

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 12/06/16

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: Parkston Residential Treatment Facility			
Facility physical address: 103 West Maple St. Parkston, SD 57366			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 1-605-928-7907			
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
Name of facility's Chief Executive Officer: Mr. Steve Gubbard			
Number of employee assigned to the facility in the last 12 months: 50			
Designed facility capacity: 385			
Current population of facility: 34			
Facility security levels/inmate custody levels: Open Residential/Non-Secure			
Age range of the population: 12-17			
Name of PREA Compliance Manager: Jenise Pischel		Title: PREA Compliance Manager/Program Coordinator	
Email address: jpischel@ourhomeinc.org		Telephone number: 1-800-270-5013 Ext 129	
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./Parkston Residential Treatment Center in Parkston, South Dakota was conducted on June 13 and 14th, 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, Parkston Program Coordinator/Parkston PREA Compliance Manager Ms. Jenise Pischel 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.

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 0715 am on Monday June 13th, 2016, this auditor met briefly the morning of Monday, June 13th, 2016 with Ms. Elizabeth Cope and Ms. Jenise Pischel. These two employees then accompanied me on the tour of the facility. The Agency Executive Officer Mr. Gubbard was not available the week of the on-site audit. The tour process included utilizing the PREA tour instructions and outline provided by the Bureau of Justice Administration. The Parkston Facility is one structure and is a self contained 17,000 square foot facility. 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 were forthcoming with information and helpful during this portion of the audit. 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 0800am. Following the tour I was provided a list of employees and residents in which I randomly selected names for interviews and file reviews. The majority of Monday was spent conducting interviews and concluded at approximately 730 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. These were documentation issues in which were being addressed prior to my arrival while other forms were adjusted/changed during my visit. Ms. Cope and I then met at the Agency's Main Office at 100pm to verify licensures, background checks and training documentation. There were no deficiencies found in the Human Resources Files or Training Records. We concluded at approximately 300pm.

The housing unit at the Parkston Facility is located in one area, with a centralized work station for employees, there are three hallways which can be seen from this desk location. The hallways are named: Independence (11 residents), Phoenix (10 residents) and Star (13 residents) for a total of 34 residents. This auditor randomly selected 7 total residents to be interviewed which included two from each housing unit. It was discovered during the interviews that one resident was developmentally challenged, and two disclosed they had suffered sexual abuse prior to being placed in Parkston, it is noted the youth whom reported this information were in a program for those 'recovering from sexual abuse'. The information the residents shared with this auditor was verified with Ms. Pischel as the reason the youth were at Parkston.

This auditor randomly selected a total of 19 employees to be interviewed. This included 10 direct care/supervision employees assigned to work in the housing units on all three shifts. There were 09 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, Case Managers, 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 during the on-site portion of the tour, however one volunteer was interviewed over the phone.

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 Case Managers, and the nurse, residents also reported the line employees also reviewed information with them. During one interview a resident stated, "I am kind of slow, but my Group Leader went over the stuff a little at a time so I could understand it". This also is an indication of the process to be used for those whom don't understand due to cognitive restraints but also for residents with Limited English Proficiency. Residents along with their assigned case manager 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. Parkston 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. Parkston 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 harassment however nearly all of those interviewed stated, they would "tell the employee" and believed the employee would keep this confidential. Specifically noted a majority stated they would report such abuse to their Group Leader, which tends to appear as a strong indicator of trust between residents and the employee. The agency web page also provides information under the PREA tab for those whom want to report abuse.

Employee training and knowledge of the PREA standards and requirements was obvious throughout the interview process. This auditor interviewed 19 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 yearly with all employee.

Parkston 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. They were reminded to ensure the components of PREA are specifically addressed and documented when considering the final placement of any video monitoring equipment.

Parkston has a methodology and process to collect and maintain data related to sexual abuse and sexual harassment. 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. Parkston reported 3 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 on-site visit. This information was forward to the South Dakota Department of Social Services, this was also not to be criminal in nature, the auditor received this documentation. The employees understood the agency conducts administrative investigations 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 Huron and Parkston, 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 and recreational area.

The Parkston Residential Treatment Center serves both male and female adolescents ages 12-17 that have experienced legal, school, or family concerns. The program works with the residents to develop healthier attitudes and coping skills for the behaviors that caused the need for treatment. The program services a broad range of individuals requiring intensive professional assistance and therapy for behavioral or emotional problems in a highly structured, self-contained environment. 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 utilization of a therapeutic group milieu assists youth in developing respect for self and others, development of healthy relationships while meeting the expectations of providing a safe environment. Placement and programming needs of each resident is determined through collateral information, age, sex, mental health, sexual offending, chemical dependency, vulnerability screenings and other individual characteristics of the client. Residents must meet admissions criteria and be pre-approved. Admission is on a case by case basis, one such exclusionary criteria: "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".

Parkston offers the following programs.

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.

The Parkston Facility consists of 17,000 square feet to house youth and provides office/work space for designated employee. Although the facility has a resident capacity of 38 the average number of residents is 32.2. Resident ages are 12-17 with an average length of stay of 12 months.

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), the facility appears clean and well maintained. There is also small garden and recreation area outside. Throughout the facility all 'hidden areas' in which residents are not allowed are secured.

Upon entry into the facility there is a professional assistant/receptionist area and the administrative offices. These offices are within very close proximity to the resident living areas and recreational areas.

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 dining hall is located between the Administrative Offices and the Resident Living Area, this is a nicely kept cafeteria style area. The residents eat in groups at separate tables and the assigned employees eat with them.

The resident rooms are just past the dining area, all residents live in the same living area. However, the living area is divided into three 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 living unit merge at one employee work station. One wing contains males while the other two have female residents. The employee members working announce their presence when entering a hallway containing residents of the opposite gender. Approximately halfway down each hallway there are resident gathering areas/group rooms, which contain sitting areas and various other items. The residents are 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 lights in each room that will 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 closest to the employee work station, these rooms are securable, but not isolation rooms. These rooms have large windows and are used for a resident "time out/seclusion" type of procedure. These 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, the rooms are small in nature and the assigned employee are with the residents while attending classes. The educational employees are employed by the local school district and are mandated reporters by statute. Residents may attend a local high school when they have earned that privilege however there are Parkston employees whom are stationed at the school while the resident is attending. At the time of this audit the residents were not attending high school in the facility, but rather were transported to an area school. The employees assigned attend these classes with them, thus they are not unsupervised by Parkston employee when attending off site school.

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

Recreation is supervised by the assigned employees. Residents have opportunities to attend public activities and just recently went to a public pool.

Parkston visitation is on Sundays from 100pm to 5pm, although visitation is reserved for Sundays, 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, Parkston 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 Parkston employee members.

SUMMARY OF AUDIT FINDINGS

The auditor found 3 standards exceeded expectations, the remaining 38 fully met the standards. This auditor made some suggestions on the documentation changes needed and discussed these during the on-site visit. Some of the documentation was 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: 3

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: [Click here to enter text.](#)

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 Parkston Facility PREA Compliance Manager is Ms. Jenise Pischel. The employee and residents clearly identified both Mr. Reidel and Ms. Pischel as being the persons who are in charge of PREA situations in this facility.

Mr. Reidel and Ms. Pischel 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

- 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 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 Parkston Facility has a maximum capacity of 38. 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 at the Parkston Facility throughout the documentation cycle and were directly observed during the on-site tour. There were no deviations during the reporting cycle.

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 Parkston 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 documentation and on-site visit demonstrated the exceeding of this standard.

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. However, the shower areas allow for privacy of showers 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. This was observed and was heard being stated numerous times during the on-site tour. Residents confirmed this being consistent.

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. A 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 Parkston Facility, residents clearly understood how to report any incidents of sexual abuse and sexual harassment. During one such interview, it appeared one youth had some type of cognitive impairment. (This was confirmed with the Assistant Program Coordinator following the interview.) However, this same youth described how to report and the options available. During this same interview the youth stated, "I have some trouble understanding things, but if things are slowed down and in smaller bits, I can I understand". The youth described a Group Leader whom went very slowly over the PREA information and in doing so was obvious the youth understood its contents.

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 Parkston Facility currently has 45 employees, this auditor randomly selected and reviewed 12 employee files, 11 of these files contained a background clearance from the Federal Bureau of Prisons and the South Dakota Sex Offender Registry. The 12th employee was just recently hired and was going through the orientation/training phase, the background checks are part of this process. A total of 27 of the 45 employees had background checks 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 Parkston 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 on-site 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 Parkston 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 Parkston Facility has been approved to add 6 cameras to its' facility. The facility is in the initial planning phases of adding this type of equipment. During the on-site tour, there was discussion as to the placement of these cameras. They were reminded to review this standard and to document the adherence to this standard when making a 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 Parkston 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 on-site 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 Parkston 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 Parkston 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 13 Parkston employees and reviewed their training documentation. All 13 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 exceeds the requirements of this 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 co-ed facility with living arrangements in attached (close proximity). The policy does state for employees transferring from another facility that training will be conducted based on this program having both males and females.

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 present on the day of the on-site visit, however I was able to conduct one such interview over the phone. This also confirmed they are getting the training as required and understand it. 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 7 Parkston residents, all of them stated they had received information immediately upon a 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. It is also mentioned earlier in this report that one resident reported how the Group Leader broke things down into smaller segments to ensure the information was understood. The auditor randomly selected 9

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 ASAP and Parkston 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 Parkston Facility has one on-call nurse and three doctors who are under service agreements. 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 and in the review of training and personal files.

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 Parkston 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 Parkston Facility and although there is mention of safety considerations it is rather vague and does not address specifics.

Our Home Inc. policy "Assessment to Reduce Risk of Sexual Abuse." does require a reassessment be conducted however as stated in Standard 115.341, the periodic reassessments and twice annual reassessments required for transgender and intersex residents is not being completed/documentated. The psychological staff complete an interpretive summary on all residents at the Parkston 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 Parkston 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 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 Parkston 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 resident's 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 Parkston 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 resident's personal wishes.

Although the Parkston 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.

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 Parkston 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 observations 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. Parkston Facility Web Page http://ourhomeinc.org/index_files/Page424.htm.

The 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)
- 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 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 of "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 Manager 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 Ms. Piscel and Mr. Reidel (Agency Head designee) demonstrated 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 Parkston Facility has not had any such allegations.

The Parkston 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 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.

Our Home Inc. Facilities meet 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 Parkston Facility.

All of the Parkston 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 auditors 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.

Ms. Janice Pischel is the Parkston Facility Program Coordinator, she is also the facilities PREA Compliance Manager. It is her 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 ever 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. Pischel knew of her responsibility and if she 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. Ms. Jenise Pischel 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 this facility 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 Parkston Investigators Ms. Pischel 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 Parkston 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 Parkston 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 Parkston 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 "Parkston 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 Parkston 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. The Facility Director stated, "discipline for resident on resident sexual abuse would most likely result in termination from the program". This is an option available to the Facility Disciplinary Committee for violation of a Prohibited act.

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 residents victims of sexual abuse would receive is 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 Parkston facility, it was clear that the parameters, policy and process to provide ongoing services is clearly understood. During the interview process, one such resident reported being the victim of prior sexual abuse by a relative. This information was discussed during the on-site visit, it was also clear the information provided was reported prior to the youth's placement at the facility and was the same reason the youth was placed at this facility. This same youth stated having been seen by the Clinical Psychologist and also confirmed this was reason for the placement at Parkston. Although this example is not specific to this standard, it does confirm services being offered and a protocol being followed for any person who has been the subject of sexual abuse.

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 Parkston 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 Parkston 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
Auditor Signature

12/06/16
Date