was received; each described the immediate protection they would offer an alleged victim. Many responded that they would keep the victim separate from the alleged abuser, notify the supervisor, provide comfort to the victim, and document the report. However, none of the staff reported to the Auditor any of these circumstances arising in the program in the past 12 months. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.362.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.363 Reporting to other confinement facilities The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS 2. Interviews: g) Facility Director/PREA Compliance Manager h) PREA Coordinator/Associate Director i) Agency Director j) Licensing and Accreditation Manager k) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.363(a-d). The Our Home, Inc. CANSH policy names the Executive Director (or Designee) with the responsibility of reporting an allegation that a resident was sexually abused while confined at another facility, or while residing at an Our Home Inc. facility. CANSH policy states: If the allegation indicates the resident was sexually abused while confined at another facility, the Executive Director or his designee shall report the allegation to the CPS Central Intake call center first, and use CPS instructions for notifying the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification to the other facility shall occur as soon as possible, but no later than 72 hours after receiving the allegation. This notification shall be documented on the incident report form. Should the agency or a program in the agency receive notification from another facility or agency that a resident was sexually abused while confined at an Our Home, Inc. program, the Executive Director, Program Coordinator or agency office that receives such notification shall ensure that the allegation is investigated in accordance with this prevention and intervention policy. The Executive Director reported during an interview with the auditor that it is clearly her responsibility under policy to report an allegation of resident SA while the resident was confined at another facility; upon learning of the allegation, she would make such report immediately to DSS and law enforcement and document the receiving and reporting of any allegation of sexual abuse reported to or by another facility. The Executive Director reported that there had been no such allegations under this standard which she would be required to report, which reflects that fact that most of the residents have not been confined prior to their participation at Parkston. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.363.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.364 Employee first responder duties 115.364(a-b). The CANSH policy IV.1-5. "Reporting, Victim Services, and Investigating Procedures" outlines responsibilities of the Our Home Inc. employees in their responsibilities when receiving an allegation of sexual abuse. These include the following, but are not limited to: immediately implement and document corrective action(s) that offer the victim protection from the alleged assailant, separation of the alleged perpetrator and victim, preservation of the crime scene, and the protection/preservation of any physical evidence. The residents at Our Home Inc. are always directly supervised by the Our Home Inc. full time employees. Staff who suspect, experience, observe or become otherwise aware that a resident has been abused in any way, neglected or sexually harassed as defined above, shall provide direct supervision to the victim for the purposes of assuring safety and support for as long as it is necessary in the immediate crisis, and ensure the incident cannot recur. The individual under suspicion shall be prohibited from having any direct contact with the alleged victim. Staff shall assure that all necessary measures are taken to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If a crime scene exists, the Program Coordinator or his designee shall post a staff member at the site. The staff member shall remain there until the area is secured or until the crime scene has been turned over to investigating authorities. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall request the alleged victim to and ensure the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. During interviews with staff, they each described how they would assist in protecting evidence by requesting the victim (and perpetrator) not engage in the above mentioned activities. There have been no allegations of sexual abuse made at the Parkston Facility, however every staff reported these duties as outlined above to the auditor during interviews and were clearly aware of first responder duties. . The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.364(a,b).

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.365 Coordinated response The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) Coordinated Plan for a Response to Sexual Abuse 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.365(a). Our Home Inc. has a “Coordinated Plan for a Response to Sexual Abuse" that defines the roles and responsibilities, and coordinates the actions of the first responder, the agency managers, and outside entities. The plan outlines the sequencing of actions of each responsible party. The PREA Compliance Manager and Executive Director referenced this in the interview with the Auditor, and the Licensing and Accreditation Manager submitted this plan as part of the PAQ. Every Parkston employee who was interviewed by the Auditor including Group Leaders, Medical Staff, Mental Health Staff, and Administrative Staff described their responsibilities as First Responders and identified several actions that are outlined in the” Coordinated Plan” including the separation of the victim and possible perpetrator, ensuring the safety of residents, preservation of possible evidence, reporting to the next higher supervisor or Program Coordinator and proper authorities, documenting the report of SA. There have been no reported incidents of residents being at substantial risk of imminent sexual abuse reported at this facility. It is this Auditor’s impression that the Parkston employees are knowledgeable in their responsibilities and how to coordinate and sequence their responses if such an incident arises. The correspondence from DSS that outlines the DSS role and agency responsibilities to investigate and coordinate, and the CANSH policy on responding and reporting reflects the details of Our Home, Inc.’s Coordinated Plan for a Response to Sexual Abuse. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.365.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.366 Preservation of ability to protect residents from contact with abusers The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) Resident Handbook 2. Interviews: f) Facility Director/PREA Compliance Manager g) PREA Coordinator/Associate Director h) Agency Director i) Licensing and Accreditation Manager j) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.366(a-b). Our Home, Inc. has not entered into any collective bargaining agreements, or into any agreements which would limit the agency/facility from removing alleged abusers from contact with residents while awaiting the outcome of an investigation. The Executive Director confirmed this during an interview. The agency CANSH policy IV.9-10. states that following a resident's allegation of SA involving a staff, Our Home, Inc. will inform the resident when the staff member is no longer working at the facility, no longer employed at the agency or has been indicted or convicted on the charge; and that following the external investigation if allegations are substantiated, termination is the presumptive disciplinary action for employee SA. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.366.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.367 Agency protection against retaliation 115.367(a). The CANSH policy prohibits retaliation against any resident or staff who has reported an alleged or substantiated incident of physical abuse, sexual abuse, neglect or sexual harassment and retaliation against a resident or staff who has been victimized. Anyone who experiences, witnesses or suspects acts of retaliation shall immediately report this to the Program Coordinator/PREA Compliance Manager. 115.367(b). The protective measures and support services taken in retaliation cases are listed in this policy and require that If the Program Coordinator/ PREA Compliance Manager substantiates retaliation, he shall take prompt preventive measures. These were described by the PREA Compliance Manager as housing changes, staff reassignments and resident supervision adjustments, and In addition to preventative measures, all acts of retaliation are subject to disciplinary action. The Licensing and Accreditation manager described the PREA Compliance Manager responsibility to monitor and document the monitoring of such retaliation. The Auditor reviewed the form used to document retaliation, the "Retaliation Monitoring Form" which allows for the documentation of changes in the way persons are treated, collaborating sources of information used, disciplinary reports, performance reviews, program changes made, housing changes, staff reassignments, a summary of the work environment, corrective action taken with date and signature lines. 115.367(c-e). The Licensing and Accreditation Manager reported that the PREA Compliance Manager is required to follow up with residents and alleged assailants every 14 days for a period of 90 days. The timeframe requirement may be extended if there is an indication of continuing need. All of these would be documented on the agency's Retaliation Monitoring Form. There were no incidents of monitoring for retaliation at Parkston in 2018, because no circumstances required it. The CANSH policy requires that Program Coordinator and all supervisors be mindful of others who might be at risk of retaliation (such as those who cooperate with an investigation) and take action as needed to protect individuals who cooperated in the reporting process and to protect individuals who are fearful of retaliation. Based upon the Parkston program philosophy, supervision model, and treatment approach, the Program Coordinator/PREA Compliance Manger reported that staff were able to closely monitor residents' emotions and behaviors which reflects being mindful of the environment. At the time of this audit there were no pending allegations to be monitored. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.367.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.368 Post-allegation protective custody 115.368 Our Home Inc. does not utilize isolation/involuntary segregated housing, nor is the Parkston facility designed to house residents in isolation or in segregated housing. The PAQ reported no use of isolation during the past year. This was confirmed by interviews with the Licensing and Accreditation Manager, PREA Compliance Manager, Executive Director and Associate Director who also noted that the facility has a Seclusion Room which could be used only as a temporary response to an emergency, and a staff must press and hold a lock in order for the door to be locked. The door has a large window in it for viewing the resident. This type of seclusion would only be used in an emergency situation and not for post-allegation protective custody. According to investigative files, grievances and the Annual PREA Report, there were no residents that require post-allegation protective custody. The Auditor asked each resident about the use of seclusion and isolation, and none reported being held in isolation or seclusion, nor had they been a witness to its use. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.368.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.371 Criminal and administrative agency investigations The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) Coordinated Plan for a Response to Sexual Abuse e) PREA Administrative Report Form 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) DOC PREA Coordinator 3. Site Review Observations: a) Informal interviews during site review 115.371(a). The Parkston facility does not conduct criminal investigations of SA/SH. The specific role of the Parkston facility is outlined by the Our Home, Inc. CANSH policy, which states that the PREA Compliance Manager for the facility is responsible for this duty, and must follow the procedures of the SD DOC investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators; only trained investigators may conduct administrative inquires. If the compliance manager is involved in the allegation, the Associate Director/PREA Coordinator/Associate Director is to conduct administrative inquiries. CANSH policy states that all inquiries into allegation will be done promptly, thoroughly and objectively, including allegations from third party and anonymous reports, and that administrative inquires may proceed only so long as the investigator has no suspicion of the alleged incident involving illegal or criminal conduct. If there is such a suspicion, all investigative inquiry must be halted and the alleged incident reported to DSS for external investigation. The letter from DSS to Our Home, Inc. (2016) was reviewed by the auditor and confirmed that the role of DSS was to investigate criminal SA/SH allegations. 115.371(b). Although Our Home, Inc. does not conduct criminal investigations into allegations of SA/SH, the agency PREA Coordinator/Associate Director and the facility PREA Compliance Manager are responsible to ensure that administrative inquiries are completed for allegations of non-criminal sexual harassment. Both reported participation in a required training for PREA compliance. The Auditor reviewed the training certificates in the training files which contained signed certificates stating that on January 16, 2019 they participated in the SD DOC 8-hour training which include these subjects: Responding to Juvenile Sexual Abuse and Harassment; PREA Investigation Procedures and Documentation, Identifying your Role as PREA

Investigators and the Role of Outside Investigators, Techniques for Interviewing Juvenile Sexual Abuse Victims, Proper Use of Miranda and Garrity Warnings Sexual Abuse Evidence Collection in Confinement, and Criteria and Evidence Collection for a Substantiated Case.
The Auditor contacted the person who provided this training. Mr. Ken VanMeveren, the PREA Coordinator/Associate Director for SD DOC. He confirmed he had provided this training to Our Home, Inc. staff and described his current position as being the PREA Coordinator/Associate Director for SD DOC since 2012. He reported his qualifications and training to teach such a course to be: Train the Trainers: National PREA Resource Center Specialized Training: Investigating Sexual Abuse in Corrections Settings (2013), PREA Resource Center Investigations Regional Training at the National Corrections Academy (2013) and Interviewing & Interrogation Basic Course at International Training Academy for Linguistics and Kinesics (2006). He confirmed that his training meets the PREA standard.
The Auditor also interviewed the DSS Protective Services Program Specialist who reported that DSS contracts with external investigators who have specialized investigative training.
115.371(c). The CANSH policy describes the role of all staff to take measures to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence which includes posting a staff member at the scene who will remain there until the area is secured or until the crime scene has been turned over to investigating authorities.
115.371(d). The PREA Compliance Manager reported that investigations are not terminated solely because the source of the allegation recants the allegation, which is stated in the CANSH policy.
115.371(e). The PREA Compliance Manager reported that according to policy the agency may only investigate allegations of sexual harassment (as long as they are not criminal in nature) and does not conduct any criminal investigations. This is also stated in the CANSH policy and in the DSS letter to Our Home, Inc.
115.371(f). The PREA Compliance Manager reported that in order to assess the credibility of alleged victims or witnesses on a case by case basis, there is no use of polygraphs or other truth-telling devices during the investigative process. This requirement is stated in the CANSH policy. The DSS Protective Services Program Specialist could not comment on how the credibility of an alleged victim would be determined.
115.371(g1-2). Section VI. 8-9 of CANSH policy states that inquiries will include an effort to determine whether staff actions or failures to act contributed to the alleged act, and that all inquiries will be documented on a PREA Administrative Inquiry Report form that includes: a) Description of the physical and testimonial evidence; b) The reasoning behind credibility assessments; and c) Investigative facts and findings. A review of the PREA Administrative Inquire reports for 2018-19 revealed that documents contained these requirements. The auditor interviewed the staff responsible for administrative inquiries and reviewed the administrative investigations which included written reports, testimony, facts and findings.
115.371(h.) Although Our Home, Inc. does not conduct criminal investigations the agency stays informed regarding criminal investigations conducted by the external investigative entity, DSS. The auditor file review confirmed correspondence between Our Home, Inc and DSS however the files did not contain the DSS investigative files.
115.371(i). There were not substantiated allegations of conduct that appeared to be criminal so there were no allegations referred for prosecution. The DSS Protective Services Program Specialist and the DRSD Executive Director interviewed by the auditor could not confirm any such cases being referred for prosecution.
115.371(j). Section VI. 15 of CANSH Policy states that records of investigations will be permanently retained in the personnel file of the abuser. If the abuse is committed by a

	resident, the report will be retained in the case record of the abuser for as long as the abuser is in care of the agency, plus ten years. Documentation of an historical investigation was not checked by the auditor. 115.371(k). Section VI. 14. of CANSH policy states specifically, that the departure of the alleged abuser or victim from employment or care of the agency is never the basis for terminating an investigation. This was evidenced in the documentation of an administrative investigation which went forward even after the alleged abuser left the program. Employee conduct is considered as part of the investigative process. 115.371(l). DSS Protective Services Program Specialist could not confirm specific details of how DSS external investigators conducted such investigations although she stated that DSS contracts with three external investigators who are trained specifically to carry out such investigations for PREA. 115.371(m). The PREA Compliance Manager reported that they cooperate with DSS and law enforcement and communicate by phone or in writing. The Agency received no allegations of SA/SH that were criminal in nature and therefore there were no files for the Auditor to review for 2018. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.371(a-m).

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.372 Evidentiary standard for administrative investigations The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) PREA Administrative Report Form 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.372. The CANSH policy states: Our Home Inc. will not impose a standard higher than a preponderance of the evidence in determining whether allegations are substantiated. This standard of proof was confirmed during the interview with Parkston PREA staff. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.372.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.373 Reporting to residents The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) Coordinated Plan for a Response to Sexual Abuse e) PREA Administrative Report Form f) PREA Resident Notification Form 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.373(a-c). The CANSH policy states a resident will be informed following an allegation that a staff member has committed sexual abuse, except when the allegation is determined to be unfounded. Our Home Inc. shall inform the resident whenever such situations exist: The staff member is no longer working at the facility, is no longer employed by the agency, or the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. A resident who alleges abuse by another resident will be informed whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. Such notifications will be documented on the PREA Resident Notification Form according to policy and to the interview with the PREA Coordinator, however there were no such notifications available for Auditor review since there were no allegations during the past twelve months. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.373.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.376 Disciplinary sanctions for employee The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH and Misconduct Policy b) Documents from Administrative Inquiries c) Correspondence from DSS d) Coordinated Plan for a Response to Sexual Abuse e) PREA Administrative Report Form f) Incident and Disciplinary Reports 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) DRSD Director 3. Site Review Observations: a) Informal interviews during site review 115.376(a-d). Our Home Inc. Misconduct Policy specifically names twenty-four (24) types of employee misconduct and outlines the procedures for responding. It prohibits sexual harassment and sexual abuse, for which termination from employment is the presumptive disciplinary action. The policy states: “If an employee physically abuses, sexually abuses or sexually assaults a resident, Our Home, Inc. will not safeguard or keep confidential from perspective institutional employers, information about these substantiated abuse findings or about any corresponding criminal convictions. Also, Our Home, Inc. will report 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, to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.” In determining and setting disciplinary actions and performance interventions, the supervisor and Associate Director reported following policy guidelines including: the nature, severity and circumstances and risks of the act committed, employee disciplinary record, other discipline imposed for comparable offenses and current circumstances. The Licensing and Accreditation Manager reported that the Parkston Facility has not had any terminations, resignations or disciplinary sanctions towards employees in2018 for violating the agency policy prohibiting sexual abuse or sexual harassment in 2018, and the Executive Director for DRSD confirmed that he had no knowledge of any incidents of this nature at this facility. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.376.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.377 Corrective action for contractors and volunteers The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH, Contractors and Volunteers, Misconduct Policies b) Documents from Administrative Inquiries c) Coordinated Plan for a Response to Sexual Abuse d) PREA Administrative Report Form 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist 3. Site Review Observations: a) Informal interviews during site review 115.377 The CANSH policy prohibits any staff member, contractor or volunteer under suspicion form having contact with the alleged victim. It also prohibits contact with other residents unless such contact is directly supervised by staff. The policy also provides for these immediate protective measures to continue until directed otherwise by investigating authorities. These same protective measures are also utilized when it is learned a resident is subject to a substantial risk of imminent sexual abuse. The "Misconduct Policy" states: Employees, contractors, or volunteers suspected of misconduct are subject to the least restrictive action(s) that will protect the integrity of the individual and the safety, security and orderly running of the facility. At a minimum, individuals under suspicion will be prohibited from contact with federal offenders until completion of the investigation. The decision to allow contact with all other residents will be based on the nature and misconduct and the overall safety and welfare of the residents. All cases of sexual abuse are reported to the South Dakota Department of Social Services or local law enforcement, and there were no such cases confirmed by DSS in an interview with the Auditor. The Parkston Facility has had no sexual abuse allegations involving a contractor or volunteer in the past twelve (12) months. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. PARKSTON meets the standard 115.377(a,b).

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.378 Disciplinary sanctions for residents The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH, Resident Discipline, Prohibited Acts and Sanctions, Seclusion Policies b) Documents from Administrative Inquiries c) PARKSTON Resident Handbook 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Residents 3. Site Review Observations: a) Informal interviews during site review 115.378(a). Our Home Inc. Resident Discipline policy and PARKSTON Resident Handbook describe the agency's goals of maintaining a safe and orderly environment and requiring all resident discipline be conducted in a fair manner that is carried out promptly and with respect for the resident. To govern resident rule violations, Our Home, Inc. maintains a written set of prohibited acts, sanctions, and disciplinary procedures and makes them accessible to all residents and staff through a variety of ways including posted in the facility, listed in multiple policies and in the Resident Handbook. The Resident Handbook is furnished to residents upon arrival to the facility; it is reviewed with residents during orientation and later during group sessions, as confirmed by interviews with intake staff and residents. The Resident Discipline policy and the handbook outline disciplinary process the two levels of discipline for committing a prohibited act. Level One: An Informal Resolution is what occurs when staff witnesses or has reasonable belief that a violation has been committed by a resident and when staff considers informal resolution appropriate. The PREA Compliance Manager confirmed that staff are encouraged to follow policy which requires an attempt to resolve the incident through the implementation of minor sanctions. Then, before any privilege suspension is imposed, the reason(s) for the sanction is discussed, and the resident given the opportunity to explain the behavior. Level Two: A Formal Hearing before the Facility Disciplinary Committee (FDC)). Following a substantiated allegation of sexual abuse, a resident would be subject to disciplinary sanction as per policy and report from the PREA Compliance Manager. Prohibited Acts and Sanctions Policy provides a structured guide to support objective and consistent sanctions. 115.378(b-c). The Resident Disciplinary policy requires that the disciplinary sanctions shall be commensurate with the nature and circumstances of the prohibited act violation, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories; and also requires the FDC to consider whether a resident's mental disabilities or mental illness contributed to the behavior when determining what type of

sanction, if any, should be imposed. The Seclusion policy states that staff shall obtain a written or verbal order from the Medical Director or another licensed practitioner for seclusion or restraint, and the order may not exceed 1 hour. The agency does not utilize nor have facilities designed for the isolation of residents. According to staff who were interviewed by the auditor, Isolation is not used as a disciplinary sanction and is not listed as a response in the Prohibited Acts and Sanctions Policy.

115.378(d). Parkston offers therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for sexual misbehavior. According to interviews with the nurse, group leaders and the Program Coordinator under this circumstance, the incident and specific therapeutic interventions could be staffed in a treatment planning meeting which might result in the resident participating in therapy or counseling as a condition of a treatment plan, but not as a condition to access to general programming or education.
115.378(e). Disciplining a resident for sexual contact with staff can only occur upon a finding that the staff member did not consent to such contact as stated in the Resident Disciplinary policy.
115.378(f). Section IV.8. of the CANSH policy states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
The disciplinary sanctions shall commensurate with the nature and circumstances of the prohibited act violation, the resident's discipline history, and the sanctions imposed for comparable offences by other residents with similar histories. The Facility Disciplinary Committee shall consider whether a resident’s mental disabilities, or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. It is noted that residents at Our Home Inc. facilities are not subject to isolation, the agency does not utilize nor have facilities designed for the isolation of residents. The agency does not discipline residents for making allegations in good faith.
115.378(g). Our Home, Inc. CANSH policy and Resident Handbook prohibits all sexual activity between residents and may discipline residents for such activity. The agency does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced, as reflected in a resident-to-resident incident file review by the auditor. Resident-to-resident sexual activity is reported to DSS to determine if the act was consensual for further determination of whether a crime may have been committed and to make determinations regarding "age of consent" and if contact was or was not 'consensual'.
The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.378(a-g).

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.381 Medical and mental health screenings; history of sexual abuse The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH, Assessment to Reduce the Risk of Sexual Abuse, and Health Screening and Physical Examination, Case Record Management Policies b) Resident medical and mental health screenings c) Intake forms d) Interpretive Summary Report 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) Nurse g) Psychiatrist h) Group Leader 3. Site Review Observations: a) Informal interviews during site review 115.381(a-d). The agency's policy entitled Assessment to Reduce Risk of Sexual Abuse provides for all residents to meet with the Clinical Psychologist within the first 14 days of admission. The meeting is intended to further evaluate the resident and emphasize any immediate mental health needs and security risks for those who have experienced prior victimization or have previously perpetrated sexual abuse. Following this meeting the Clinical Psychologist prepares an interpretive summary that is based on assessment data, identifies any co-occurring disabilities, co-morbidities and/or disorders, and is used in the development of the written treatment plan. The Case Record Management policy limits access to all resident case records to person with a "need to know" or "right to know" such as Medical and mental health practitioners, or other staff as necessary to inform treatment plans and security and management decisions, including bed, program, education and work assignments. These types of files are considered confidential at Our Home Inc. Facilities. Resident file reviews were conducted in which the intake date of each resident was inspected and compared to the date of the Interpretive Summary Report by the Clinical Psychologist. These dates were all within 14 days of admission. Resident interviews and the interviews of practitioners supported this observation. Because the residents of Parkston are under the age of 18, medical and mental health practitioners are not required to get informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, as outlined in the SDCL 26-8A. The policies, practices and interviews of residents and employees support the finding that Our

	Home, Inc. Parkston meets the standard 115.381.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.382 Access to emergency medical and mental health services The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Assessment to Reduce Risk of SA Policies b) Documents from Administrative Inquiries c) Correspondence from DSS d) Coordinated Plan for a Response to Sexual Abuse e) Correspondence from A Child's Voice 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Nurse f) Staff 3. Site Review Observations: a) Informal interviews during site review 115.382(a-d).The CANHS policy requires that a resident victim receives timely, unimpeded access to emergency medical treatment and crisis intervention services, forensic medical exams, and timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate, in accordance with professionally accepted standards of care. The policy also outlines first responder duties to protect the victim if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. The preliminary steps described by the PREA Compliance Manager and Group Leaders were to protect the victim, contact medical/emergency services and secure the area. The Licensing and Accreditation Manger stated that medical and mental health services are generally available on-site Monday –Friday from 8a,-5pm. If the incident occurred after hours, Telepsych, a service provided by the local hospital could be used or a trip to the emergency room could be arranged. The Nurse reported to be on call for all medical needs and rotate every third weekend and available for this type of response, however she has not had to provide any resident with emergency treatment as a result of SA in 2018. The three entities which Parkston would engage to provide these treatment services in the event of a sexual abuse of a resident include the Sanford University of South Dakota Medical Center, A Child's Voice, and the Compass Center located in Sioux Falls, SD. Although the Parkston Facility employees do not provide these services, a letter from A Child's Voice to Our Home, Inc. states: "The Child Advocacy Center (CAC) is a hospital based program that serves children on both an in-patient and out-patient basis. The CAC is located on the Sanford USD Medical Center hospital campus. Sanford works with The Compass Center (a domestic violence program) to provide immediate crisis counseling and support to

	all sexual assault patients 24/7. Child's Voice has a mental health counselor from The Compass Center on-site 40 hours per week to provide crisis counseling, advocacy and follow up for children and non-offending families. All patients seen for sexual assault after hours in the emergency room will have The Compass Center on-call crisis advocate available to them". The letter from the Sanford Medical Center/Child's Voice illustrates the comprehensive care resident victims of sexual abuse would receive if such an incident arose. Treatment services are provided free of charge regardless of the victim naming the abuser or cooperating with any investigations arising out of an incident, as per policy, which states these services will be provided upon the direction of the outside investigative authority such as DSS or Law Enforcement. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Pakrston meets the standard 115.382(a-d).

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH and Assessment to Reduce Risk of SA Policies b) Correspondence from DSS c) Coordinated Plan for a Response to Sexual Abuse d) Correspondence from A Child's Voice 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) Nurse f) Psychologist g) DSS Protective Services Programs Specialist h) A Child's Voice i) DRSD Director j) Residents 3. Site Review Observations: a) Informal interviews during site review 115.383(a-c; f-h). The CANSH policy requires PARKSTON to offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lock or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other facilities or their release. The policy also states it will offer residents tests for sexually transmitted diseases. Female victims will be provided pregnancy tests as well as timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. All residents are provided a meeting with the Clinical Psychologist within 14 days of admission, if information is discovered after this initial meeting involving resident on resident sexual abuse, the Clinical Psychologist will conduct an evaluation and when appropriate offer treatment to the resident. Written into the Assessment to Reduce Risk of Sexual Abuse and confirmed through interviews with Group Leaders, within 72 hours of the resident's arrival at the facility, the resident's assigned Counselor/Group Leader obtains information about the resident's personal history and behavior and document the information on an OHI Intake Assessment Tool. The Counselor/Group Leader ascertains the needed information through conversations with the resident during the intake process and by reviewing relevant documentation from the new resident's case record. When finished, the Counselor/Group Leader shall forward a copy of

	the completed assessment via email attachment to the program's nursing personnel and Clinical Psychologist for their review. The completed assessment shall be filed in the case record of the resident. Within 14 days of admission, the Counselor/Group Leader shall ensure that the resident is provided a meeting with the Clinical Psychologist. The meeting is intended to further evaluate the resident and emphasize any immediate mental health needs and security risks for those who have experienced prior victimization or have previously perpetrated sexual abuse. Following the meeting, the Clinical Psychologist shall prepare a written Interpretive Summary that is based on assessment data, identifies any co-occurring disabilities, co-morbidities, and/or disorders, and is used in the development of the written treatment plan. Parkston must conduct a mental health evaluation on resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by the Clinical Psychologist as outlined in the Assessment to Reduce Risk of Sexual Abuse policy. For known resident-on-resident abusers at the time of admission, the evaluation conducted fulfills this requirement. During the resident interviews, each confirmed they met with the Clinical psychologist within two weeks which confirms the relationship between Parkston residents and the ability to receive follow up mental health care. 115.383(d-e) The Nurse confirmed during her interview that residents/victims would have access to pregnancy tests and if pregnant would receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. There have been no cases of sexual abuse at the Parkston facility, however the policies and process to provide ongoing services is clearly understood by staff and built into policy. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.383.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.386 Sexual abuse incident reviews The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Sexual Abuse Incident Review Form 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager e) DSS Protective Services Programs Specialist f) Child Care Coordinator g) Nurse h) DRSD Executive Director 3. Site Review Observations: a) Informal interviews during site review 115.386(a-e). The CANSH policy under Section IX. Sexual Abuse Incident Review, states an internal incident review shall be conducted at the conclusion of every sexual abuse investigation where-in the allegation was substantiated or unsubstantiated. Unfounded allegations are exempt from this process. This review shall be conducted no later than 30 days following the conclusion of the investigation. The Incident Review includes the following members: the facility Program Coordinator (Chair)/PREA Compliance Manager, the Clinical Psychologist a Registered Nurse and the Child Care Coordinator. The incident review shall be documented on a Sexual Abuse Incident Review Form. This document specifically addresses corrective actions and requires the team to review the incident within the context of the following inquiries: 1) Does the allegation or investigation indicate a need to change policy or procedures to better prevent, deter, detect, or respond to sexual abuse? 2) Was the allegation or incident motivated or otherwise caused by the perpetrator's or victim's race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility? 3) Did the area in the facility where the incident allegedly occurred have physical barriers that may enable abuse? 4) Do the staffing levels in that area during different shifts appear to be adequate? 5) Did the nature of the incident suggest that monitoring technology should be deployed or augmented to supplement supervision by staff? 6) Are there any recommendations for improvement? The team's findings are required to be documented in a report submitted to the Associate Director/PREA Coordinator, if recommendations for improvement cannot be enacted the Associate Director shall record the reasons for not doing so. Interviews with the PREA Compliance Manager and PREA Coordinator confirmed that there were no SA allegations in the past year. There were also none reported by DRSD Executive Director and none confirmed by DSS.

	The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. PARKSTON meets the standard 115.386(a-e).

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.387 Data collection The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) Intake Forms d) Sex Abuse Incident Review Form e) Critical Incident Summary f) PREA Data Summary g) Annual PREA Report h) PREA Administrative Report Form i) Website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager 3. Site Review Observations: a) Informal interviews during site review 115.387(a-f) The CANSH policy section "PREA Annual Report" requires on an annual basis, Our Home, Inc. aggregate and review the incident-based SA/SH data with all personal identifiers removed from the past calendar year. The Auditor reviewed the agency's data sources which includes the Sexual Abuse Incident Review Form, Abuse and Neglect Incident Report, PREA Data Summary, Our Home Inc. Critical Incident Summary, and the United States Department of Justice Survey of Sexual Victimization. The policy designates the Associate Director to review all data collected and aggregated in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policy, practices, and training, including identifying problem areas and taking corrective action on an ongoing basis. From the review, the Associate Director prepares an annual report of the findings and any corrective actions for each program, and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years & an assessment of the agency's progress in addressing sexual abuse. The auditor reviewed the PREA Annual Report with the Executive Director, Associate Director, PREA Compliance Manager and Licensing and Accreditation Manager who all play a role to conduct the annual data review. Each staff reported consistently that comparison of the current year's SA/SH data to the previous year's was accurate, based on all available incident-based documents, and used to inform decisions to improve the effectiveness of the agency's sexual abuse prevention, detection, and response policy, practices, and training, by including

	identifying problem areas and taking corrective action on an ongoing basis. The 2018 PREA Annual Report which was submitted through the PAQ and also found on the Agency website, contained the required annual comparisons by program, which identified the allegations, the type of investigation that was completed, the associated outcomes, narrative of assessed trends, summary of incidents and corrective actions. A comparison of the raw data contained in the incident reports was made by the auditor. The2018-19 PREA Annual Report matched data from the auditor's file review of the eight allegations of SH. The report contained the same data and related findings in the investigative files and included two (2) allegations of SH (Resident to Resident) that were Unfounded by Administrative Inquiry and six (6) Substantiated (Resident to Resident) by Administrative Inquiry. The PREA Report contained no personal identifiers. Under the CANSH policy, the completed annual report is provided to the Executive Director for review and documented approval, and made readily available to the public through the agency's website. Any specific material from the report that would present a clear and specific threat to the safety and security of a program would be redacted prior to publication on the website. When a redaction occurs, the nature of the material redacted will be noted in the report. The auditor reviewed the report on the website which appeared to be accurate and based on the data and document reviews. Our Home, Inc. does not contract with outside entities for the confinement of residents. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.387.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.388 Data review for corrective action The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH Policy b) Documents from Administrative Inquiries c) PREA Administrative Report Form d) Annual PREA Report e) Website 2. Interviews: f) Facility Director/PREA Compliance Manager a) PREA Coordinator/Associate Director b) Agency Director c) Licensing and Accreditation Manager 3. Site Review Observations: a) Informal interviews during site review 115.388(a-d). The Annual PREA Report, which is required under the CANSH policy, was reviewed by the Auditor; it provides a summary of problems identified to assess and improve the effectiveness of Parkston's sexual abuse prevention, detection, and response policies, practices, and training, including. Problem areas listed in the 2018-19 report include: 1. Unwarranted horseplay amongst group members while staff were turned or distracted with other peers was an underlying cause of the harassment interactions to have occurred. 2. An additional area for training was identified. The report narrative lists strategies identified from the current reporting period as the ones discussed during the auditor interviews and include: three (3) additional cameras for the addition to common areas, to be added before the end of the budget year, and PREA training offered at hire and at minimum one time of year for all staff. The Agency Executive Officer has approved this report and has posted it on the Our Home Inc. website. The report is easily found under the PREA tab. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.388.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.389 Data storage, publication, and destruction The following evidence was analyzed in making the compliance determination 1. Documents: (Policies, directives, forms, files, records, etc.) a) CANSH, Record Retention and Destruction, and Case Record Management Policies b) 2018 PREA Annual Report c) Website 2. Interviews: a) Facility Director/PREA Compliance Manager b) PREA Coordinator/Associate Director c) Agency Director d) Licensing and Accreditation Manager 3. Site Review Observations: a) Informal interviews during site review 115.389(a-d). Our Home Inc. has three policies which relate to this standard: CANSH, Record Retention and Destruction and Case Record Management. These require maintaining information used to gather sexual abuse and harassment data to be retained for a period of 10 years. The PREA Compliance and Licensing and Accreditation Managers pointed out where files are securely maintained and stored in locked cabinets on-site; residents and the public have limited or no access to the administrative office. Our Home, Inc. makes all aggregated sexual abuse data from its facilities under its direct control readily available to the public at least annually through its website but removes all personal identifiers prior to public access. The auditor reviewed the agency 2018 PREA Annual Report on the website https://docs.wixstatic.com/ugd/28198e_b7612dbcbcf84ec19d603a20336c2016 .pdf The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.389.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.401 Frequency and scope of audits. 115.401(a-n) Our Home, Inc. has demonstrated compliance with the PREA standards by conducting PREA audits every three years. The previous PREA audit for the Parkston facility occurred in June 2016. For the current PREA Audit, the auditor was given permission to review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation through the PAQ, during the audit and post-audit. The auditor was given access to all areas of the Parkston campus and observed every area of the program during the on-site phase. A private interview room was made available for interviews during the on-site portion of the audit. The Licensing and Accreditation Manager responded in a timely fashion to every request from the auditor and sent copies of all relevant/requested documents (including electronically stored information). Residents were provided with information about the PREA audit six weeks prior to the site visit. The information or “Notice of Audit” was provided to the Our Home, Inc. by the Auditor, which was posted in the main resident bulletin board. The information provided to the residents about the PREA Audit included accurate information regarding the confidential nature of any correspondence and communication with the Auditor. Our Home, Inc. provides residents with a method of sending confidential information or correspondence to the Auditor with the same level of confidentiality as if the residents were communicating with legal counsel. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. Parkston meets the standard 115.401

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Meets: Standard 115.403 Audit Contents and Findings The auditor confirmed that Our Home, Inc. has posted the preceding audit reports, the 2016 Parkston PREA Audit and the 2019 ASAP PREA Audit Report) on the agency’s website where reports are readily available to the public. The policies, practices and interviews of residents and employees support the finding that Our Home, Inc. ASAP meets the standard 115.403.

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.)	na

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".)	na

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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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.)	na

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?	no

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 functions of the facility? (N/A for non-secure facilities)	yes

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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

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	yes

	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?	
	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: Residents who have speech 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: 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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	

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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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 (c)	Hiring and promotion decisions	
	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 employees?	yes
	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.)	yes

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.)	yes

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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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 not responsible for investigating allegations of sexual abuse.)	na

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.)	na

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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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).)	yes

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).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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).)	yes

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?	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?	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?	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?	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.)	yes

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?	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?	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?	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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

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 making facility and housing placement decisions and programming assignments?	yes

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 entity or office that is not part of the agency?	yes
	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.)	yes

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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

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 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?	yes

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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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 accordance with these standards?	yes

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?	yes

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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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).)	yes
	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).)	yes

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?	no

115.371 (f)	Criminal and administrative agency investigations	
	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 does not provide a basis for terminating an investigation?	yes

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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	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.)	no

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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

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 cooperates with any investigation arising out of the incident?	yes

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 the confinement of its residents.)	na

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.)	na

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 publication would present a clear and specific threat to the safety and security of a facility?	yes

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.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

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