

PREA AUDIT: Interim __ Final X

JUVENILE FACILITIES

Name of facility:	McCrossan Boys Ranch		
Physical address:	47135 260 th Street, Sioux Falls, South Dakota 57107		
Date report submitted:	May 3, 2017		
Auditor Information	Glen E. McKenzie, Jr. M.S.H.P.		
Address:	202 Walton Way Suite 192-141 Cedar Park, Texas 78613		
Email:	GlenEMcKenzieJr.LLC@austin.rr.com for PREA Audit Purposes Only		
Telephone number:	512-576-1800		
Date of facility visit:	April 25-26, 2017		
Facility Information:	McCrossan Boys Ranch		
Facility mailing address: <i>(if different from above)</i>			
Telephone number:	605-339-1203		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other – Residential Group Care Home
Name of PREA Compliance Coordinator:	Patty Mihelich	Title:	Admission/Program Manager and PREA Coordinator
Email address:	patty.mihelich@mccrossan.org	Telephone number:	605-339-1203
Agency Information - McCrossan Boys Ranch			
Name of agency:	Same as above		
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:	same as above		
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:	Brian Roegiers	Title:	Executive Director

Email address:	Brian.roegiers@mccrossan.org	Telephone number:	605-339-1203
Agency-Wide PREA Coordinator - N/A			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE:

The McCrossan Boys Ranch is a staff-secure 77 bed male Residential Group Care Facility and is a private not-for-profit agency. Its governing authority is the McCrossan Boys Ranch Board of Directors. The PREA Audit took place April 25-26, 2017 in Sioux Falls, South Dakota. The morning of the audit the auditor met with the Executive Director, Brian Roegiers and PREA Coordinator, Patty Mihelich to discuss the final audit schedule. The PREA Coordinator provided a list of all staff by categories and a list of all residents by housing unit. On the morning of April 25, 2017, the auditor entered the facility for purposes of conducting an on sight tour of the facility and interviewing residents, staff members, and contractors. Prior to arrival the auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with JUVENILE FACILITY PREA Standards. The pre-on-site review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted few questions. Answers to those questions were submitted to the auditor by the facility PREA Coordinator and any additional remaining questions were resolved during the audit. The auditor interviewed ten (10) residents at random; two (2) residents from each of the five (5) living units. Residents' average length of stay was 7.72 months. The number of residents admitted to the facility from March 2016 – 2017 was 92 residents. There were 73 residents admitted to the facility whose length of stay for more than 72 hours during the same time frame. There were no youth who identified themselves as lesbian, bisexual, gay, transgender or intersex residents nor were there any residents who needed translation services or other disability related services at the facility. No resident reported sexual abuse while at the facility. No resident had requested to speak with the auditor. The facility does not utilize isolation, but relies on increasing levels of staff supervision as appropriate and necessary.

Following the on-site review, additional questions were answered by Executive and upper-level management staff. Staff, resident and contractor interviews followed and were conducted privately in a conference room in the Administration Building. There are no SANE or SAFE staff employed at the facility. SANE and SAFE staff is available at the local hospital. The auditor reviewed the Memorandum of Understanding (MOU)

between the facility and local rape crisis center (The Compass Center) and the hospital/emergency room at Avera McKennan Hospital and University Health Center to provide SANE and SAFE services. The auditor interviewed the agency Executive Director/agency contract administrator, Associate Executive Director, intermediate and higher-level staff, human resources staff, mental health contractor, investigation staff, staff who performs risk screening for risk of victimization and abusiveness, members of the incident review team and the staff members charged with monitoring retaliation.

Administrative investigations are conducted by trained facility staff and the South Dakota Department of Social Services. Criminal investigations are conducted by the Minnehaha County Sheriff's Office, Sioux Falls, South Dakota. There were no volunteers interviewed as none were at the facility during the audit. The auditor interviewed ten (10) random staff. It should be noted that due to the facility's resident population and physical plant design, several staff served multiple responsibilities. The auditor interviewed a medical staff member and the mental health professional. Telephone calls were placed to the Minnehaha County Sheriff's Department which conducts criminal investigations, the Compass Center which provides a sexual abuse Crisis Hotline for Sexual Violence and to the Avera McKennan Hospital and University Health Center which provide Sexual Assault Nurse Examiners if necessary.

While no forensic medical examinations had been conducted, all forensics medical examinations necessary are to be conducted at the Avera McKennan Hospital and University Health Center. Several local agencies provide interpreter services as needed. Any instances of sexual abuse will be referred for possible criminal investigation.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The McCrossan Boys Ranch was founded in 1948 by Melinda Bell McCrossan as she established a trust in the memory of her late husband. Program services started on June 26, 1955. The Ranch is located approximately three (3) miles northwest of Sioux Falls in Minnehaha County in the southeast corner of South Dakota.

McCrossan Boys Ranch is an all-male, minimum staff-security facility that serves male residents ranging in age from 9-20-years old who have experienced conflict in family, school or in the community. The Ranch is licensed by the South Dakota State Department of Social Services and has contracts with the State of Minnesota and the Bureau of Prisons to provide residential care. The design capacity for the Ranch is 77 residents; however there were 68 residents during the first day of the audit.

The residents are placed at the facility through various referral sources, including court service agencies, human service agencies, private and federal and school referrals. The current residents have been placed by the following referral sources: 40% Department of Corrections, 39% Department of Social Services, 9% School placements, and 12% other.

It should be noted that facility staff are well tenured and were very familiar with the residents, their background, treatment needs, characteristics and their involvement with families. All residents stated they felt very safe at the facility, spoke positively about their care and stated they could speak with any staff about any issues/concerns. It should also be noted that residents exhibited very positive and pro-social behaviors during the audit. The atmosphere was quite relaxed and comfortable.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	0
Number of standards met:	37
Number of standards not met	0
Number of standards not applicable:	4

§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 following information was utilized to verify compliance with this standard:

Agency Policy #66 Sexual Misconduct relating to PREA Zero Tolerance

Agency policy #66 Sexual Misconduct relating to the Facility Organization Chart

Organization Chart Attachment

Agency policy #66 Sexual Misconduct directs staff in the implementation of the Prison Rape Elimination Act (PREA) to include mandatory reporting, zero tolerance toward all forms of sexual abuse and harassment and outlines the facility's approach to prevention, detecting and responding to such conduct. The policy meets all requirements including definitions of prohibitive behaviors regarding sexual abuse/sexual harassment and appropriate sanctions. The agency PREA Coordinator is the full-time facility PREA Coordinator who also serves as the Admission/Program Manager. Admission/Program Manager and PREA Coordinator oversees the agency's PREA compliance activities and reports to the Associate Director under the supervision of the Executive Director. The Admission/Program Manager and PREA Coordinator appeared to have sufficient time to conduct her duties and was present during this audit. The facility operates only one (1) facility; hence a PREA Coordinator rather than PREA Compliance Manager (N/A).

§115.312 - Contracting with other entities for the 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)

XX Non-Applicable

The facility is a single stand-alone facility and does not contract for the confinement of its residents with other private agencies/entities.

§115.313 – Supervision and Monitoring

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 following information was utilized to verify compliance with this standard:

Agency policy # 70 Resident Supervision and Safety - sections 1-3 & 6

Agency written Staffing Plan

The agency policy relating to staffing plan, video monitoring, unannounced rounds and staffing ratios clearly documents PREA requirements and observations from the tour reflected compliance with all components. The staffing plan is reviewed during management team meetings to review various scheduled program activities designed to ensure proper staff coverage and to amend the staffing plan as needed. The Associate Director and Unit Managers also daily check the rosters of staff on-duty and on-call daily. Deviations from the staffing plan had been documented. The facility Associate Director and upper/mid-level managers conduct and document unannounced visits on all shifts. Unannounced visits made by intermediate and higher-level supervisors documentation is submitted to the management team. The staffing plan review with the PREA Coordinator occurs at least once each year to determine the adequacy of staff assignments and monitoring systems.

The facility policy requires minimum staffing ratios of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility tour confirmed ample resident supervision/monitoring capabilities. Numerous video cameras were strategically located throughout the facility. There were neither judicial findings of inadequacy nor findings of inadequacy from any investigation agency/oversight bodies.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #76 Control of Contraband and Searches - sections 11-14

Agency policy #62 Self-Care & Personal Hygiene – section 5

Random resident/staff interviews

Agency policy prohibits strip/body cavity searches. Agency policy provides that with approval from the Associate Director or designee, pat-down searches may be conducted only

by male staff. Agency policy prohibits cross gender searches of residents. Resident interviews confirmed that staff respects resident's privacy during dressing, showering and normal bodily functions. Policy requires staff to respect the privacy of residents when showering, dressing and normal bodily functions and requires staff of the opposite sex to announce their presence when entering housing units. Policy prohibits staff from conducting a search or physically examining a transgender or intersex resident. Physical examinations are not conducted for the sole purpose of determining resident genital status. Agency training curriculum and training logs properly document compliance. Staff interviews further confirmed that these practices occur as required.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct - sections 2A-F

Interviews with Executive Director/Associate Director, random residents/staff

There have been zero (0) instances where the services of an interpreter was needed during the review period. At intake if a resident does not speak or read English, the Sioux Falls, South Dakota Multi-Cultural Center and the other local agencies provide interpretative services. At no time are other residents allowed to serve as an interpreter. During the audit, there were no residents who were limited English proficient or who had disabilities.

§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)

The following information was used in determining compliance with this standard:

Agency policy #3.1 Recruitment, Selection and Promotion - sections 2D, 2E, 3B, 5A, 5B

Agency policy #4.2 Code of Conduct – sections A14 & F6

Agency policy 8.1 Evaluations – section D

Agency policy 8.2 Personnel Records – section E

Employee Code of Conduct

Interviews with Human Resources staff

During the past year 17 new employees and six (6) contractors were hired. Criminal background checks, to include child abuse registries were completed on all applicants, as well as soliciting information from prior institutional employers for information on substantiated allegations or sexual abuse or any resignation during a pending investigation of a sexual abuse allegation. The Human Resource staff was interviewed and confirmed adherence of the required applicant background processes which ensured all staff considered for promotions are free of legal charges, convictions and civil or administrative adjudications of sexual abuse/harassment. Ten (10) percent of personal records from the past year were reviewed to determine compliance. Agency policy states that material omissions of sexual abuse or harassment incidents or the provision of materially false information shall be grounds for termination.

§115.318 – Upgrades to Facilities and Technology

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)

The following information was utilized to verify compliance with this standard:

Agency policy #70 Resident Supervision and Safety - section 9A

Management Team Meeting Minutes November 2013

Interviews with Executive Director and Associate Director

Since the last PREA audit, the McCrossan Boys Ranch has constructed an indoor riding arena on the east side of campus and away from living units. The facility also added electronic surveillance and an electronic supervision check system to cottage recreation rooms, outside cottage perimeters and in a cottage kitchen. Agency policy requires a further review monitoring technology as additional expansions or modifications occur.

§115.321 – Evidence Protocol and Forensic Medical Examinations

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)

The following information was utilized to verify compliance with this standard:

Agency policy # 66 Sexual Misconduct – sections 14B-D & 11F

Telephone interview with the Minnehaha County Sheriff's Office

Telephone interview with the Avera McKennan Hospital

The McCrossan Boys Ranch and the South Dakota Department of Social Services conducts administrative investigations. All alleged incidents involving sexual abuse or sexual assault are reported to the Minnehaha County Sheriff's Office when criminal. A telephone interview with the Minnehaha County Sheriff's Office Investigator confirmed the practice and follows a uniform evidence protocol. The McCrossan Boys Ranch investigators have received specialized training, to include third-party/anonymous reports not investigated by other authorities. Agency documentation was reviewed requesting that the Sioux Falls Sheriff's Office use a protocol based on the most recent edition of the U.S. Department of Justice Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. All criminal investigators are sworn Law Enforcement Officers. All forensics examinations are provided without cost to the resident(s) and are completed at a local hospital according to the agreements between the Avera McKennan Hospital and University Health Center and the McCrossan Boys Ranch. Confirmation was based upon review of the MOU, interviews with facility medical staff and upper-level management. There have been no forensic examinations in the past 12 months. Victim Advocates are available through a local provider (Compass Center) of rape crisis hotlines and local intervention and counseling agencies not affiliated with the criminal justice system. There are qualified staff members at the facility that can provide crisis intervention and accompany/support the resident through the forensic medical examination processes/interviews if requested by the resident. The facility PREA Coordinator is required to conduct a follow-up on all investigations.

§115.322 – Policies to Ensure Referrals of Allegations for 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)

The following information was utilized to verify compliance with this standard:

Policy # 66 Sexual Misconduct – sections 11A-C & 11F

Agency PREA Annual Report: 2016

Agreement with Minnehaha County Sheriff's Office

Telephone interview with the investigator with the Minnehaha County Sheriff's Office

Telephone interview with the Child Abuse Protection Division of the South Dakota Department of Social Services

The McCrossan Boys Ranch published its 2016 Annual Report which was reviewed prior to arriving at the facility, as well as facility policies which demonstrated compliance with the above PREA standard. The Executive Director, upper-level management staff and the PREA

Coordinator were also interviewed. A telephone interview with the Minnehaha County Sheriff's Office Investigator stated that the Sheriff's Department had a working relationship to conduct criminal investigations with the facility. A telephone interview was conducted with the Child Abuse Protection Division of the South Dakota Department of Social Services who advised they conduct administrative investigations and that the agency works with Law Enforcement agencies which conducts criminal investigations.

There were three (3) allegations of sexual abuse investigated administratively by the McCrossan Boys Ranch and the South Dakota Department of Social Services of which one (1) were referred to the Minnehaha County Sheriff's Office for criminal investigation. The two (2) administrative investigations were unsubstantiated and the one (1) criminal investigation was unsubstantiated.

§115.331 – Employee 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)

The following information was utilized to verify compliance with this standard:

Policy #66 Sexual Misconduct – sections 4A-C & 4G

PREA Training curriculum

Employee training records

Employee Code of Conduct

McCrossan Boys Ranch Sexual Misconduct Brochure

Random staff and contractor interviews

The auditor reviewed agency policies which stated that all employees receive training tailored to the needs/attributes/gender of residents on each of the following topics required by this PREA standard: Zero tolerance; employee responsibilities; residents' right to be free from sexual abuse/harassment; the right of employees and residents to be free from retaliation for reporting sexual abuse/harassment; dynamics of sexual abuse/harassment in juvenile facilities; common reactions of juvenile victims of sexual abuse/harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact/abuse between residents; how to avoid inappropriate relationships with residents; effective and professional communication with all residents; compliance with relevant laws related to mandatory reporting and applicable age of consent. The facility's training curriculum was reviewed with the PREA Coordinator and facility training staff. Training curriculum was inclusive of each topic required. Policy and training records documented staff participation and training hours received. Staff documented by signature that they understand the training they received. Staff also receive annual refresher training every two (2) years and in alternative years they receive information on current facility policies. Additionally, the Executive Director and

upper-level management staff hold regular team meetings to communicate concerns related to PREA policies/procedures and other management issues. There are posters of facility PREA policies throughout the facility and in all housing units. This information is also contained in resident handbooks. Brochures and other forms of communicating to the residents about safety guides had been provided to all residents, staff, volunteers and contractors. The agency also has PREA information both for residents and the public in general through the agency website - www.mccrossan.org. There is no staff reassigned to this facility as the Ranch is a single facility.

§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)

The following information was utilized to verify compliance with this standard:

Policy #66 Sexual Misconduct – sections 4D & 4G

PREA Training curriculum

Contractor/Volunteer training records

Employee Code of Conduct

McCrossan Boys Ranch Sexual Misconduct Brochure

Random contractor interviews

In the past 12 months, there were 6 contractors that have contact with residents who had received training in the facility’s policies/procedures in sexual abuse/harassment prevention, detection, and response, including the zero tolerance policy. Contractors documented that they understood the training they received. One (1) contractor was interviewed and verified that they understood the training received on the facility’s zero tolerance policy and was able to describe how to report and respond to such incidents. There were no volunteers available for interview.

§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)

The following information was utilized to verify compliance with this standard:

Policy #66 Sexual Misconduct – sections 5A-E

McCrossan Boys Ranch Sexual Misconduct Brochure

Resident Handbook

Resident records

Facility posters

Random resident/staff interviews

There were no residents who had been admitted to the facility prior to August 20, 2013. As of April 2016, all residents had been given information about the zero-tolerance policy and how to report incidents/suspicions of sexual abuse, sexual abuse and sexual harassment orally and in writing in the age appropriate resident handbook during the intake process. The information is also provided to each resident during the intake processes. The facility nurse meets with new residents to provide comprehensive age-appropriate education within 10 days of intake. Thirteen resident records reviewed randomly documented that they received zero-tolerance information during intake and received comprehensive age-appropriate education of their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on the facilities policies and procedures for responding to such incidents within 10 days of their intake. The information is also provided to residents in a brochure created by the facility and on posters in various locations throughout the facility. The auditor randomly interviewed ten (10) residents of various living units who demonstrated they knew the zero-tolerance facility rules and knew how to properly report any allegations of sexual abuse and sexual harassment and retaliation for reporting incidents. There were no residents who were limited English proficient, deaf, visually impaired, had limited reading skills or were otherwise disabled. Residents with limited English proficiency, deaf, visually impaired, limited reading skills or otherwise disabled are to be provided assistance as outlined in agency policies. Residents interviewed stated that they felt safe at the facility.

§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)

The following information was utilized to verify compliance with this standard:

Policy #66 Sexual Misconduct – sections 4E & 4H

PREA Training curriculum

Employee training records

Employee Code of Conduct

McCrossan Boys Ranch Sexual Misconduct Brochure

Random staff and contractor interviews

The McCrossan Boys Ranch provides training on all agency policies including those related to PREA to all employees who may have contact with residents. There are two (2) specialized trained investigators employed at the facility that had been trained to conduct administrative investigations. As confirmed by telephone, the Minnehaha County Sheriff's Office has trained investigators who conduct criminal investigations. The facility investigators have received specialized training in conducting sexual abuse investigations in confinement settings. The specialized training included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action(s) or prosecution referral. A review of facility investigator training records documented such training.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 4F-G

Training curriculum

Training records

Medical/mental health staff interviews

Telephone interview with the Avera McKennan Hospital

All medical and mental health contractor has received required trainings as documented in training records and through interviews with medical/mental health staff. Training included how to detect and assess signs of sexual abuse/harassment, preservation of physical evidence of sexual abuse, effective/professional response to victims, reporting of allegations or suspicions of sexual abuse/harassment. Additionally, these staff received mandated training provided for all employees.

The facility medical or mental health staffs do not conduct forensic examinations. Forensic examinations are conducted at the Avera McKennan Hospital and University Health Center. A telephone interview was made to Avera McKennan Hospital to verify this service. These services will be conducted and at no cost to the resident. This was also verified by interviews with the medical and mental health staff, PREA Coordinator, Associate Facility Director and the Executive Director.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 3B-D & 3H

Vulnerability/Abuse Screening Instrument

Resident records

Intake staff and resident interviews

Interviews are conducted and documentation is reviewed prior to accepting potential residents for admissions to determine if the young man is appropriate for our program. Screenings for risk of sexual abuse victimization or sexual abusiveness toward other residents are to be conducted within 72 hours of admission; however these screenings are generally conducted on the same day of arrival at the facility. Any concerns are discussed with the Associate Director prior to living unit room assignment. The assessment attempts to ascertain information through conversations with the residents about prior sexual victimization/abusiveness, any gender nonconforming appearance or manner/identification and whether the resident may be vulnerable to sexual abuse. Information is also obtained related to current charges/offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, residents' perception of vulnerability and any other specific information (medical/mental health screenings, any court records and resident file documentation) that may indicate heightened supervision needs and additional safety precautions, to include separation from certain other residents. The objective screening instrument is used in conjunction with resident history and records from referral agencies. Information obtained through these processes are provided only to designated staff who work directly with residents to ensure sensitive information is not exploited to the residents' detriment by staff/contractors/volunteers or other residents. There had been 92 residents whose length of stay was for 72 hours or more. Thirteen (10) random resident screening and 10 (ten) random resident reassessments records were reviewed that demonstrated compliance. The review demonstrated the required initial screening and the facility reported that all residents (100%) received this screening within 24 hours. Reassessments are conducted every six (6) months. All residents interviewed stated this screening and/or reassessments had been performed. No residents are transferred to another facility; rather they are discharged from the facility.

§115.342 – Placement of Residents in Housing, Bed, Program Education, and Work Assignments

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 following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct– sections 3A, 3C, 3J-O, 3Q

Agency policy #62 Self-Care and Personal Hygiene – section 4

Memorandum from PREA Coordinator to resident staff regarding PREA placements and agency policy

All screening results are used to establish housing/room assignments and to increase awareness of potential safety concerns of staff who work directly with residents. The housing/room assignments are considered on an individual basis to ensure the health and safety of each resident and whether such assignment would present potential management or security problems. Screening occurs two (2) times each year following the residents’ admission to the facility. While there were no reported transgender or intersex residents at the facility, serious consideration of transgender or intersex residents own views will be made and these residents will also be given the opportunity to shower separately. This facility does not utilize isolation of residents. Housing/bed/other assignments are not made solely on the basis of identification or status nor made as an indicator of likelihood of being sexually abusive.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 6B & 8D-E

Resident Handbook

Postings on all living units and program areas

Facility brochure handout related to Sexual Misconduct

PREA Allegation made to McCrossan Staff

Random resident interviews

Random staff interviews

The facility provides multiple methods for residents to report allegations of sexual misconduct internally and externally. The PREA flow chart provided to staff entitled “PREA Allegation made to McCrossan Staff” further reminds staff of actions to be taken regarding all allegations of sexual abuse and sexual harassment.

Residents and staff may privately report allegations through the use of confidential locked report boxes, in-person reporting, e-mail communication and through private telephone communication,

with third parties and local agencies. The facility provides residents with necessary tools to make a written report. The auditor conducted random interviews with ten (10) residents and ten (10) staff who could state the various methods for reporting sexual abuse, sexual harassment or retaliation for reporting such infractions. Staff reported that they are required to document all verbal reports immediately and could privately report sexual abuse and sexual harassment of residents. The facility does not accept residents detained solely for civil immigration purposes.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #67 Grievance Procedure – sections 2, 3, 5-10, 13, 17, 19-21

The facility's Grievance Procedure policy #67 outlines administrative procedures to address resident grievances regarding sexual abuse. No time limit is imposed on any resident for allegations of sexual abuse and does not require the use of any informal grievance process and does not attempt to resolve an alleged incident of sexual abuse with staff. Residents may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to such staff member. There is no statute of limitation restricting the facility's ability to defend itself against a lawsuit filed by any resident. Third parties, without resident consent, may report allegations of sexual misconduct to designated facility staff, local law enforcement, The Compass Center, South Dakota Department of Social Services, confidential locked boxes or use the formal grievance system. This information is found on the agency's website. <http://www.mccrossan.org/prea-info.html>

Should a resident file a grievance related to imminent sexual abuse, the grievance will be classified as an emergency grievance and the investigation will be conducted immediately. An initial decision will be issued within 48 hours and a final decision on grievances involving sexual abuse are required to be issued within five (5) days of the initial grievance filing. Decisions regarding all other grievances related to sexual abuse will be investigated and a final decision is to be provided within 90 days from the filing of the grievance. The Executive Director may ask for an extension of time, of up to 70 days if the normal time does not give him enough time to make an appropriate decision. Time the resident spends in preparing any appeal is excluded from the noted time limit for the issuance of the final decision. Should a resident not receive a response within the allotted time, the absence of a response is considered to be a denial.

Third parties are permitted to assist residents in filing requests for administrative remedies related to allegations of sexual abuse and may file such grievances on behalf of residents, including appeals. There were no allegations of sexual abuse or sexual harassment during the review period that were reported using the grievance system. Resident interviews indicated that the residents knew how to report and to whom including outside third parties including parents, relatives, friends and legal guardians. Residents were also aware they did not have to report an

allegation to the person he is alleging to have committed an act of sexual abuse or harassment. The agency policy meets the requirements of the standards. There are locked boxes into which residents can place sexual abuse, sexual harassment and retaliation for reporting grievances. Blank grievance forms are readily available for resident and staff use.

§115.353 – Resident Access to Outside Support Services and Legal Representation

- 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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section F

Agency policy #59 Telephone Use – sections 5 & 6

Agency policy #60 Visitation – section 4

The Compass Center Memoranda of Understanding

Telephone interview with the Avera McKennan Hospital

Resident Handbook

Posters

McCrossan Boys Ranch Sexual Misconduct Brochure

Interviews with residents, staff and contractor

The facility provides residents with outside victim advocates for emotional support services related to sexual abuse and has provided this information to all residents through Resident Handbooks, intake orientation, brochures, and posters placed throughout the facility. Interviews with residents, staff, medical staff and the mental health contractor confirmed access to outside services and legal representation. Outside services are provided through Avera McKennan Hospital and University Health Center and the Compass Center. Residents may confidentially call an attorney or other representation at any time and may receive telephone calls according to scheduled hours. Should parents or legal guardians not be able to call according to scheduled hours, they can be accommodated by arrangements at other times.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section 7A-B

Information regarding Third Party Reporting made available on the facility’s website:

<http://www.mccrossan.org/prea-info.html>

The facility’s policy on Sexual Misconduct describes multiple methods used to receive third-party reports of sexual abuse/harassment and is posted on their website to inform the public about reporting resident sexual abuse or harassment on behalf of residents. Third party reports can also be made to the Executive Director or Associate Director or designee. The facility received one (1) third-party report of prior sexual abuse of a resident while the resident was at a placement in an out of state placement, documentation was provided demonstrating that the Executive Director properly contacted and documented such report to the administrator of the out of state placement facility. Third party reports of sexual abuse and sexual harassment may also be made to law enforcement or department of social services and through the use of confidential grievance boxes at the facility.

§115.361 – Staff 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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section 8B, 8G, 8I, 13A, & 17C

Agency policy 51 Mental Health Services – section 3

Agency policy #4.3 Mandatory Reporter of Child Abuse and Neglect – policy statement & section A

Random staff interviews

Random sample of residents

Medical and Mental Health Contractor interviews

Interview with the Executive Director, PREA Compliance Coordinator and Associate Director

The facility’s policy on Sexual Misconduct describes requirements for all staff (including medical and mental health contractors) to immediately report any knowledge, suspicion or information received related to sexual abuse/harassment incidents, retaliation and staff negligence or violation of responsibilities that may have contributed to an incident or retaliation. Staff is required to make such reports to facility investigators. Random interviews with ten (10) staff confirmed their responsibility to comply with facility policies and mandatory child abuse reporting laws and to maintain that information in confidence except as necessary to make

treatment/investigation and other security or management decisions. Staff stated they report the allegation promptly to the facility PREA Compliance Coordinator or other facility staff, contractors, third parties or anonymous reports. The facility also reports allegations to the resident's parents/guardian, caseworker when proper and to the resident's attorney or other legal agent, if represented. Interviews with the medical staff and mental health contractor stated they would advise the resident of their obligation to report sexual abuse to designated supervisors and state and local officials and the limitations of their confidentiality. An interview with the Executive Director, PREA Compliance Coordinator and Associate Director confirmed the responsibility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator.

§115.362 – Agency Protection 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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section 9A

Interviews with the Executive Director, Associate Director, and random staff

The facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. Interviews with ten (10) staff selected at random, the Executive Director and Associate Director confirmed their responsibility to take immediate action to protect the resident. There have been zero (0) instances that the facility determined that a resident was subject to risk of imminent sexual abuse.

§115.363 – Reporting to Other Confinement Facilities

- 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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section 8F & 13D

Interviews with the Executive Director and Associate Director

Policies and procedures properly document reporting actions which will be taken upon receiving an allegation of sexual abuse of a resident while at another facility with such action(s) initiated no later than 72 hours and actions documented. One (1) resident alleged prior sexual abuse while in prior placement. The McCrossan Boys Ranch Executive Director notified the head of

the facility where the alleged abuse occurred within 72 hours of receiving the allegation, documented that action and notified the appropriate investigative agency.

§115.364 – Staff 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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section 9B & 10A-D

Interviews with the random staff/first responders

Facility policies comply with all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as possible, including the request of the victim not to take any actions which could destroy any physical evidence) and all staff has been trained accordingly. Interviews with random staff/first responders confirmed knowledge of policy requirements and staff expectations regarding the separation of the alleged victim and abuser, their responsibility to preserve and protect any potential crime scene, requesting the alleged abuser and alleged victim not take any actions that could destroy physical evidence. There were no resident who reported sexual abuse at the facility.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 8-18

PREA Flow Chart for Allegations Made To McCrossan Staff

Interviews with Executive Director, Associate Director

The facility has a written policy and plan which coordinates actions to be taken when an incident of sexual abuse and sexual harassment occurs. This plan coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. Interviews with the Executive Director and Associate Director indicate that staff is aware of their responsibilities to coordinate responses within the facility. The coordinated response actions are also documented in the PREA Flow Chart.

§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)

The following information was utilized to verify compliance with this standard:

Interview with Executive Director

Interview with the Executive Director confirmed that there are no labor unions or collective bargaining groups at the facility. There have been no new or renewed contracts in the past year; however, any contracts developed or renewed will allow alleged staff sexual abusers to be removed from contact with residents pending the outcome of the investigation and a determination of discipline.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 17D-H

Interviews with Executive Director, Associate Director

Interviews PREA Compliance Coordinator and other staff charged with monitoring for retaliation

The facility has a written policy related to protection against retaliation and the PREA Coordinator along with multiple staff is charged with monitoring for retaliation. Should any other person who cooperates with a sexual misconduct investigation express fear of retaliation, appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures to protect residents and staff against retaliation include housing changes, removing contact of alleged staff/resident abusers and the provision of emotional support services for those who fear retaliation. Management Team members (which includes the PREA Coordinator) are responsible for monitoring retaliation. Interviews with staff confirmed their duties and responsibilities. There have been zero instances of alleged retaliations. The Executive Director, Associate Director and the PREA Coordinator stated they are responsible to monitor for retaliation of staff and residents who report sexual abuse sexual harassment or cooperate with sexual abuse or sexual harassment investigations and would monitor for the issues for at least 90 days following a report of sexual abuse. The Executive

Director, Associate Director and the PREA Coordinator stated they are responsible to monitor the conduct and treatment of residents or staff who reported these allegations to determine if there are changes that may suggest possible retaliation and would act promptly to remedy any such retaliation by reviewing disciplinary reports, housing, program changes, or negative performance reviews, resident periodic status checks or reassignments of staff and would continue monitoring if issues indicated a continuing need unless the allegation is unfounded. Interviews also indicated that appropriate measures would be taken to protect the individual who cooperates with an investigation who expresses a fear of retaliation. The facility does not utilize isolation of residents as a means to keep them safe from sexual misconduct.

§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)

XX Not Applicable

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section 30

Interviews with Executive Director, Associate Director, medical/mental health staff

Agency policy prohibits the use of isolation or segregated housing of residents as a means to keep them safe from sexual misconduct. Interviews confirmed the prohibition of isolation/segregated housing.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 11B, 11D-F, 11H-J, 12B-C

Agency policy #24 Resident Records – sections 7A-B

Agency policy #8.2 Personnel Records – section I

Interviews with Executive Director, Associate Director, medical/mental health staff

Agency memos to the South Dakota Sheriff's Office

Telephone interview with the South Dakota Sheriff's Office Investigator

The facility has two (2) PREA investigators who conduct administrative investigations, to include third-party allegations. The Minnehaha Sheriff's Office conducts criminal investigations. There have been zero (0) sustained allegations of employee conduct that appeared to be criminal that were referred for prosecution since the last PREA audit. All internal and external investigators have received specialized training and investigations are conducted promptly. Investigations use any available evidence, including witness interviews and suspected sexual abuse perpetrator reports. Investigations are not terminated should the source of the allegation recant the allegation. Should criminal prosecution be considered interviews of alleged victims/suspected abusers and witnesses will be conducted by the Minnehaha County Sheriff's Office Investigators who will also gather physical and DNA evidence, and any electronic data; along with prior complaints and reports. A telephone interview with the South Dakota Sheriff's Office confirmed that his agency conducts criminal investigations at the McCrossan Boys Ranch. No truth-telling device is used as a condition for continuing the investigation. Facility staff has a close relationship with the Minnehaha County Sheriff's Office and are apprised of the investigations progress. The Minnehaha County Sheriff's Office had been asked to follow all PREA standards when investigating sexual misconduct investigations. Interviews with Executive Director and Associate Director confirmed that they follow-up on all administrative and criminal investigations.

Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for at least seven (7) years from resident(s) discharge or until the age of majority is reached whichever is longer. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress.

§115.372 – Evidentiary Standard 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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – section 11K

Investigator staff interviews

Facility policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse/harassment. Interviews with agency investigators confirmed this 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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 11K-Q

Allegation Report Findings

Executive Director, Associate Director and Investigator staff interviews

Facility policy requires residents to be informed as to whether the allegation was substantiated, unsubstantiated or unfounded; whether the allegation involved staff, contractors, volunteers or another resident. If a sexual misconduct allegation is confirmed, the resident will be informed of the abuser’s employment/volunteer/contractor status; and as appropriate of an indictment/conviction. A review of an investigative finding noted documentation that resident had been properly informed of those findings. Interviews with the Executive Director/Associate Director and Investigators confirmed practices involving all standard components were in place.

§115.376 – Disciplinary Sanctions for Staff

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 following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 16A-C

Executive Director, Associate Director and HR staff interviews

One (1) allegation of sexual abuse substantiated as determined by the South Dakota Department of Social Services. The employee had been placed on administrative leave during the investigation and subsequently terminated prior to notification from the South Dakota Department of Social Services of the substantiated allegation of sexual abuse of a resident. Interviews conducted with the Executive Director, Associate Director and HR staff interviews verified that there had been one (1) substantiated allegation at the facility for which the employee had been terminated. Interviews with management personnel confirmed that agency policies would be followed should disciplinary measures be required following such notification of a substantiated sexual abuse incident from the South Dakota Department of Social Services.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 16A-C

Executive Director and Associate Director Interviews

Contractors and volunteers are subject to disciplinary actions including termination for violation of agency sexual abuse/harassment policies. There have been no contractors or volunteers accused of sexual misconduct in the audit review period. According to the Executive Director and Associate Director, should any violation of this type be substantiated, the facility has complete agency policies related to administering remedial measures including prohibiting further contact with residents

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – policy statement, sections 15A-E & 15H-I

Executive Director, Associate Director, Medical/Mental Health staff interviews

For resident on resident findings of sexual abuse, administrative sanctions will be administered following the formal disciplinary processes applied commensurate with the level of infractions. Interviews revealed a therapeutic approach when administering sanctions. Residents indicated in interviews that they are aware that should the need arise there are staff who will assist them with obtaining appropriate counseling. The facility does not use isolation as a sanction.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 3R, 3T, 8C, & 8I

Progress Report of Mental Health Staff

Medical/Mental Health staff, Risk Screening (Intake) Staff and resident interviews

Facility policies are complete on all standard elements. One (1) resident who disclosed a prior sexual victimization that occurred before he entered the facility stated he had been given follow-up services from the mental health practitioner within 14 days of the intake screening. In the interview with this resident, he said that he had been offered follow-up meetings with medical and mental health staff, but said he “just wanted to leave this in the past”. The resident stated he felt comfortable at the facility and knew how to seek additional help if necessary. Interviews with medical staff and the mental health contractor confirmed that these practitioners would obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident was under 18 years of age.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 8H, 14E-G

Medical/Mental Health staff, Risk Screening (Intake) Staff and resident interviews

Interviews with Executive Director, Associate Director

Telephone interview with the Avera McKennan Hospital

A review of facility policy documented PREA requirements for access to emergency medical and mental health services. An agreement exists with Avera McKennan Hospital and University Health Center for emergency medical services and a MOU exists with the Compass Center, for mental health services necessary when facility mental health staff is not available. The telephone interview with Avera McKennan Hospital confirmed the provision of emergency medical services. These services have not had to be used during the audit review period. The one (1) youth who reported prior sexual abuse at a facility in a different state was seen promptly by the mental health practitioner. The resident stated he was seen immediately after making this report during the intake process.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 3S & 3U

Medical/Mental Health staff

Interview with one (1) resident who reported prior sexual abuse in a juvenile facility in a different state

The facility as identified in agency policy offers medical/mental health evaluations and treatment at no cost to sexual abuse victims and abusers. Medical/mental health staff verified this as a necessary practice and residents are to be seen within a week after being notified; however mental health staff stated that as soon as an incident was reported, a counseling session would be scheduled. An interview with one (1) resident who reported prior sexual abuse in a juvenile facility in a different state reported that he had been offered medical and mental health evaluation and treatment.

While residents are not transferred, but discharged, a continuing care plan is developed for follow-up services consistent with those services provided in the community. The facility is a male-only facility. Tests for sexually transmitted infections are offered, but no resident had requested testing.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 18A-E

2016 PREA Annual Survey of Sexual Violence 6 for McCrossan Boys Ranch

Executive Director, Associate Director, PREA Coordinator, Incident Team member interviews

The facility conducts a sexual abuse incident review following each sexual abuse investigation regardless of final determination of findings, unless unfounded. There had been three (3) sexual abuse investigations which had been unsubstantiated. A sexual incident review was conducted within 30 days of the conclusion of each investigation. Residents may be assigned to another living unit to increase supervision capabilities. Upper-level staff received incident review training.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct– sections 19A-F

The facility collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files and incident reviews. The facility is a single facility and does not aggregate data from another facility. There have been no requests from the Department of Justice for this data.

§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct – sections 19 G-J

Internal Review of Sexual Abuse Report, December 2013

Agency’s website posting of 2016 PREA Annual Survey of Sexual Violence 6 for McCrossan Boys Ranch

The PREA Coordinator and Incident Review Team review all incidents for corrective action measures. The annual report provides data collected in 2016 and compares data collected from 2015 and tracks progress on recommended corrective actions. The annual report for 2016 is located at <http://www.mccrossan.org/prea-info.html>

The report is approved by the Executive Director. There were no redactions in the report.

§§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)

The following information was utilized to verify compliance with this standard:

Agency policy #66 Sexual Misconduct– sections 19K-N

Interview with the PREA Coordinator

Agency’s website posting of 2016 Report based on Annual Survey of Sexual Violence 6 for McCrossan Boys Ranch <http://www.mccrossan.org/prea-info.html>

An interview the PREA Coordinator indicated that data collected is retained via limited access and through a secure server for at least ten (10) years. The auditor reviewed the annual report for 2016 and is available to the public through the agency’s website <http://www.mccrossan.org/prea-info.html>

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his/her ability to conduct an audit of the agency under review. The report does not include any personally identifiable information (PII), except where the names of administrative personnel are specifically requested in the report template.

Glen E. McKenzie, Jr.

Auditor Signature

May 3, 2017

Date