

PREA AUDIT REPORT **INTERIM** **FINAL**
JUVENILE FACILITIES

Date of report: 12/05/16

Auditor Information			
Auditor name: Kurt Streed			
Address: 414 South 6th Street Lake City, Mn 55041			
Email: dkstreed@outlook.com			
Telephone number: 651-301-1043			
Date of facility visit: June 13-15			
Facility Information			
Facility name: Adolescent Sexual Adjustment Program (ASAP)			
Facility physical address: 40354 210th St, Huron, SD 57350			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 605-353-1025			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	xx Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	x Other Res. Treatment
Name of facility's Chief Executive Officer: Mr. Steve Gubbard			
Number of employee assigned to the facility in the last 12 months: 21			
Designed facility capacity: 36			
Current population of facility: 36			
Facility security levels/inmate custody levels: Open Residential/Non-Secure			
Age range of the population: 12-17			
Name of PREA Compliance Manager: Blaise Tomczak		Title: PREA Compliance Manager/Program Coordinator	
Email address: btomczak@ourhomeinc.org		Telephone number: 605-353-1025 #302	
Agency Information			
Name of agency: Our Home Inc.			
Governing authority or parent agency: <i>(if applicable)</i> NA			
Physical address: 334 3rd Street SW Huron, SD 57350			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 1-605-352-4368			
Agency Chief Executive Officer			
Name: Mr. Steve Gubbrud		Title: Executive Director	
Email address: sgubbrud@ourhomeinc.org		Telephone number: 1-605-352-4368 Ext. 102	
Agency-Wide PREA Coordinator			
Name: Mr. Steve Riedel		Title: Employee Director	
Email address: sreidel@ourhomeinc.org		Telephone number: 1-605-352-4368	

AUDIT FINDINGS

NARRATIVE

The PREA Audit for Our Home Inc./ASAP Program in Huron, South Dakota was conducted on June 14th and 15th, 2016. The Certified PREA Auditor was Mr. Kurt Streed of Lake City, Mn.

For the purposes of this report "resident(s)" is the term used to describe the juvenile male(s) and females held at this facility. The term "employee" (s) include full-time employee, contractor or volunteer who has direct contact with the residents

Our Home Inc. utilizes Agency Wide Policies, Procedures, Manuals, and Forms to address the requirements of the PREA Standards. The documentation contained in Our Home Inc facility reports substantiates this as being accurate. The major difference between the two Our Home Inc. facilities consist of the type of resident, type of programs and physical structure of the buildings. The vast majority of the responses in relation to PREA obtained from both residents and employees throughout the audit process were consistent thus reinforces these same policies being taught and understood within both facilities.

This writer would like to thank Our Home Inc. Employee Director/Agency PREA Coordinator Mr. Steve Riedel, ASAP Program Coordinator/PREA Compliance Manager Mr. Blaize Tomczak and the Agency Licensing and Accreditation Manager Ms. Elizabeth Cope for their overall professionalism prior to, during and following the on-site visit. The facility employees were professional, polite and forth coming in their communication with this auditor. I would also like to thank the numerous residents who spoke with me, they were open and polite during our conversations.

Ms. Elizabeth Cope submitted written documentation to this auditor, this process began in May of 2016.

Prior to conducting the onsite visit, Ms. Cope and I met at the Agency's Main Office on June 14th at 100pm to verify licensures, background checks and training documentation on randomly selected (11) employee files. There were no deficiencies found in the Human Resources Files or Training Records. We concluded at approximately 300pm.

This auditor did contact the South Dakota Department of Human Services, A to Z Interpretive Services, The South Dakota Department of Corrections, Childs Voice and one member of the Federal Bureau of Investigation to verify various components of the information provide to this auditor. The information received was consistent to the information provided by Our Home Inc.

The first day of the audit began at 0630 am on Wednesday June 15th, 2016, this auditor met briefly with Ms. Cope and Mr. Reidel. Ms. Cope and one other ASAP employee accompanied me on the tour of the facility. The Agency Executive Officer Mr. Gubbard was not available the week of the onsite audit. The tour process included utilizing the PREA tour instructions and outline provided by the Bureau of Justice Administration.

The ASAP Facility has several structures including maintenance buildings, gymnasium, education building and dining facilities. The areas visited included the housing units, health services, cafeteria, classrooms, recreational areas, office spaces and other areas in which resident were seen or would have access. The residents and employees who were addressed during the audit tour were forthcoming with information and helpful. This auditor was able to take photographs during the audit of physical structures, none of these pictures contained employee or residents. The tour was concluded at approximately 0730am. Following the tour I was provided a list of employee and residents in which I randomly selected names for interview and file reviews. The majority of Wednesday was spent conducting interviews and concluded at approximately 700 pm. The following morning, I arrived just prior 0700am and interviewed two employees whom had worked the overnight shift. I concluded the on-site visit with a report out at approximately 1030am and departed at 1100 am. Ms. Cope provided me information from randomly selected resident files which was reviewed following the on-site visit. The facility was provided a 'summary' on some suggestions and possible solutions to compliance issues. The documentation issues were similar to that of the Parkston Facility and were being addressed prior to my arrival while other forms were adjusted/changed during my visit.

There were 36 residents currently assigned to the ASAP Program, a total of 10 residents were randomly selected for interviews and file reviews. A minimum of two residents from each area was maintained.

This auditor randomly selected a total of 15 employees to be interviewed. This included 11 direct care/supervision employees assigned to work in the housing units on all three shifts. There were 05 others also interviewed, some randomly selected and others were intentionally selected by positions. These included the, PREA Compliance Manager, Intermediate and Higher Level Supervisors, Clinical Director, Medical Services, Volunteers/Contractors, Group Leaders, Psychologist and PREA Investigators, some of those selected had more than one responsibility and they were interviewed by position with secondary questions related to the other duties assigned. It is noted there were no contractors or volunteers available at the time of this audit. Employee training and knowledge of the PREA standards and requirements was obvious throughout the interview process. This auditor interviewed 15 randomly selected employee members, it was clear they understood PREA and the requirements of each position. This auditor reviewed the files of all employees who were randomly selected for interviews to ensure training was documented. The files on of the employees contained signed documents in which each acknowledged receiving and understanding the agency policy on zero tolerance for sexual harassment and abuse. The PREA standards and requirements are contained within this same training. Our Home Inc has one training curriculum for PREA, thus a 'refresher training' is not utilized, rather they repeat the entire PREA training annually with all employee.

Interviews with residents clearly indicated they were well informed about PREA. They identified when they were informed of their right not to be sexually abused or harassed. They knew how to report sexual abuse and sexual harassment and were informed of being protected from retaliation for reporting such abuses. This information was provided upon arrival, specifically during the first couple hours. Most reported this information was provided to them by the Group Leader, and the nurse, residents also reported the line employees also reviewed information with them. Residents along with their assigned Group Leader sign and date a document stating they have received and understand the zero-tolerance policy and right to be free from sexual abuse and harassment. ASAP utilizes a resident grievance form in which residents can report a variety of problems, however they also have a drop box in which residents reported they can simply drop an "anonymous" note into this locked box to report anything they need too. The locked/drop box is only accessed by managers, thus protecting the resident's identity. There are also posters in areas where residents are present in which phone numbers are available to call to report abuse. ASAP uses a resident handbook which also includes the information residents need to know and how to report sexual abuse and sexual harassment. During the resident interviews, it was clear they understand the different methodology in which they can report sexual abuse or sexual harassment. It was clear the residents trusted the employees as they all stated they could report to any of them. The agency web page also provides information under the PREA tab for others who may want to report abuse.

ASAP has just started planning for the addition of video monitoring equipment in all facilities. During the Audit Tour, we discussed the considerations they are making in determining the location of such devices. We discussed the limitations on the use of equipment as well as the precautionary measures needed to ensure residents can not view what staff can monitor. They were reminded to ensure the components of PREA are specifically addressed and documented when considering the final placement of any video monitoring equipment.

Our Home Inc. has three employees who were trained in Sexual Abuse Investigations by the South Dakota Department of Corrections. However, they do not conduct formal/criminal investigations, the information obtained is immediately reported to the South Dakota Department of Social Services (DSS) who conduct the formal investigations if needed. The DSS Intake Specialists are available Monday through Friday from 800am to-500pm to take these types of calls, if events transpire in the evening, weekends or holidays local law enforcement is to be contacted. ASAP reported three such cases in the last year, these were all resident on resident and did not include criminal acts, this information was provided prior to the on-site visit. There was an incident reported while conducting the and on-site visit. This information was forward to the South Dakota Department of Social Services, was also not found not to be criminal in nature. The employees understood the agency conducts administrative inquiries only (gathering of information) and all reported cases are reviewed by the South Dakota Department of Social Services. The South Dakota Department of Social Services (DSS) provided a letter which clarified their role in this process. I was also in contact with DSS who confirmed they have specially trained sexual abuse investigators. This information is also posted on the agency website which clarifies the investigative responsibility of the agency.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Our Home Inc. has treatment facilities in both Parkston and Huron, South Dakota and are licensed for 92 male and juvenile adolescents ages 12-17. Our Home Inc started as a youth shelter in 1972 and has evolved over the past 44 years into two facilities serving adolescents. The last two buildings built were the new additions to the Parkston Facility in 2007 and the Dining Hall on the Huron Campus in 2010.

The Huron Facilities are located in rural Beadle County. The rural acreage is the site of the Adolescent Sexual Abuse Program (ASAP), and Rediscovery (Drug and Alcohol Treatment Center). The Huron Facility also has an Academic and Wellness Center, which contain educational classrooms as well as a recreational area. The Dining facility is in a third building.

The ASAP Residential Treatment Center serves male adolescents ages 12-17 that have demonstrated some type of sexually aggressive or sexually abusive behavior towards others. The length of stay ranges from 12-18 months. The treatment program focuses on reducing the risk of reoffending and to have each adolescent learn to understand and manager their sexual abusive behavior. A multidisciplinary treatment team works with each resident every 30 days to identify specific problem areas and develop objectives to assist in progressing through the recovery process. The treatment philosophy includes a strong belief in 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 on working on victim empathy, health relationships, relapse prevention, denial, techniques to interrupt inappropriate arousal and taking full responsibilities for their offenses.

Residents must meet admissions criteria and be pre-approved. Admission is on a case by case basis, two such exclusionary criteria include: "Applicants must not present the threat of serious risk of physical or sexual harm to self or others within the context of the treatment environment provided" and those with " a full-scale IQ of 68 or below or have had a difficulty in benefiting from the services provided".

ASAP Program is comprised of the following Four Stages:

The program consists of four stages or levels. These include the evaluation / orientation stage, accountability stage, sexual safety stage and re-socialization stage. Each stage will give you new skills that will help you in your program and learn to reintegrate back into society. The amount of time it takes to move forward through each stage will be different for everyone. Some of you may even need to return to work on the goals of an earlier stage if you need additional help with certain problems.

Stage One: Evaluation / Orientation – The evaluation stage is used to help you and the treatment staff in determining your needs and ways to aid you. This process will start by treatment staff gathering information which will best assist us and you in determining whether the ASAP program is the appropriate placement to best meet your needs. If the resident is not placed for evaluation, the resident will complete the orientation portion of their stage. The orientation portion generally only takes 2 weeks. The Evaluation portion of this stage generally takes 30-90 days depending on the resident and goes through Group Leaders.

Stage Two: Accountability - The accountability stage is designed to assist individual residents to recognize how their actions and words affected their life and the life of others. Being accountable is how the residents can show responsibility for your past actions. Taking accountability or responsibility for your actions will be determined by your demonstrating your skills through the process of helping and caring for others.

Stage Three: Sexual Safety – The sexual safety stage is designed to focus on your understanding of the consequences of your behaviors to themselves, their family, and especially their victim. Through this process the resident will examine and recognize the barriers they have overcome to allow themselves to hurt others. This stage assists the resident on learning arousal control techniques and how to replace deviant fantasies with appropriate fantasies. The main focus of this stage is to achieve a level of empathy for those the resident has hurt, especially their victims. During this process, you may

make written, verbal or video apologies to your victim.

Stage Four: Re-socialization Pre-Discharge – The final and last stage of the program is to help the resident in adjusting back into the community. This stage is designed to assist the resident in developing better ways of coping and understanding community issues, situations and relationships, which may lead to making negative choices. This stage is to help and assist the resident in recognizing independent living skills and learning to meet their basic needs without hurting themselves or others. In the process of discovering themselves and learning these very important skills we need to recognize how to combine our decision-making skills with new learned skills in order to make healthy and realistic decisions.

The ASAP Facility consists of several different buildings, however three specifically are accessible to the youth. In the main building, there are youth bedrooms, designated office/work space for employees, showers, bathrooms, group/gathering rooms and administrative offices. The facility average number of residents is 33.9 which is close to its capacity of 36. Resident ages are 12-17 years of age with an average length of stay of 12-18 months.

Upon entering the main door there is a small reception area, just to the left is a small resident housing unit, (one hallway with bedrooms). To the right is the office of the Program Coordinator, Mr. Tomczak. In the area between Mr. Tomczak's office and the juvenile living unit/bedrooms are gathering/group rooms, laundry facility, bathrooms, staff offices and storage areas.

The housing unit within the ASAP Facility is located in one building, however in two separate locations. One area contains a centralized work station for employees with three hallways which can be seen from this location. The second area is one hallway with a workstation located in the middle of this same hallway. There is a line of sight between both of these work stations. The hallways are named: Mercury (12 residents), Genesis (12 residents) and Journey (12 residents) for a total of 36 residents.

The dining hall is located in a separate building just to the back of the main living unit. This is a fairly new and nicely kept cafeteria style area. The residents eat in groups at separate tables and the assigned employees eat with them. There are outdoor recreational areas to the right and the left sides of the dining facility.

The educational building consists of several small classrooms, a nurse's office and a full-size gymnasium. These areas also appear well maintained. Education is provided by licensed teachers and special education teachers through the Huron Public School District, these employees are mandated reporters, however the ASAP staff members are with the residents while in the educational setting.

All "hidden areas" and other areas where as residents are not to have access are secured.

Supervision of residents is accomplished through the assigning two employees to each hallway (Group) during the waking hours, which maintains a ratio of 1:6 or lower. During overnight hours, there are three employees assigned, one to each area which maintains a ratio of 1:12 or lower. 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 living unit merge at one employee work station. The residents are in single occupancy bedrooms which contain a bed, dresser and work desk. There are no bedrooms' doors however residents are allowed to change clothing in privacy. There are motion lights in each room that will detect movement during the overnight hours. There is no isolation or disciplinary 'lock up' at this facility.

The facility does have registered nurses, with their offices within the Wellness Center. However, there is no "exam room", but they can meet privately with residents. The Nursing employees do not perform physical exams, they refer any such examinations to an outside medical facility.

ASAP visitation is on Saturday or Sundays for one to four hours, limits on visitors is based on progress in treatment. However, grandparents, mother father, guardians and legal personal can visits upon a youth's entry into the facility. Although, visitation is reserved for these dates and times, other days may be considered based on a family's circumstances. These arrangements can be made through the residents Group Leader. 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. 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, ASAP employee will help ensure residents have the opportunity to speak with parents/legal guardians.

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 and attended by ASAP employee members.

SUMMARY OF AUDIT FINDINGS

The auditor has found 2 standards in which exceed expectations, 38 met expectations and with 1 not applicable. The agency was issued an interim report in which there was some documentation adjustments needing to be addressed. These were discussed and this auditor assisted in making of Corrective Action Plans to address these while conducting the on-site visit. The documentation has been revised which clearly demonstrates the effort, attentiveness and willingness of the agency to comply with the Department of Justice Juvenile PREA Standards.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

The facility does have a Zero Tolerance Policy, found in the Personnel Manual, "Child Abuse, Neglect and Sexual Harassment Prevention and Intervention" Content within this Standard is found on Pages 1 through 4. It was clear through the documentation review and interviews that employee and residents understood this policy. It includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment as well as sanctions for those who have violated this policy.

There are two facilities operating under Our Home Inc. The designated Agency PREA Coordinator is Mr. Steve Reidel and the ASAP Facility PREA Compliance Manager is Mr. Blaize Tomczak. The employee and residents clearly identified both Mr. Reidel and Mr. Tomczak as being the persons who are in charge of PREA situations in this facility.

Mr. Reidel and Mr. Tomczak both stated they had the time and had the authority to complete the responsibilities associated with this position.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Our Home Inc does not contract with other entities for the confinement their residents.

Standard 115.313 Supervision and monitoring

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

Our Home Inc Policy "Staffing Plan" clearly identifies the factors taken into consideration when developing a staffing plan. Although this does not specify the actual number of clients the staffing plan is predicated on, the ASAP Facility has a maximum capacity of 36. During the daylight hours, the overall employee ratio of direct supervision employees to residents is 6 to 1 while the overnight hours maintain a 12 to 1 ratio. These ratios were maintained throughout the documentation cycle and were directly observed during the onsite tour. However, there are employee "responders" whom are to leave there assigned residents in the event of a call for assistance. When these types of incidents arise, one staff may leave the group, thus staff to resident observation ratios would be closer to 12 to 1 during the daylight hours. Being the responders are scheduled to respond it does not meet the criteria of exigent circumstances. Rather this indicates responding to these types of incidents happens on a fairly frequent basis or often enough to provide extra resources. The facility will need to address this in order to meet the PREA staffing requirements by October of 2017.

Our Home Inc utilizes the "Annual Pre-budget PREA Staffing Plan Assessment" form to document the staffing plan review. This is completed and discussed during the Annual Pre-Budget Meeting. During the interviews, it was also discovered that staffing issues are discussed regularly at administrative meetings, however these are not documented. It is noted the ASAP Facility does not currently have video monitoring equipment, they were reminded if adding this type of technology to consider this standard when doing so.

Our Home Inc Policy states the "Childcare Coordinator, Group Leader/Counselor or Program Coordinator/Assistant Program Coordinator" are the persons whom are eligible to conduct announced rounds. These rounds are documented on the "Announced Monitoring of Resident Supervision" form. This form is comprehensive and specifically guides the Employee on what is to be observed. Employees are prohibited from alerting other employee members that an announced monitoring is occurring.

The ASAP Facility has met the majority of the requirements of this standard and have until October of 2017 to address the staffing issue as noted earlier in this standard. As of today, this standard is Not Applicable to this facility.

Standard 115.315 Limits to cross-gender viewing and searches

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

Our Home Inc. policy "Search and Shower" specifically states "Search and Showers must be conducted by a employee member of the same gender as the resident and observed by another". This process is used during the initial intake. They are provided a wrap or robe during the initial intake and thus are never fully viewed. Employees are not allowed to touch a resident at any time during a search. This prohibits all pat searches and all strip searches from being conducted by employees. Residents interviewed consistently stated they are never nude in front of employees, nor have they been pat searched at any time while at the facility. The medical employee interviewed confirmed this information, as well as stating they do not conduct these types of searches or any type of examination which requires a resident to be fully viewed. Thus, any searches or examinations which require a resident to be nude are conducted at an outside medical facility.

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. The shower areas allow for privacy without being viewed and the toilet stalls are enclosed which prohibits employees from direct viewing of residents. Resident and employees both confirmed the privacy and the methodology utilized to ensure residents are not viewed during these times.

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. While at the ASAP facility, this was observed and was heard being stated numerous times during the onsite tour. Resident interviews stated this is not consistent, this was discussed during the report out as something that supervisors will need to monitor.

The information provided, employee and resident interviews supported adherence to this standard.

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

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

Our Home Inc. "Reasonable Accommodation Policy for Residents" and "Limited English Proficiency" policies address residents with Limited English Proficiencies (L.E.P.) and with those with disabilities. Although there were no residents with L.E.P. at the time of the audit, it was clear that arrangements had been made with A to Z interpretive services if such need were to arise. An agreement between Our Home Inc and A to Z was provided stating this as well. There are several different posters utilized by Our Home Inc. to help ensure residents understand their rights and what to do if subject to sexual abuse or harassment. At this time Our Home Inc has not had any residents with Limited English Proficiencies however this auditor is confident in their policy, process and ability to provide these services if such a case presents itself.

During the interview process at the ASAP Facility, residents clearly understood how to report any incidents of sexual abuse and sexual harassment. During one such interview it appeared a young man had some limited cognitive abilities, however he was able to describe the manners in which he could make a complaint, but struggled in using the ASAP terminology as most other youth had used. He did know these could be confidential, and did know of the numerous posters, and information in the ASAP handbook which can help him guide with these types of complaints.

Resident Interpreters are not used, this was clearly understood during the employee interviews and there have been no instances in which residents had been utilized in this manner.

The policies, practices and interviews of residents and employee verified compliance with this standard.

Standard 115.317 Hiring and promotion decisions

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

Our Home Inc. Policies, "Recruitment" and "Verification of Background, Credentials and Employment/Contract Eligibility" define the agencies responsibilities in following this standard. The ASAP Facility currently has 39 employees, this auditor randomly selected and reviewed employee files all of the files contained a background clearance from the Federal Bureau of Prisons and the South Dakota Sex Offender Registry. All of the background checks were completed within the last 12 months.

Our Home Inc Policy "Obligation to Inform" imposes upon employees the continuing affirmative duty to disclose any such misconduct. There is documentation in the ASAP Facility Human Resources files which confirmed employees being asked these same questions during the evaluation. Failure to report such information subjects the employee to termination.

Our Home Inc. Personnel Manual, Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention & Intervention" defines the agencies responsibility to report substantiated sexual abuse or harassment allegations involving a former employee to any institution in which such an employee has applied for work.

The interviews and documentation presented during the onsite tour support the meeting of this standard.

Standard 115.318 Upgrades to facilities and technologies

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

Our Home Inc. policy, "Building Expansion and Modification Projects" was implemented in November of 2013. This policy 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 ASAP Facility currently utilizes motion lights in all of the resident bedrooms and has 15 exits with "Panic Alarms". (Excluding the kitchen, front door and control center)

The ASAP Facility has been approved to add cameras to its' facility. The facility is in the initial planning phases of adding this type of equipment. During the onsite tour, there was discussion as to the placement of these cameras. The consideration of placing these cameras at this facility is currently focused on the resident living quarters. They were reminded to review this standard and to document the adherence to this standard when making the final determination of the placement of any video monitoring equipment.

The policy and documentation support compliance with this standard.

Standard 115.321 Evidence protocol and forensic medical examinations

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

The South Dakota Department of Social Services/ Division of Child Protection Services is responsible for conducting administrative and criminal sexual abuse investigations. This auditor did make contact with this department and confirmed its' role in this process as well as being informed they employ Specially Trained Sexual Abuse Investigators for this purpose. The South Dakota Department of Corrections trained the investigators of the Department of Human Services and Our Home Inc. They have provided documentation as to the training they provided and its meeting the requirements of PREA Standard 115.321 items (a.) through (e.).

The State of South Dakota utilizes a Centralized Intake phone number to report child abuse or neglect. This is utilized Monday through Friday from 800 a.m. to 5 p.m. Monday through Friday. If any incident occurs after hours, on weekends or holidays and is deemed an emergency a facility is to contact local law enforcement.

Our Home Inc. Personnel Manual, Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention & Intervention" defines the agencies responsibility to conduct internal administrative inquiries following the procedures and in accordance with the South Dakota Department of Corrections Investigating Sexual Abuse in Confinement Settings and the Training for Correctional Investigators manual. Only trained investigators may conduct internal administrative inquiries. There are two employees trained to conduct these types of inquiries at the ASAP Facility. The Administrative Inquiries are limited allegations 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.

It was clear through the interviews that employees and residents know who was in charge of sexual abuse investigations and what the role was of each individual. It was also clear that employees know how to preserve evidence to aid responders in collection of usable physical evidence. Our Home Inc. policy does allow for the resident 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 this process. It is noted there are victim advocate posters posted in the facility which were seen during the onsite tour.

The policy allows for youth to obtain medical and forensic exams without financial cost to the resident. This auditor contacted "Childs Voice" which is located in Sioux Falls, South Dakota. This agency is utilized by Our Home Inc. to conduct forensic medical exams. Childs Voice does employ SANE/SAFE personnel however it is noted most exams of this nature are provided by specifically trained Pediatricians or by Emergency Room Physicians.

The collateral information obtained, interviews conducted and the auditor tour support this facility being in compliance with this standard.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Our Home Inc. Personnel Manual, Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention & Intervention" addresses investigations of sexual abuse and sexual harassment. The policy states the facility is responsible to report allegations of sexual abuse and sexual harassment to other agencies. The Policy defines the roles of other agencies 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.

The ASAP Facility reports all allegations of sexual abuse and harassment to the South Dakota Department of Social Service. Although the policy clearly states they only need to report those in which there is a suspicion of criminal behavior. The facility reports all cases as an added assurance to its overall review of incidents. The ASAP Facility had three incidents reported which were deemed to be of Sexual Harassment, in contacting the South Dakota Department of Social Services, this was the same number of cases they had received over the documentation cycle. Each of these cases were non-criminal in manner and the documentation was provided to the auditor. At the time of the audit there were three cases in which the auditor reviewed documentation. The investigation determined two of these cases were unfounded, and one was unsubstantiated. These cases were reviewed by the South Dakota Department of Social Services and were not forward to law enforcement for criminal investigation.

There have been no criminal investigations or investigations into sexual abuse at this facility. All the documentation and interviews support the facilities compliance with this standard. Our Home Inc. forwards all reports of any sexual allegations to the South Dakota Department of Social Services to review. This clearly exceeds the standard but add insurance to the process used by the facilities.

Standard 115.331 Employee training

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

Our Home Inc. Personnel Manual, Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention & Intervention" 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 this training.

This auditor randomly selected ASAP employees and reviewed their training documentation. All files had information and training as to this policy and the PREA Standards. All of them contained a document confirming they have received and understand this information. There is no annual "refresher" training provided rather employees complete the whole training curriculum annually, which clearly exceeds the standard. All of the files showed the last training received being

within the last calendar year. Training provided is the same for all employees as this is a male only facility with living arrangements in attached (close proximity). If employees transfer to the Parkston Facility, additional training will be provided as that program is co-ed in nature. This is covered in policy.

The interviews and files reviewed clearly demonstrate the employees have been trained in the PREA Standards and understand their responsibilities.

Standard 115.332 Volunteer and contractor training

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

Our Home Inc. considers employees to include all full-time employees, contractors and volunteers to be trained in the PREA requirements. As stated in Standard 115.331 the training documentation supports the training received as well as the volunteers understanding of the PREA requirements. There were no volunteers available at the ASAP Facility during the onsite visit. The auditor needs to note that residents are constantly supervised by full time staff and are never left without this supervision.

Interview and documentation support compliance with this standard.

Standard 115.333 Resident education

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

Our Home Inc. Personnel Manual, Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention Intervention" addresses resident education. The Policy specifically states each treatment facility shall provide new residents with a documented orientation and comprehensive education that addresses the subject of child abuse, neglect and sexual harassment. Orientation will occur during the intake process. The intake begins upon the arrival of a resident. The agency has several posters, handbooks and other visual reminders of a residents right to be free from sexual abuse and sexual harassment. This information is also readily available in the Resident Handbook as well as in two separate "PREA Pamphlets".

This auditor interviewed a total of 10 ASAP residents, all of them stated they had received information immediately upon arrival at the facility. They spoke of the medical staff providing this, the assigned Group Leader discussing this information and the assigned living unit employees also discussing this same information. It was clear the residents understood their rights to be free from sexual harassment and sexual abuse. The auditor randomly selected resident files and compared the resident intake date with the date the PREA Education was provided (resident signature) and all of them were given this information within the first 24-48 hours. 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.

Standard 115.334 Specialized training: Investigations

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

Although Our Home Inc. does not investigate criminal sexual abuse the Personnel Manual Policy on "Child Abuse, Neglect, and Sexual Harassment Prevention" policy states: Internal administrative inquiries shall be conducted following the subsequent procedures and in accordance with the South Dakota Department of Corrections Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators manual. Only trained investigators may conduct internal administrative inquiries. There are three employees, both Facility PREA Compliance Managers and the Agency PREA Coordinator are trained PREA Investigators as certified by the South Dakota Department of Corrections. The South Dakota Department of Corrections was contacted and confirmed they adhere to the PREA Standards of 115.334 and 115.371. It is noted these administrative inquiries gather information but do not formally conduct investigations. This is the responsibility of the South Dakota Department of Social Services and the local law enforcement.

Standard 115.335 Specialized training: Medical and mental health care

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

Our Home Inc. Policy and Procedure Manual, "Orientation and Training" describes training for staff that is appropriate to their assignment. The ASAP Facility has two mental health/medical health professionals employed by the facility. The training for these professionals is the same as all employees. It is also noted these 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.

Interviews and Documentation support compliance with this standard.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Our Home Inc. Policy and Procedure Manual "Assessment to Reduce Risk of Sexual Abuse" clearly states within 72 hours of intake the Counselor/Group Leader shall obtain this information and document this on the OHI (Our Home Inc) Intake Assessment Tool. The intake assessment tool is divided into two sections. Section A is Potential Victim Questionnaire and Section B is the Potential Perpetrator Questionnaire. The questions contained on this form clearly measure a resident's possible vulnerability for abuse as well as a resident's potential for being a perpetrator of abuse. The eleven criteria contained within this standard are contained in the Intake Assessment Tool. However, this is not the only information a Group Leader ascertains during the Intake Assessment. Group Leaders also review and use collateral information when completing assessments, i.e. case files, court records, and psychological reports when determining risk.

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

assignments.

The Group Leaders, the Clinical Psychologist and Nursing Staff are the primary assessors at the ASAP Facility. They confirmed the limits placed on the dissemination of information contained in the assessment tools. Residents interviewed recalled being asked questions during the intake process during the first couple of days at the facility.

Our Home Inc. Policy "Assessment to Reduce Risk of Sexual Abuse" Section D. states the following: "as part of the initial treatment plan and continuing review and update process, placement and programming assignments will be reassessed to review any threats to safety experienced by the resident. The residents own views with respect to his or her own safety will be given serious consideration. The facility does reassess resident's safety in relation to PREA monthly when the treatment plans are reviewed. This is demonstrated on the monthly updated treatment plans.

Standard 115.342 Use of screening information

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

Our Home Inc. Policy "Assessment to Reduce Risk of Sexual Abuse." section "Use of Information" states: "the information will be used in determining bed assignments, programming, education and work assignments." This policy also 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. This auditor was able to interview on such resident who confirmed she was not placed into a unit based on her identification.

Our Home Inc. does not utilize isolation for any residents at their facilities.

It is noted the psychological staff complete an interpretive summary on all residents at the ASAP Facility this report clearly identifies the use of the facilities Prison Rape Elimination Act Initial Assessment Tool and the utilization of this information in the treatment plan/strategies. The information is used in an effort to keep residents safe from free from sexual abuse.

Standard 115.351 Resident reporting

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

Our Home Inc. provides numerous ways for residents to privately report sexual abuse or sexual harassment types of behaviors. These are found in the resident handbook as well as on posters throughout the ASAP Facility. These methods include a locked "drop box" (notes can be submitted and only retrieved by management), calling the National Sexual Abuse Hotline, calling the South Dakota Advocacy Service or filing grievances. Access to these entities is readily available to the residents. Employees who want to make a private report may do so by calling local law enforcement or the South Dakota Department of Social Services.

All employees with Our Home Inc. are mandated to report and take immediate action to protect a victim upon receiving such reports in writing, anonymously, or by a third party. The Personnel Manual policy "Child Abuse, Neglect, and Sexual Harassment Prevention" specifically mandates any reports taken shall immediately be reported to the next higher supervisor. It also 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. Any employees who fail to make such a mandated report are guilty of a Class 1 Misdemeanor.

The on site visit, interviews with ASAP employees and residents clearly demonstrated compliance with this standard. The information is posted, and the knowledge and methodology to make private reports is well known by all parties.

Standard 115.352 Exhaustion of administrative remedies

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" addresses the Internal Administrative Inquiries. These inquiries are 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 South Dakota Department of Social Services for further investigation. If at any time the investigator has a suspicion of the conduct being illegal or criminal in nature. All duties are curtailed and the alleged incident is then reported to the South Dakota Department of Social Services for an external investigation.

Our Home Inc policy "Grievance Procedure" specifies that "no time limit is imposed on when a resident can submit a grievance". The policy is also clear that "a grievance shall not be submitted or referred to a staff member who is the subject of the complaint." Our Home Policy "Child Abuse, Neglect, and Sexual Harassment Prevention" prohibits the disciplining of a resident who files a grievance in good faith.

The ASAP Facility has received no grievances alleging sexual abuse over the past 12 months. This auditor must ensure the process is clearly understood. If there are any grievances filed alleging sexual abuse, the agency relies on the South Dakota Department of Social Services or local law enforcement to conduct such investigations. The Agency itself does not notify residents as to the outcome of Sexual Abuse Investigations, nor does it limit such time frames for the grievance to be completely addressed. The Agency does have time limits to ensure an initial response is provided to ensure a residents safety. However, it is the responsibility of the South Dakota Department of Social Services to investigate allegations of sexual abuse and to provide a final determination and notification as to the outcome of the grievance.

Our Home Inc. "Grievance Policy" does have an Emergency Grievance Procedure for those at Substantial Risk or Imminent Risk. This procedure 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 types of reports can be submitted in any form including but not limited to letters, emails, text messages, telephone or other reliable form of communication. The Emergency Grievance Form is immediately forward to the Program Coordinator through the employee's completion of the PREA-Emergency Grievance Form. The Program Coordinator 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 to provide an initial response within 48 hours. The final decision will be made and documented within 5 days of receiving the grievance.

It is noted the residents at the ASAP Facility are between 12-17 years of age. This clientele mandates that any report of sexual abuse, abuse or neglect to be submitted despite the residents' personal wishes.

Although the ASAP Facility has not had any grievances filed alleging sexual abuse it was this auditor's impression the facility is prepared for such an incident. Through interviews, policy review and process design, if such a grievant or report was made the system is in place to protect victims from imminent or potential sexual abuse or further victimization.

Standard 115.353 Resident access to outside confidential support services

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention " and the "Resident Rights" provide the information supporting this standard. These provide residents outside access to victim advocates. The ASAP Handbook also has the organizations of Childs Voice, and Children's Safe Place listed with contact information to obtain a victim advocate. There are also posters in the facility in which 1-800 numbers are listed to call. The limits to confidentiality are disclosed to all residents. Residents are also provided reasonable and confidential access to attorneys, legal representation, parents and legal guardians.

The tour of ASAP during the on-site visit, combined with interviews of various staff and random residents, confirmed they have this information. They can reach these persons/groups free of charge and know the limits of confidentiality.

This information supports this standard meeting expectations.

Standard 115.354 Third-party reporting

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" specifically 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. The reporting process is also publicly noted on the Our Home Inc. ASAP Facility Web Page http://ourhomeinc.org/index_files/Page424.htm.

The ASAP employees interviewed all confirmed their responsibilities in accepting and reporting third party reports. The residents also understood that third parties could file reports on their behalf.

The documentation review, the web page review and interviews confirm the meeting of this standard.

Standard 115.361 Employee and agency reporting duties

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" addresses the employee and agency reporting duties. The 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). 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 in which may have occurred outside of this agency. Retaliation towards any resident or employee for reporting physical abuse, sexual abuse, neglect, sexual harassment or victims is prohibited. Employees are aware of the mandated reporting requirements as set forth in South Dakota Codified Law 26-8A-3.

The reporting requirements included in the Our Home Inc policy is "immediately", this includes the Executive Officers responsibility to report this information to South Dakota Department of Social Services. The Program Coordinator is responsible to report this information to the resident's caseworker, parents/legal guardians, assigned court officer and/or the Residential Reentry Manger of the Bureau of Prisons.

The "Confidentiality of Information" policy at Our Home Inc. clearly defines the limits of confidentiality for employees. Employees are trained in this policy and sign a form indicating they have read and understand this particular policy.

The documentation review identifies all of these characteristics. The interviews of the ASAP Program Coordinator Mr. Tomczak and Mr. Reidel (Agency Head designee) confirmed the knowledge and process needed in the reporting of such incidents. It is noted, the South Dakota Department of Social Services will provide direction to the facility in which will be followed as part of an investigative process.

This evidence supports this standard meeting compliance.

Standard 115.362 Agency protection duties

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" 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" also dictates protective actions will be taken immediately to protect the at -risk resident.

The ASAP Facility has not had any such allegations.

The ASAP employees were knowledgeable in their responsibilities if a threat of imminent sexual abuse was received. This information supports the facility in meeting the expectations of this standard.

Standard 115.363 Reporting to other confinement facilities

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" places the responsibility of reporting an allegation indicating a resident was sexually abused while confined at another facility onto the Executive Director or his Designee. This is first reported to the Child Protective Services Central Intake Call Center, this agency will provide Our Home Inc instructions for notifying the head of the facility or appropriate office of the agency where the alleged abuse occurred. The reporting to the other facility shall occur as soon as possible but no later than 72 hours from receiving the allegation. The Agency documents these notifications on the Alleged Abuse and Neglect Incident Report.

Should this agency receive notification from another facility or agency that a resident was sexually abused while confined within an Our Home Inc. facility the Executive Director, Program Coordinator or agency office that receives such notification shall ensure it is investigated per the "Child Abuse, Neglect and Sexual Harassment Prevention Policy".

The Mr. Tomczak, Mr. Reidel and other employees clearly understood the requirements to investigate, report and document the receiving or reporting of any allegation of sexual abuse reported to or by another facility.

The ASAP Facility meets this standard.

Standard 115.364 Employee first responder duties

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" Section IV "Reporting, Victim Services, and Investigating Procedures", Sections 1 through 5 list the responsibilities of the Our Home Inc. employees in their responsibilities when receiving an allegation of sexual abuse. These include but are not limited to, 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.

There have been no allegations of sexual abuse made at the ASAP Facility.

All of the ASAP Facility employees have been trained in the first responder duties. During the interview process, they clearly depicted their responsibilities in responding to such an allegation.

The documentation and interviews confirmed this standard has been met.

Standard 115.365 Coordinated response

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" defines the roles and responsibilities of the first responder, the agency managers, and outside entities. They have a written "Coordinated Plan for a Response to Sexual Abuse" which also defines specific duties and responsibilities.

The interviews with the ASAP employees confirmed they knew their responsibilities in responding to an alleged sexual abuse situation. They identified, the separation of the victim and possible perpetrator, ensuring the safety of residents, preservation of possible evidence, reporting to the proper authorities and written reporting requirements. Through interviews, it was clear that First Responders, Group Leaders, Medical Staff, Mental Health Staff, and Administrative Staff were fully aware of this plan and their responsibilities. This was confirmed through interviews. There have been no incidents or residents being at substantial risk of imminent sexual abuse reported at this facility. It is this auditor's observation that the employees are well versed in their responsibilities if such an incident arises.

This information supports the facility in meeting the expectations of this standard.

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

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

Our Home Inc has not entered into any collective bargaining agreements. The agency has not entered into any agreements in which would limit the agency/facility from removing alleged abusers from contact with residents while awaiting the outcome of an investigation.

This standard has been met.

Standard 115.367 Agency protection against retaliation

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

Our Home Inc policy: "Child Abuse, Neglect, and Sexual Harassment Prevention" prohibits retaliation against any resident employee who has reported an alleged or substantiated incident of physical abuse, sexual abuse, neglect or sexual harassment and retaliating against a resident or employee who has been victimized. Anyone who experiences, witnesses or suspects acts of retaliation shall immediately report this to the Program Coordinator. The protective measures and support services taken in such cases is also listed in this policy.

Mr. Blaise Tomczak is the ASAP Facility Program Coordinator, he is also the facilities PREA Compliance Manager. It is his responsibility to monitor and document monitoring of such retaliation. The monitoring is documented on a "Retaliation Monitoring Form". This is a comprehensive form which includes items such as, 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. The policy requires the Program Coordinator 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 will be documented on the "Retaliation Monitoring Form".

During the interview process, it was clear Ms. Tomczak knew of this responsibility and if he were absent this would be completed by Mr. Riedel. At the time of this audit there were no incidents of monitoring for retaliation reported at this facility.

The documentation and interviews demonstrated compliance with this standard.

Standard 115.368 Post-allegation protective custody

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

Our Home Inc. does not utilize isolation nor have designed facilities to isolate residents.

Standard 115.371 Criminal and administrative agency investigations

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

Our Home Inc. facilities do not conduct criminal investigations nor investigate allegations of sexual abuse, this is the responsibility of the South Dakota Department of Social Services or local law enforcement. The South Dakota Department of Corrections provided investigative training for the Department of Social Services and facility investigators. Ms. Candice Snyder the PREA Coordinator for the South Dakota Department of Corrections provided this training. In a letter to this auditor she describes her qualifications to teach such a course this included: *Train the Trainers: National PREA Resource Center Specialized Training: Investigating Sexual Abuse in Corrections Settings* presented by the Moss Group (2013), *PREA Resource Center Investigations Regional Training* at the National Corrections Academy presented by the Moss Group(2013) and *Interviewing & Interrogation Basic Course* presented by Dr. Steven Rhoads International Training Academy for Linguistics and Kinesics(2006). She confirmed in this letter the training provided meets the requirements of this standard.

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" policy addresses the responsibility of the facility in the investigations of sexual abuse and sexual harassment. Mr. Blaize Tomczak and Mr. Steve Reidel received the training provided by Ms. Snyder, the certification of this training was provided to this auditor.

The facility investigators do investigate allegations of sexual harassment however do not conduct criminal investigations. Investigations are not terminated solely because the source of the allegation recants the allegation or the accused or victim departs from employment or care of the agency. The investigators assess the credibility of alleged victims or witnesses on a case by case basis. The facility does not utilize polygraphs or other truth-telling devices during the investigative process. Employee conduct is considered as part of the investigative process.

Policy dictates records of investigations will be permanently retained in the personnel file of the abuser. Abuse committed by a resident, the reports will be retained in the case record of the abuser for as long as the abuser is in care of the agency, plus seven years.

Although the Investigators at ASAP do not investigate sexual abuse or criminal activity they follow the same procedure for cases of Sexual Harassment. It is also noted that all cases alleging sexual abuse and sexual harassment are reviewed by the South Dakota Department of Corrections, thus adding an outside entity to also evaluate such reports. This added measure helps to ensure the investigative process is thorough and comprehensive.

Interviews and documentation review support this standard as meeting expectations.

Standard 115.372 Evidentiary standard for administrative investigations

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" policy specifically 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 ASAP Investigators Mr. Tomczak and Mr. Reidel.

Standard 115.373 Reporting to residents

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" 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.

There have been notifications made to residents at the ASAP Facility, however in review of the PREA Resident Notification Form, there is no wording as to the allegations being determined to be substantiated, unsubstantiated or unfounded. The form has been corrected, however there have been no incidents reported in which this has been utilized over the past 6 months.

Standard 115.376 Disciplinary sanctions for employee

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

Our Home Inc. "Misconduct Policy" prohibits sexual harassment and sexual abuse. Termination is the presumptive disciplinary action. Our Home Inc will report all terminations for violations of the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation. In determining and setting disciplinary actions and performance interventions, the supervisor and Associate Director shall use the following as guidelines: the nature, severity and circumstances and risks of the act committed, employee disciplinary record, other discipline imposed for comparable offenses and current circumstances.

The ASAP Facility has not had any terminations, resignations or disciplinary sanctions towards employees for sexual abuse or sexual harassment.

The facility policy clearly meets the requirements of this standard.

Standard 115.377 Corrective action for contractors and volunteers

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" policy prohibits any staff member, contractor or volunteer under suspicion from 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.

The ASAP Facility has had no sexual abuse allegations involving a contractor or contractor.

The policy and interviews support this process and the meeting of this standard.

Standard 115.378 Disciplinary sanctions for residents

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

Our Home Inc. "Resident Discipline" and "Prohibited Acts and Sanction" and the "ASAP Resident Handbook" have sexual assault as a prohibited act. Resident on resident sexual activity is prohibited. Residents engaged in sexual abuse are subject to disciplinary sanctions. The policy states: Alleged incidents of resident on resident sexual abuse can only be investigated by external agencies. Following a substantiated allegation of sexual abuse, a resident shall be subject to disciplinary sanctions. Disciplining a resident for sexual contact with staff shall only occur upon a finding that the staff member did not consent to such contact. 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.

The ASAP Facility has not had any discipline imposed on residents for discipline infractions of this manner. It does not specifically use the discipline process to provide subsequent therapy, counseling or other interventions designed to address underlying reasons for sexual abuse. Rather the program definition itself lends the ability to provide these types of services. In conclusion discipline or participation in these types of sessions does not limit a resident's access to general programming or educational services.

This standard was supported through documentation review and through the interview process.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Our Home Inc. "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 strictly limits access to all resident case records to person with a "need to know" or "right to know", Medical and mental health practitioners, other staff, as necessary to inform treatment plans and security and management decisions, including bed, program, education and work assignments, other staff are required by Federal, State or local law. These types of files are considered confidential at Our Home Inc. Facilities. A random file review was conducted in which the intake dates of residents was compared to the date of the "Interpretive Summary Report. These dates were all within 14 days of admission. Resident interviews and the interviews of practitioners supported this effort.

The documentation and interviews conducted demonstrate compliance with this standard.

Standard 115.382 Access to emergency medical and mental health services

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" policy does ensure the resident victim receives timely, unimpeded access to emergency medical treatment, and offering the victim timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate, in accordance with professionally accepted standards of care. These services are provided free of charge regardless of the victim naming the abuser or cooperating with any investigations arising out of an incident. The policy states these services will be provided upon the direction of the outside investigative authority. The three entities utilized to provide these services in the event of a sexual abuse of a resident include the Sanford University of South Dakota Medical Center/Childs Voice, The Child Advocacy Center and the Compass Center all located in Sioux Falls, SD. This auditor spoke with the Department Director of these agencies in reference to these services. I also received a letter from the Medical Director and Department Director which describes the overall services provided by this agency. These services are provided at this facility on a 24/7 basis.

Although the ASAP Facility employees do not provide these services, it was obvious in my conversations with those outside the facility, during the interview process and documentation review that these services are to be provided. Utilizing the professional services provided by the Sanford Medical Center/Childs Voice, the Child Advocacy Center and the Compass Center illustrates the comprehensive care resident victims of sexual abuse would receive if such an incident arose.

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

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" states specifically that Our Home Inc. shall 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.

Although there have been no cases of sexual abuse at the ASAP facility, it was clear that the parameters, policy and process to provide ongoing services is clearly understood. During the resident interviews, they confirmed meeting with the Clinical psychologist and working with this person on a variety of issues. This is example is not directly related to this particular standard however does signify the relationship between ASAP residents and the ability to receive follow up mental health care.

The interviews and documentation review confirm this meeting of this standard.

Standard 115.386 Sexual abuse incident reviews

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" policy under Section "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 Committee consists of the facilities Program Coordinator (Chair), 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 to include the change of policy, the motivation of the allegation/incident, the area of the facility in which it occurred, staffing levels, the use or implementation of monitoring equipment and any recommendations for improvements. This report is submitted to the Associate Director, if recommendations for improvement cannot be enacted the Associate Director shall record the reasons for not doing so.

The ASAP Facility has not had any substantiated or unsubstantiated investigations of sexual abuse. The investigations the facility has conducted did not rise to the level of sexual abuse.

If such an incident were to transpire, it is clear the policy and form contain incident review criteria as depicted in this standard. The interviews conducted and documentation support these efforts in the meeting of standard.

Standard 115.387 Data collection

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" section "PREA Annual Report" specifically addresses the data review and aggregating of data in relation to incident-based sexual abuse and sexual harassment data. The policy requires the removal of all personal identifiers from such a report. When completed the Associate Director reviews the data in order to assess and improve the effectiveness of the agencies sexual abuse prevention, detection and response policy including the identification of problem areas and taking corrective action on an ongoing basis. The agency utilizes a variety of sources to gather this information, this 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 ASAP Facility follows these protocols and collects data as required by this standard.

Standard 115.388 Data review for corrective action

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

Our Home Inc. "Child Abuse, Neglect, and Sexual Harassment Prevention" section "PREA Annual Report" requires the annual report to include the identification of problem areas, corrective actions and the completion of an annual Agency Report and a report of each facility. The report does contain comparison data from the previous year, and an assessment of the agency's progress in addressing sexual issues. The Agency Report does not specify any information being redacted from this Annual Report, if information is redacted the policy requires the report include the nature of the material redacted. 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 information contained in the annual report describes the aforementioned requirements. It is publicly available, and approved by the Agency Executive Director. This information confirms the meeting of this standard.

Standard 115.389 Data storage, publication, and destruction

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

Our Home Inc. designates the Program Coordinators as responsible for data storage, publication and destruction of records. Information related to PREA is posted publicly on the facilities web page. There are three policies which relate to this standard: "Child Abuse, Neglect and Sexual Abuse", "Record Retention and Destruction" and "Case Record Management". These require of maintaining information used to gather sexual abuse and harassment data to be retained for a period of 10 years. These policies confirm Our Home Inc meeting of this standard.

AUDITOR CERTIFICATION

I certify that:

- xx The contents of this report are accurate to the best of my knowledge.
- xx No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- xx I have not included in the final report any personally identifiable information (PII) about any inmate or employee member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Kurt L. Streed

12/05/16

Auditor Signature

Date