

# PREA AUDIT: AUDITOR'S SUMMARY REPORT JUVENILE FACILITIES



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of Facility:</b> Star Academy			
<b>Physical address:</b> Custer, South Dakota			
<b>Date report submitted:</b> Initial Report: 8/15/2014		Final Report: 8/15/2014	
<b>Auditor Information:</b> Patrick Sussex			
<b>Address:</b> Juvenile Justice Programs, 120 N. Washington Square, Suite 300, PNC Bldg., Lansing, MI 48933			
<b>Email:</b> SussexP@Michigan.gov			
<b>Telephone Number:</b> 517-648-6503			
<b>Date of facility visit:</b> July 29-31, 2014			
<b>Facility Information</b> Star Academy			
<b>Facility mailing address:</b> <i>(if different from above)</i> 12279 Brady Drive, Custer, SD, 57730			
<b>Telephone Number:</b>			
<b>The Facility is:</b>		<input type="checkbox"/> Military	<input type="checkbox"/> County
		<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Private not for profit	<input checked="" type="checkbox"/> State
<b>Facility Type:</b>		<input type="checkbox"/> Detention	<input type="checkbox"/> Correction
			<input checked="" type="checkbox"/> Juvenile Justice Residential Treatment
<b>Name of PREA Compliance Manager:</b> Eric Grover			<b>Title:</b> Supervisor / PREA Comp. Mgr.
<b>Email Address:</b> <a href="mailto:Eric.Grover@state.sd.us">Eric.Grover@state.sd.us</a>			<b>Telephone Number:</b> 605-673-2521
<b>Agency Information</b>			
<b>Name of Agency:</b>		South Dakota Department of Corrections	
<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i>			
<b>Physical Address:</b>			
<b>Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>		Denny Kaemingk	<b>Title:</b> Secretary, Dept. of Corrections
<b>Email Address:</b>		<a href="mailto:Denny.Kaemingk@state.sd.us">Denny.Kaemingk@state.sd.us</a>	<b>Telephone Number:</b> 605-773-3478
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b>		Candy Snyder	<b>Title:</b> Operations Mgr. / PREA Coordinator
<b>Email Address:</b>		<a href="mailto:Candy.Snyder@state.sd.us">Candy.Snyder@state.sd.us</a>	<b>Telephone Number:</b> 605-673-2521 ex. 2126

# AUDIT FINDINGS

## **NARRATIVE:**

The site visit for the PREA audit of Star Academy, Custer, SD, was conducted on July 29-31, 2014 to determine compliance with the 2012 Prison Rape Elimination Act standards. The audit opened with an orientation meeting with PREA Juvenile Coordinator Candy Snyder and PREA Compliance Manager Eric Grover. This was followed by a tour of the facility that included inspection of all buildings and areas where youth have access. Resident and staff interviews followed.

The auditor interviewed 10 residents and had informal discussions with an additional three residents. The residents were selected from a roster and included a mix of youth that were newly arrived and longer-term youth, both male and female, from all housing units. The auditor interviewed six direct care staff, the PREA Coordinator, the PREA Compliance Manager, the facility Personnel Director, a Supervisor, the facility Superintendent, and two health care contractors (nurses), and had informal discussions with teachers and others. Finally, the auditor completed review of all pertinent policies, records, and documents. An exit interview was held with the PREA Coordinator, the PREA Compliance Manager, the facility Superintendent, Jeff Haier, the Department of Corrections Secretary, Denny Kaemingk, and a number of interested supervisory personnel and staff.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Juvenile programs in South Dakota are administered by the Department of Corrections. The mission statement of the department is: "To protect the citizens of South Dakota by providing safe and secure facilities for juvenile and adult offenders committed to our custody by the courts, to provide effective community supervision to offenders upon their release and to utilize evidence-based practices to maximize opportunities for rehabilitation." Star Academy participates in the Performance Based Standards project.

Star Academy is a non-secure, 128-bed, publicly-operated juvenile justice residential treatment facility located in Custer, SD. At the time of the audit there were 90 residents placed in the five housing units. Over the course of the three-day on-site portion of the audit, there were four intakes and two releases of residents. Resident ages ranged from 14 to 18 years of age. During the reporting period (previous 12 months) there were 230 youth in residence at the facility. Average length of stay of residents for all housing units combined is 163 days, or just over five months. There were no youth in residency that had arrived prior to August 20, 2012.

Residents attend school on grounds and medical and dental services are provided to residents on grounds, without charge to the residents. Forensic examinations, if needed, are conducted off-site at the local hospital. Direct-care staffs provide line-of-site supervision at all times, including sleeping hours. Residents sleep in open dorms with a staff desk situated to provide line of sight supervision of each resident bed. The facility has a video monitoring system that is manned at all times for active supervision, and is looped for review and recording of incidents for investigation. There had been no upgrades of facilities or the video monitoring system during the reporting period.

In school and common areas of the building youth use the toilet in individual locked rooms. In the dorm and sleeping areas youth use a common area for showering, toilet, and changing clothes. Shower curtains prevent youth from being seen by staff while performing these activities. Grievance boxes are located in all youth living areas and in a public area for use by families. Grievance boxes can be used, as one option, for reporting allegations, and grievances can be directed toward the outside monitor if designated by the grievant. Residents, their families, or third parties can report allegations to the outside monitor by telephone or through the mail. Resident meals are taken in a cafeteria.

The building(s) were clean and were free from line-of-sight obstructions in youth living areas.

## **SUMMARY OF AUDIT FINDINGS:**

Each of the residents interviewed stated that they felt safe, and each described the facility as a safe place to be where they did not fear that they would be sexually victimized. All stated that they had received information on the zero tolerance policy, and all knew of at least two options for reporting sexual abuse. All knew about the monitor and their ability to report to that person if they did not want to report to someone inside the facility. Residents unanimously expressed that staff cared about them and about their safety and supervised them diligently.

Staffs interviewed were well-versed in their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff knew their responsibilities as first responders, were familiar with red flags, knew PREA policy, and had received comprehensive and timely PREA training. Designated staffs were diligent in their duties to protect against retaliation for reporting. Specialized staff, including supervision, administration, and health-care staff were also well-versed in PREA requirements and provided ample evidence that facility practices followed policy. The auditor was able to observe the intake process, as several youth were brought into the facility during the auditor' on-site visit.

Finally, documentation was complete. Documentation reviewed included, but was not limited to, background and criminal history checks, staff training records, youth PREA orientation records, documentation of unannounced supervisory rounds, policy articles, and incident and allegation reports. There was only one substantiated PREA incident, inappropriate sexual touching, that occurred during the reporting period. Relative to this incident, appropriate investigative procedures were followed, notifications provided, protection against retaliation provided, and documentation was complete.

In summary, Star Academy was found to be materially compliant with each of the PREA Juvenile Standards.

Number of standards exceeded: **0**

Number of standards met: **42**

Number of standards not met: **0**

### Standard 115.311 Zero tolerance of sexual abuse and sexual harassment

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy(s) includes zero-tolerance statement, approach in implementing prevention, detection and response, definitions of prohibited behaviors, strategies, and intent to prosecute perpetrators fully. Policy also details prevention, detection, and response protocols. The standard was met in every respect except listing the title of the PREA Compliance Manager in the organizational chart. Because the PCM has been recently appointed the organization chart had yet to be updated. The update was completed by the time the on-site portion of the audit had concluded.

### Standard 115.312 Contracting with Other Entities for Confinement of Residents

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Contracts include this language and expectation as required. Copies of contracts with other entities were provided and reviewed.

### Standard 115.313 Supervision and Monitoring

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

**Auditor comments, including corrective actions needed if does not meet standard**

The review process and resultant staffing plan was discussed. Most significant was the facility's recognition that more staff would be needed to meet the best practice staffing ratio of 1:8 and 1:16. The facility currently operates with a daytime ratio of 1:8 and a nighttime ratio of 1:24. Only trained and qualified staffs that are directly supervising youth may be included in the staffing ratio. The staffing plan review calls for the nighttime ratio to be changed to 1:16. Hiring for the required positions was already approved and the hiring process was in progress. There were no deviations from the staffing plan reported during the review period. Observation of the current nighttime supervision practices and protocols indicated that the staff can effectively observe all youth during the nighttime period. Although materially compliant with the standard, agency and facility officials agreed to expedite the hiring process as quickly as possible so that the facility could achieve best practice. Finally, supervisory personnel are conducting unannounced rounds on all shifts and documenting those rounds. Documentation was reviewed and found to be compliant.

### Standard 115.315 Limits to cross gender viewing and searches

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy adheres to the standard prohibiting cross-gender searches. Policy imposes strict limitations on conducting body cavity searches, exceeding the standard. No cross-gender searches of any type occurred during the reporting period. Records and interviews indicated that the facility engages in few searches, and those are pat down searches. All searches are documented. The facility has a policy requiring opposite-gender staff to announce their presence when entering an area where youth might be changing clothes, showering, using the toilet, etc. The preponderance of information gathered at interviews indicated that this occurs. In addition, the shower and changing areas are set up so that residents cannot be seen by casual observers. The facility has not had transgender or intersex youth but policy prohibits examination for the sole purpose stated and staffs know the policy. Staffs are adequately trained searches of LGBTBI youth, and such training is required by policy.

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

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

**Auditor comments, including corrective actions needed if does not meet standard**

The facility uses A to Z World Languages out of Sioux Falls, SD, for interpretive services. Emergency services are available 24-hours a day. Policy prohibits use of another youth to translate. The facility had no residents with the disabilities listed in the standards during the reporting period, however staff and Administration knew the expectations should it occur. Star Academy does not accept blind, deaf, or significantly physically or mentally impaired clients.

**Standard 115.317 Hiring and promotion decisions**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Files of persons hired or promoted in the past 12 months were reviewed and criminal background checks were completed. In addition questions on previous conduct are asked to the extent determined by law. Consistent with state law the facility makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility exceeds the standard requirement by also conducting state and national sex offender registry searches. Continuing duty to report by employees is enforced. Agency policy states that material omissions in applications regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Five-year background checks on all staff, volunteers and contractors occur and were spot reviewed. Providing information to other entities on former employees that engage in sexual abuse or harassment is restricted somewhat by law in SD but the facility personnel office is compliant within the limits of those constraints.

### Standard 115.318 Upgrades to facilities and technology.

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

**Auditor comments, including corrective actions needed if does not meet standard**

The facility has an active video surveillance system that is monitored in real time. There have been no upgrades to the system, or to facilities, during the reporting period.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

**Auditor comments, including corrective actions needed if does not meet standard**

Attempts have been made and documented to provide SANE / SAFE certified practitioners to conduct forensic exams. Star Academy is in a rural location. There are not SAFE / SANE practitioners within a reasonable response distance. However there are qualified medical practitioners at the nearest hospital that are equipped and prepared to conduct these examinations. Outside advocacy services are available. The facility has an agreement with WEAVE to provide this service. Also, a WEAVE representative provides periodic presentations on preventing and healing from sexual abuse at the facility. Criminal investigations, including any investigation where physical evidence must be collected and/or compelled interviews will occur, are conducted by the Department of Criminal Investigation (DCI), a state agency separate from DOC. DCI protocols are compliant with the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

**Auditor comments, including corrective actions needed if does not meet standard**

Investigations occurring during the reporting period were completed by qualified (administrative) investigators and required documentation and reporting occurred, as required by policy. Administrative investigations are conducted by facility investigators that received specialized training. Criminal investigations are conducted by DCI. All referrals are documented. Information on investigations is included in the Agency's PREA webpage, <http://doc.sd.gov/about/PrisonRapeEliminationAct.aspx>

### Standard 115.331 Employee training

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

**Auditor comments, including corrective actions needed if does not meet standard**

The PREA training curriculum was thorough and fully compliant. It was tailored to the population served. Training records were complete and included a signed statement by each employee that they attended the training and understood the materials presented.

### **Standard 115.332 Volunteer and contractor training**

- 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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Agency records showed that all volunteers and contractors that have contact with residents were trained on their responsibilities under the agency's PREA policy and zero tolerance standards. Training of volunteers and contractors was based on the level of contact with residents.

### **Standard 115. 333 Resident Education**

- 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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Youth PREA orientation and education on sexual safety occurred for all youths. The information provided was compliant with the standard's expectations, and included written materials, a video presentation, and question and answer. The youth acknowledged receiving orientation in writing and that documentation was reviewed. Youth interviews supported that the orientation occurred and was effective however both boys and girls interviewed demonstrated some lack of retention of some of the materials presented. All were well-versed in their right to be free from sexual abuse and all could verbalize multiple options for reporting sexual abuse or harassment. The facility agreed that as an added safety measure it would conduct refresher orientation for all youths.

### **Standard 115.334 Specialized Training: Investigations**

- 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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

The facility had four staff that had completed specialized training to conduct administrative investigations. Training was documented. Criminal investigations are not conducted by the facility. Those are conducted by an outside entity, the Department of Criminal Investigation.

### **Standard 115.335 Specialized training: Medical and mental health care**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Medical and mental health practitioners received the training as required. Medical personnel do not conduct forensic examinations. Training was documented.

**Standard 115.341 Screening for risk of victimization and abusiveness.**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

All residents entering the facility were screened using a standard instrument during the reporting period. Screening measured all items listed in the standard with the intent of determining heightened risk of victimization or predatory behavior. The facility implemented appropriate controls on the dissemination of the screening information.

**Standard 115.342 Use of screening information**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The facility uses screening information to inform bed, housing and other assignments with the goal of maximizing youth safety. The facility devised a communication system for dissemination of the information to the appropriate personnel while preventing the information from being included in reports or documents that might otherwise be viewed by those with no need to know the information. Isolation as a method of keeping residents safe is not an option that is ever used at Star Academy; this applies also to LGTBI residents. Assignments of transgender or intersex youth would be made on a case-by-case basis. The facility did not have any T or I residents during the reporting period. T and I youth, if ever in residency, would be given the opportunity to shower separately from other residents.

**Standard 115.343 Protective Custody**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The facility does not utilize protective custody.

**Standard 115.351 Resident Reporting.**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency provides a way for residents to report allegations to someone outside of the facility. Compliance was verified through multiple means.

### **Standard 115.352 Exhaustion of administrative remedies**

- 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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

The facility has an established procedure for filing and resolving grievances and grievances may be filed on behalf of a resident. Emergency grievances may be filed. None were filed during the reporting period. The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. This did not occur during the reporting period. Grievances must be resolved within listed time frames. Grievances were resolved within those time frames with no extensions needed.

### **Standard 115.353 Resident access to outside confidential support services.**

- 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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Residents have access to outside confidential support services. The facility has an agreement with the WEAVE program to provide these services. A WEAVE program representative visits the facility regularly to provide presentations on healing from sexual victimization, and may be contacted by residents when not on site. The residents interviewed all stated that they also may contact attorneys and/or parents.

### **Standard 115.354 Third-party reporting**

- 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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

The facility is compliant. It was suggested that the Agency ensure that reporting options are also reiterated in website publication of sexual abuse allegation data.

### **Standard 115.361 Staff and agency reporting duties**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Staff interviews strongly supported knowledge of these expectations. Staff were also knew the mandated reporting laws and confidentiality expectations. Medical personnel were knowledgeable of their responsibilities. The agency superintendent, PREA Coordinator, and PREA Compliance Manager all supported their adherence to reporting standards and responsibilities. Policy requires that outside investigators be informed when there is suspected criminal activity.

**Standard 115.362 Agency protection duties**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Administrators and Supervision understood and agreed that “immediate” means “when the response is needed” and that in a given circumstance that could mean with moments of receiving the report, allegation, or request. There were no incidents during the reporting period that required immediate emergency protection.

**Standard 115.363 Reporting to other confinement facilities**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The facility Superintendent made two notifications to other facilities, per the standard, during the reporting period. None were received from other facilities.

**Standard 115.364 Staff first responder duties**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The facility has expectations and policy for first responder responses. A cross-section of staff demonstrated their understanding of these expectations. Policy lists required responses in all relative standard areas.

**Standard 115.365 Coordinated responses**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The facility's written institutional plan coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The Agency employs non-exclusively represented (non-union) employees. The facility is not restricted in any way from protecting residents from contact with abusers.

### **Standard 115.367 Agency protection against retaliation**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

There was only one sexual abuse finding in the past year. In this case the victim was inappropriately sexually touched. The youth, assigned staff member, and others confirmed that the youth has been closely monitored to prevent, detect, and respond to any attempt at retaliation (youth-on-youth allegation). Facility policy requires a level of protection that meets or exceeds the standard.

### **Standard 115.368 Post allegation protective custody**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Youth are not placed in confinement for this reason at Star Academy.

### **Standard 115.371 Criminal and administrative agency investigations**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency conducts administrative investigations only. Criminal investigations are conducted by an outside agency. In both cases training, investigative standards, and processes for conducting investigations are compliant with the standard.

### **Standard 115.372 Evidentiary standards for administrative investigations**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Compliant

**Standard 115.373 Reporting to residents.**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Copies of such notifications were reviewed. There were no allegations involving staff during the reporting period.

**Standard 115.376 Disciplinary sanctions for staff**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy requires termination of any employee that is found to have engaged in sexual abuse of a resident. This did not occur during the reporting period but structure is in place to comply if it were to occur.

**Standard 115.377 Corrective actions for contractors and volunteers**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy requires termination of any contractor or volunteer that is found to have engaged in sexual abuse of a resident. This did not occur during the reporting period but structure is in place to comply if it were to occur.

**Standard 115.378 Disciplinary sanctions for residents**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. There were no cases of resident-on-resident sexual abuse that resulted in isolation as punishment during the reporting period.

**Standard 115.381 Medical and mental health screenings: history of sexual abuse**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

Residents are seen by medical and mental health personnel as required in the standard, including follow-up visits. Information on resident sexual abuse is restricted to those that need to know.

**Standard 115.382 Access to emergency medical and mental health services.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

This is provided per policy and first responder plans and protocols are in place. Emergency medical response was not needed during the reporting period. Forensic examinations were not needed during the reporting period. Emergency medical and mental health services are provided without charge to residents.

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

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)

**Auditor comments, including corrective actions needed if does not meet standard**

Victims and abusers are provided with appropriate medical and mental health treatment. Policy requires treatment and interventions occur, and review of facility practices strongly indicates that those treatment and interventions, and the timeliness of responses, generally exceed the level of community care. There were no incidents of sexual abuse reported during the period that included sexual penetration so information on STD, pregnancy tests, etc. does not apply. All medical and mental health services are provided without charge to residents.

**Standard 115.386 Sexual abuse incident reviews.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

Facility policy and practice complies with this standard. There was only one applicable incident where review was required during the period. This report was reviewed and included the required elements for review.

**Standard 115.387 Data collection.**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Data collection occurs as required and was reviewed. Data is inclusive of the information required in the SSV. There were no requests from DOJ for data.

**Standard 115.388 Data review for corrective action.**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

This report was reviewed and compliant.

**Standard 115.389 Data storage, publication and destruction.**

- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Data collection and data aggregation has occurred. The data collected was reviewed. Data is posted in public/visit areas of the facility. Data (first year of collection) will be posted on DOC's PREA website.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review.

**Patrick Sussex**

**August 15, 2014**

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date