

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 22, 2017

Auditor Information			
Auditor name: Robert Lanier			
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Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: Jne 4-5, 2017			
Facility Information			
Facility name: State Training School			
Facility physical address: 3211 Edgington Avenue-Eldora, Iowa 50627			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 641-858-5402			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Mark Day			
Number of staff assigned to the facility in the last 12 months: 172			
Designed facility capacity: 130			
Current population of facility: 110			
Facility security levels/inmate custody levels: Highest Level of Care in the Iowa Department of Human Services			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Lynn Albee		Title: Treatment Program Administrator	
Email address: lalbee@dhs.state.ia.us		Telephone number: 641-858-5402	
Agency Information			
Name of agency: Iowa Department of Human Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1305 E. Walnut, Des Moines, Iowa 50319			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 515-281-8580			
Agency Chief Executive Officer			
Name: Richard "Rick" Shults		Title: MHDS Division Administrator	
Email address: rshults@dhs.state.ia.us		Telephone number: 515-281-8580	
Agency-Wide PREA Coordinator			
Name: Mark Swore		Title: Executive Officer 2-PREA Coordinator	
Email address: mswore@dhs.state.ia.us		Telephone number: 515-281-8575	

AUDIT FINDINGS

NARRATIVE

The on-site audit of the State Training School in Eldora, Iowa was conducted on June 4-5, 2017. Six weeks prior to the on-site audit the auditor sent the Notice of PREA Audit to the facility to be posted in areas accessible to staff, students, contractors, volunteers and visitors to provide contact information for anyone desiring to communicate with the PREA Auditor regarding any PREA related issue. The auditor did not receive any communications. The facility forwarded a flash drive containing agency policy, State Training School Policy, forms used by the facility and documentation to support compliance and to explain the operations of the facility. The information on the flash drive was organized and facilitated review. Additional information was requested to be provided during the on-site audit. The PREA Compliance Manager was very responsive to any request made by the auditor. A tentative agenda was provided to the PREA Compliance Manager to guide the process. The auditor arrived on June 4, 2017 and met with the PREA Compliance Manager to discuss the PREA Audit. The PREA Compliance Manager and the auditor met for lunch followed by a trip to the facility. After initial discussions about the audit process, the auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager also provided the documentation previously requested and the auditor reviewed it during this visit. It was agreed the auditor would arrive at the facility at 0630 on Day Two to interview staff from the overnight shift prior to their departure from the shift. Following those interviews, day shift staff were interviewed. At about 0800 the Superintendent and his Department Heads met for an "in-briefing" during which the auditor and staff were introduced and the PREA process briefly discussed.

Following the "in-briefing" the Superintendent led the auditor on a tour of the facility, accompanied by the Agency's PREA Coordinator and the PREA Compliance Manager. The facility and grounds were clean and neat. The campus is a sprawling campus with multiple buildings, including housing units. The grounds were immaculate. Staff were observed supervising and interacting with youth. Cameras are limited however the Superintendent and staff have installed a number of mirrors to mitigate blind spots. Too, the Superintendent requires staff to move about supervising the students, cognizant of blind spots. Doors that were supposed to be locked were found to be locked and secured. Restricted keys are also used to limit access to specified areas. Phones were observed in all living units and accessible to students. Posters were prominently displayed throughout this facility. The graphic arts class makes the PREA Posters and the designs were interesting and "eye catching" and contained "catchy" verbiage developed by the students in the graphics arts classes. Colors were bold and interesting and drew attention to the posters. Restrooms were observed to provide privacy. Curtains and walls in showers provided privacy. Walls and doors on toilets provided privacy for students. Even urinals provided a degree of privacy.

At the conclusion of the tour the auditor continued interviews and reviews of additional documentation. Interviews included the Superintendent, Treatment Program Administrator/PREA Compliance Manager, Personnel/Human Resource Staff, Facility Nurse, PREA Coordinator, Contract Staff, Chaplain/Volunteer Coordinator, Psychologist, Facility Investigator, Division Administrator, Chief of Police (Eldora), Crisis Intervention Advocate, Volunteer, Sexual Assault Nurse Examiner (Hansen Family Hospital), ten random staff and multiple informal interviews during the tour. Additionally, the auditor interviewed ten students representing every living unit. This sample included residents who identify as being gay and bi-sexual. Interviewed staff were highly motivated relative to PREA. They were enthusiastic about their jobs and were very knowledgeable about PREA. They all indicated they had received all of the required PREA Training and that they receive training as newly hired employee, annually either online or in a classroom and through ongoing refresher topics.

Following the interviews and reviews of documentation, the auditor conducted an exit conference with the PREA Compliance Manager.

DESCRIPTION OF FACILITY CHARACTERISTICS

The State Training School (STS) is located approximately ninety miles north of Des Moines, in Eldora, Iowa, and is overseen by the Iowa Department of Human Services. The STS has a rated capacity of 130 juvenile males, with an actual population of 102 students at the time of the audit. The average length of stay for these juveniles is approximately ten months.

The STS is a medium security facility originally established as the Iowa Industrial School for Boys in 1868. The facility is situated on approximately 100 acres with an open campus with no perimeter fencing. In the absence of a secure perimeter fence, the facility is considered to be staff secure. All student movements are documented and staff supervised; formal head counts are done every half hour. The campus at STS operates two staff-manned vehicle patrols; one in the rear of the campus and the other at the entrance. Staff utilize telephones, video surveillance and hand-held radios for security communications. The facility has 36 cameras which are monitored from the control center, located in Corbett Miller. Thirty-three of the cameras are interior (Corbett Miller) with the remaining three being exterior cameras. Mirrors have been added throughout the facility to eliminate blind spots and increase student and staff safety.

The physical plant consists of 27 buildings. Five of the buildings are residential living units (cottages). One building is used for day treatment. The remaining buildings are in use for the following: reception area, administrative offices, vocational and academic areas, food service / bakery, medical clinic, laundry, library, warehouse, multi-purpose room and chapel, visitation and recreation. The physical plant is old, yet is exceptionally clean and well-tended inside and outside.

The facility has a full-time RN on-site and a part-time physician on-site two days weekly. All health care including dental, eye, medical, and mental health are available to students. Off-site clinics are available as needed. The STS utilizes Hansen Family Hospital in Iowa Falls for forensic exams.

Recreation and religious programming is available to students at the facility. Students are required to join in recreation two hours a day unless excused for health reasons. Religious programming is on a voluntary basis.

Academic and vocational education is offered to the students through the Midland Park School. The education department has excellent academic and vocational programs so students can earn credits applied to a high school diploma.

STS has a social services program that provides individual counseling to students based on his personal need. A three-tiered system is used by the facility to provide services.

The mission of the STS is to *“Provide a continuum of supervision and rehabilitation programs which meets the needs of the adjudicated delinquent male in a manner consistent with public safety. These services and programs will individualize treatment and control the offenders for his benefit and the protection of society.”*

SUMMARY OF AUDIT FINDINGS

The process and methodology for conducting this audit and arriving at ratings included the following: 1) Providing a Notice of PREA Audit providing staff, students, contractors, volunteers and visitors contact information to communicate with the auditor related to any PREA issue or concern; 2) Reviewing the information contained on the flash drive, including agency and facility policy and procedures as well as supporting documentation and 3) Conducting an on-site audit that included reviewing additional requested documentation, conducting a tour of the facility and making observations throughout the audit period and interviews with random and specialized staff as well as random youth representing all of the living units. The verbiage of the standard was used to assess whether or not the facility's policies, procedures and practices were consistent with the requirements of the standard.

The auditor reviewed 41 standards. Two standards were rated "exceeds". These included 115. 34, Specialized Training: Investigations and 115.41, Screening for Victimization and Abusiveness. Two standards were rated "not applicable". That standard was 115. 12, Contracting for the Confinement of Youth and 115.318,Upgrades to Facilities and Technology.. The remaining standards were rated "meets" the requirements of the standard.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

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

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency’s policy, General Letter No. 3-C -2, Employees’ Manual, Title 3, Chapter C., State Juvenile Facility and the State Training School Policy, Prison Rape Elimination Act (PREA) establishes the agency and facility’s zero tolerance for sexual abuse and sexual harassment of students both by staff or other students and any form of retaliation for reporting. Both policies address the agency and facility’s approach to helping to prevent, detect and respond to any incident of sexual abuse, sexual harassment or retaliation for reporting within the facility. Facility policy provides the PREA related definitions as well. Both Agency and Facility Policy affirm that the Division Administrator designates an upper level central office facility PREA Coordinator with sufficient time and authority to develop, implement, and ensure consistent compliance with PREA standards. The Agency Organizational Chart depicts the position of PREA Coordinator. The organizational structure shows this position reporting to the Division Administrator of the Department of Human Services. This appointment demonstrates the agency’s commitment to PREA and to implementing it in its facilities. An interview with the Agency’s PREA Coordinator indicated he is very knowledgeable of the PREA Standards and active in implementing them in this facility. He has other duties apart from serving as the Agency PREA Coordinator but indicated he has ample time to perform his PREA related duties.

The Facility’s PREA Compliance Manager is also a higher level staff, with sufficient time and authority to implement PREA, who reports directly to the Superintendent of the Facility. An interview with the PREA Compliance Manager confirmed she is well versed in PREA, intelligent and more than capable of implementing it and maintaining it. The PREA Compliance Manager was highly motivated and described in detail how PREA was implemented in this facility and how she worked to achieve compliance if there was an issue with a particular standard. The Superintendent is intelligent and has provided leadership in implementing PREA and has provided support to the PREA Compliance Staff. The commitment to PREA by the agency is also evidenced by the fact that the Agency Division Director did not designate someone to be interviewed in his stead. He was articulate and his knowledge of PREA was impressive.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is rated not applicable. The facility provided a Memo stating that the Iowa Department of Human Services

contracts with private agencies or other entities for foster care but not for the confinement of youth. An interview with the contact manager's designee confirmed the agency does not contract for the confinement of youth.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 4D, Prison Rape Elimination Act (PREA), 4D-01, Sexual Assault/Abuse/Harassment, 1.B., Supervision and Monitoring, requires that by October 1, 2017, the State Training School will maintain direct care and supervision staff ratios of a minimum of 1:8 during student waking hours and 1:16 during student sleeping hours, except during limited and discrete exigent circumstances, which are required to be documented. Additionally, policies require the State Training School to ensure that the facility develops, implements and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to help protect students against sexual abuse. In developing the staffing plan and determining adequate staffing the STS takes into consideration all of the elements required in the standards and in policy. The STS complies with the staffing plan except during limited and discrete exigent circumstances and deviations from the plan are fully documented. At least annually, consistent with the PREA Standards, the facility, in consultation with the assigned/appointed PREA Coordinator, assesses and documents whether adjustments are needed to the Staffing plan, Prevailing staffing patterns, The STS deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan.

A review of the 2017 Staffing Plan indicated it is comprehensive and indicates considerable thought has gone into developing it. The reviewed 2017 Staffing Plan is predicated on a maximum capacity of 130 youth. The average daily population since the last PREA Audit was 116. To achieve the ratios that are required in October, the facility is training all staff, ensuring that they all receive the same training as the direct care staff. Staffing of cottages is discussed and consists of the following: 1) Cottages 5,7 and Receiving are general population units housing up to 32 students in an open-dorm setting. Assigned to each of these cottages are a Youth Counselor Supervisor, Two Youth Counselors and 13 Youth Services Workers. During awake hours, there may be as many as five staff and no less than two in each dorm. One staff is scheduled for the overnight shift, with frequent visits by rovers and night supervisors. 2) Cottage 3 and Corbett-Miller Hall (CMH) are specialized living units with individual sleeping rooms. Cottage 3 has a population of 21 and CMH has a population of 16. CMH also houses students placed for short-term stabilization in the Behavioral Stabilization Unit (BSU) with a capacity of 6. Staff assigned to each cottage includes one Youth Counselor Supervisor, two Youth Counselors and 13 Youth Services Workers. There may be as many as 5 staff scheduled during awake hours and no less than three at any time. One staff is scheduled during sleeping hours in Cottage 3 and two in CMH, with frequent visits by rovers and night supervisors. 3) Cottage 4 is a day treatment program. Students are in the cottage Monday through Friday for lunch and after school until 7:30PM. At 7:30PM they return to their assigned cottages for sleeping. During weekends and holidays, students are in the cottage from 10AM until 7:30PM. There is a minimum of three staff on duty at all times.

Youth Counselor Supervisors maintain offices in the cottages. An on-call staff is available on campus from 1-9PM Monday through Friday and throughout the day on weekends and holidays. Seven Youth Services Technicians are scheduled to monitor and maintain security for the campus from 6AM-10PM daily. These staff also are available to respond to incidents on the campus. Night supervisors and rovers assume that responsibility during sleeping hours.

Corbett-Miller is the only building on campus with video monitoring. The system is used to supplement direct staff supervision and for post-incident reviews and investigations.

The staffing plan documents all of the items the facility considers during the annual review of the plan. In addition to the Superintendent, the plan is approved by the PREA Compliance Coordinator and the PREA Compliance Manager. This plan described prevailing staffing patterns, the deployment of video monitoring technology, and the allocation of resources to commit to the staffing plan to ensure compliance with the staffing Plan.

Policy requires intermediate-level or higher-level supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This practice is to be implemented on night shifts as well as day shifts. The STS prohibits staff from alerting other staff that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The facility's 2017 Staffing Plan states that all supervisors conduct unannounced rounds daily.

In addition to shift supervisors making unannounced rounds the facility duty officer, referred to as the Duty Superintendent, is on site 1PM to 9 Pm during the week days and makes on site visits on the weekend and holidays. Unannounced rounds are documented. Night shift supervisors conduct at least one unannounced round per shift. Documentation was provided from logbooks to indicate unannounced rounds are made.

Standard 115.315 Limits to cross-gender viewing and searches

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 4D-01, Sexual Assault/Abuse/Harassment, Page 7, C. Limits to Cross Gender Viewing and Searches, prohibits cross-gender strip searches or cross-gender visual body except when performed for health-related reasons by medical personnel. Policy also prohibits cross-gender pat-down searches except in exigent circumstances, that are documented and justified.

The Pre-Audit Questionnaire documented there were no cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve months nor were there any cross-gender pat-down searches of students. This was confirmed through interviews with staff and residents.

Students are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cottage checks.

Staff of the opposite gender are required to announce their presence when entering a student cottage/housing unit or any areas where students are likely to be showering, performing bodily functions or changing clothing.

Policy prohibits searching or physically examining a transgender or intersex student for the sole purpose of determining the student's genital status. If the student's genital status is unknown, it may be determined by reviewing medical records or, if necessary, by learning that information as part of a broader medical exam conducted in private by medical personnel.

STS direct care and supervision staff are required to be trained on how to conduct cross-gender pat searches and searches of transgender and intersex students in a professional and respectful manner, and in the least intrusive manner possible,

consistent with security needs.

All the interviewed staff stated they have been trained to conduct cross gender pat searches however they do not do them at this facility absent exigent circumstances. They also stated they were trained to conduct searches of transgender and intersex students in a professional and respectful manner. One hundred percent (100%) of the interviewed youth reported they have never been searched by female staff, either strip searched or pat searched.

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

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy, 4D-01, Sexual Assault/Abuse/Harassment, D., Students with disabilities and students who are limited English proficient requires the State Training School to take appropriate steps to ensure students with Limited English language skills are aware of its zero tolerance for any form of sexual abuse by staff or other students or sexual harassment by staff or other students. Policy requires reasonable steps are taken to ensure meaningful access to all aspects of efforts to prevent, detect, and respond, including steps to provide professional interpreters who can interpret effectively, accurately and impartially. The State of Iowa has a Master Agreement with Language Link. Instructions for accessing Language Link were provided for review. This facility's policy prohibits reliance on student interpreters, student readers or other types of student assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the student's safety, the performance of first responder duties or the investigation of the student's allegation. The facility also has an education program capable of accessing assistance with students who were limited intellectually or who may need access to an interpreter for disabilities such as hearing or visual impairment.

The facility's Pre-Audit Questionnaire documented that there have been no occasions in which a student interpreter was used to interpret and/or translate for another student in making an allegation of sexual abuse. This was confirmed through interviews with staff and residents.

Standard 115.317 Hiring and promotion decisions

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility PAQ indicated there were 34 staff hired during the past twelve months who may have contact with students who had criminal background record checks. The PAQ also documented there was one contractor hired during the past twelve months. STS written policies ensure that the safety of individuals served is protected and a safe environment where the individual is safe from abuse or neglect is provided. Policy also requires that background checks are conducted before a volunteer, contractor, or a contractor's employees performing work on the campus of the facility is offered employment, authorized to volunteer on a regular basis or authorized to provide contract services. Record checks are required to be completed as outlined in the Registry and Record Check Manual for DHS. The agency will not hire or promote anyone who may have contact with students, and not enlist the services of any contractor who may have contact with students, who has a substantiated charge of sexual abuse in any other setting. Additionally, background checks are completed every five years after the initial records check.

Facility policy E., Hiring and Promotion Decisions prohibits hiring any person who has been convicted or charged with sexual abuse or sexual harassment, as defined by policy. It also requires that any employee who has engaged in sexual abuse or sexual harassment, as defined in the policy is subject to progressive discipline and potential termination. Prior to hiring new employees who may have contact with students, the STS performs a criminal background check, consults any child abuse registry maintained by the State of Iowa Department of Criminal Investigations and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse.

All applicants and employees who may have contact with students are asked directly about previous misconduct related to sexual abuse or sexual harassment in written applications or interviews for hiring and promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. Staff also, in compliance with policy, have an affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information is grounds for termination.

Criminal background checks are required before enlisting the services of any contractor who have contact with students. Any incidents of sexual harassment are considered in determining whether to enlist the services of any contractor who may have contact with students.

Background checks are required, by policy, every five years on current employees and contractors who may have contact with students.

Lastly, Facility Policy requires the school to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The facility's Human Resources Staff described the hiring process. Interested individuals may apply on line. This application is sent to the central office to determine if the individual meets the minimum qualifications. The facility requests and receives a hiring list and individuals are contacted to come in for an interview. The applicant completes the Department of Human Services Request and Acknowledgment to Conduct Registry and Record Check. This form also asks the applicant if they have ever been charged with a Sexual Abuse, Child Abuse or Dependent Adult offense. Prior to offering employment a background check is conducted. The background check includes the following: 1) Sex Offender Registry; 2) Child Abuse Registry; 3) Dependent Adult Abuse Registry; and 4) Criminal History Background Check. The individual is offered employment contingent upon successful finger print checks. Samples of the DHS Request and Acknowledgment to Conduct Registry and Record Check as well as samples of background checks for newly hired staff, staff who were promoted, and five year checks of employees were provided for review. These documented the checks conducted as described in the interview. Additionally, samples of background checks for volunteers and contractors were also provided for review.

Standard 115.318 Upgrades to facilities and technologies

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is rated “not applicable”. The Pre-Audit Questionnaire documented that there have been no modifications to the facility nor upgrades or enhancement to monitoring technology during the past twelve months however Facility Policy 4D-01, requires that the protection of students from sexual abuse shall be considered when modifications are planned for the facility. Likewise, the policy requires video monitoring technology shall also be considered as a means of protecting students from sexual abuse while maintaining as much individual privacy as possible.

Interviews indicated that there have been no substantial modifications to the facility or upgrades to the monitoring technology.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 4D-01, Sexual Assault/Abuse/Harassment requires the school to follow a uniform evidence protocol that is developmentally appropriate for youth and based on preserving the scene to maximize the potential for investigating agencies such as the Department of Inspections and Appeals (DIA) and law enforcement to obtain physical evidence for administrative proceedings and possible criminal prosecution.

In cases requiring medical exam and when resources allow, examinations will be performed by a SAFE or SANE. The exam will be conducted without cost to the student victim, for evidentiary and medical purposes related to the allegation of sexual abuse. If these resources are not available the circumstance will be documented and an exam conducted by qualified medical personnel.

Advocacy services from a sexual assault service will be provided to the student victim. The advocate, if requested by the victim, will accompany and support the student victim through the forensic exam and investigatory interview to provide emotional support, crisis intervention, information and referrals.

The Facility has a memorandum of understanding between the school and Crisis Intervention Services. Crisis Intervention Services agrees to provide the students a hotline accessible 24/7 and to provide advocacy services during the forensic exam upon request of the victim.

The facility indicated the hospital used for forensic exams would be Hansen Family Hospital where an exam would be

conducted by a SAFE OR SANE.

The Pre-Audit Questionnaire reported there have been no forensic exams conducted in the past twelve months. An interview with the Chief of Police in Eldora, Iowa confirmed that his investigators would conduct investigations of allegations that appear to be criminal in nature. He also related that the investigators who conduct PREA investigations at the facility have received specialized training in conducting sexual abuse investigations in confinement settings. An interview with the Sexual Assault Nurse Examiner at the Hansen Memorial Hospital confirmed that she and two additional SANES have been trained and certified to conduct forensic exams. She related that youth who are under age 14 would be referred to a hospital that had pediatric forensic examiners. She also related if a victim was assaulted beyond 96 hours she would probably conduct an exam depending on the circumstances in an attempt to collect forensic evidence. The interviewed staff at Crisis Intervention Services confirmed that her organization has advocacy services available 24/7. She described services consistent with the MOU between the Crisis Intervention Services and the State Training School.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility PAQ reported 27 allegations made during the past twelve months. All of those allegations resulted in administrative investigations. None of the allegations resulted in a criminal investigation.

Facility policy requires the facility to ensure allegations of sexual abuse and/or sexual harassment are referred to the appropriate agency with legal authority to conduct criminal and/or abuse investigations. The State Training School will conduct its own investigation in compliance with the facility’s guidelines/protocols as published on the State Training School website for the public’s information if the allegation does not involve potentially criminal behavior. Referrals and investigations are documented. Criminal and/or abuse investigations are conducted by local law enforcement and the DIA. DIA investigators are a separate entity of state government who conduct investigations of abuse and neglect. The State Juvenile Facility’s Employees’ Manual, Title 3, Chapter C. requires that where abuse or harassment is alleged, the allegation shall be thoroughly investigated and if the allegation is confirmed, corrective action will be taken.

Interviews with the PREA Compliance Manager, who also serves as the facility investigator, the Superintendent, higher level and line staff, confirmed that any allegation that appeared to be criminal would be referred to the Eldora Police Department. This facility has also trained the administrators and supervisors to conduct investigations by having them complete the online specialized training for investigators. The Eldora police also attended the training and provided certificates to document their attendance. An interview with the Chief of Police in Eldora confirmed their role in investigating allegations of sexual abuse at the State Training School. An interview with the Chief of Police in Eldora indicated that he and his officers have a good relationship with the facility.

Standard 115.331 Employee 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 4D-01, Sexual Assault/Abuse/Harassment, III., Training and Education, A. Employee Training, requires that the State Training School will train all new and existing employees who may have contact with students on all of the topics identified in the PREA Standards. Training is tailored to suit the needs, attributes, and gender of the students of the State Training School. In addition to staff being trained in the identified topics policy requires refresher training every two years. In the years in which an employee does not receive refresher training, the agency will provide refresher information on current sexual abuse and sexual harassment policies.

The facility provided samples of PREA Acknowledgement Statements and computerized training records documenting staff training that is consistent with the PREA Standards.

Interviews with staff, both random and specialized indicated they receive training as newly hired employees and annually. When asked if they had been trained in each of the topics identified in the standards, one hundred percent (100%) affirmed they had been trained in those topics. They indicated training is provided in a classroom setting as well as via power point presentations on the computer, after which they take a test. These staff are obviously trained in PREA. This was evidenced in the complete and detailed responses to the questions posed during their interviews. Staff were anxious to answer their questions and went into detail in their responses. They were enthusiastic about sharing answers.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy requires that all volunteers and contractors who have contact with students have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is based on the services they provide as well as the level of contact with students. All volunteers and contractors who have contact with students are required to be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report incidents of sexual abuse and sexual harassment.

The Chaplain is the volunteer coordinator at the facility. He described the process for securing volunteers. This includes a face to face meeting with the prospective volunteer, completion of an application for a background check, provision of the volunteer manual and completing the background check. Following a successful background check the coordinator indicated he then goes through the manual explaining and clarifying any questions related to PREA. Volunteers sign an

acknowledgment that they have been trained. Training is then required annually. This training is “in person” training and again goes over the manual sections related to PREA, including the zero tolerance policy and how to report. The “Training Manual Contract Staff and Volunteers, State Training School, Eldora, IA, 2016-2017”, contains three pages devoted to PREA. The PREA related definitions are provided and includes required staff training, reporting, the volunteer/contractors role in reporting any signs (behaviors indicating possible sexual abuse or sexual harassment are given) and actions to take in the volunteer/contractor sees or hears anything that concerns them.

Contractors are required to receive the same training as staff.

Reviewed training documentation for volunteers and contractors indicated they have received the required PREA Training. Interviewed contractors indicated they are receiving the training that staff receive. They were knowledgeable of PREA. Additionally, an interview with a facility volunteer who had been providing services for two years confirmed the training process for volunteers. He was aware of the zero tolerance policy as well as how and to whom to report allegations, including any suspicions.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School Policy 4D-01., Sexual Assault indicated that during the intake process, students receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of suspicions of sexual abuse or sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Within 10 days of intake, students are provided comprehensive age appropriate education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents.

Training is provided in formats accessible to all students, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to students who have limited reading skills.

Staff conducting the Intake and Orientation provide youth information regarding the following: 1) Student’s right to be safe from sexual abuse and sexual harassment; 2) zero tolerance for any form of sexual abuse and sexual harassment or retaliation; 3) explanation of what sexual abuse and sexual harassment are; 4) What to do if abused or assaulted or if someone else is abused or assaulted including multiple ways to report; 5) Confidentiality; 6) Counseling; 7) Avoiding sexual abuse and assault; and 8) Legal charges. Youth are told advised that these are ways they can report: 1) tell a staff; 2) fill out a grievance; and 3) call the sexual abuse hotline.

Every interviewed student affirmed they had been provided the facility’s rules against sexual abuse and sexual harassment; their rights to be free from sexual abuse and sexual harassment; how to report sexual abuse and sexual harassment and that they have the right to not be punished for reporting. These youth indicated that they received the PREA information either the same or next day following arrival and some said within a week of arrival. They named multiple ways to report and these

included tell a staff, call the PREA hotline, write a note; file a grievance and tell a family member. They also related that PREA information is posted throughout the facility. These posters, created by the graphics art class are “eye catching” and in vivid colors attracting attention to them and the information contained in them.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School Policy, 4D-01, D., Specialized Training: Investigations, requires that in addition to the general PREA Training that all employees receive, to the extent the agency conducts sexual abuse investigations. The agency has developed a curriculum for investigators. The reviewed curriculum addresses more than the items required by the standards. Additionally, the facility has taken the initiative to provide specialized investigation training for administrators and supervisors even though these staff will not be conducting investigations of allegations that appear to be criminal. Interviews with staff conducting investigation confirmed they are knowledgeable of the investigation process. The PREA Compliance Manager, who would conduct most of the investigations along with another facility investigator provided documentation to indicate she attended 8 hours of training in Forensic Experiential Traumatic Interviewing. The facility has been proactive in identifying staff to conduct investigations. An interview with the Eldora Chief of Police indicated his two investigators, who would respond to allegations of sexual abuse at the State Training School, have also received specialized training in conducting sexual abuse investigations in confinement settings.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, E., Specialized Training: Medical and Mental Health, requires medical and mental health care personnel who work regularly in the facility to be trained in 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. These staff are required to also receive the same PREA Training mandated for all employees or for contractors or volunteers depending on their status at the State Training School. Reviewed documentation and interviews with the facility’s psychologist indicated that, in addition to the PREA

Training provided to all staff, he and his staff have completed specialized training in mental health care. The psychologist has been certified in the State of Iowa as a Sexual Abuse Counselor and has had multiple trainings in Post-Traumatic Stress Disorders. The Psychologist is imminently qualified and this facility receives and provides treatment to sex offenders. Interviewed medical staff indicated that they do not do forensic examinations. These are conducted at the Hansen Family Hospital in Iowa Falls. An interview with a Sexual Assault Nurse Examiner at Hansen confirmed that they would conduct forensic exams for students from the State Training School. If the youth is 14 or under the youth would be sent to a hospital employing a pediatric forensic examination.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School Policy 4D-01, Sexual Assault/Abuse/Harassment, IV., Screening for Risk of Sexual Victimization and Abusiveness, A., Obtaining Information from Students, requires that within 72 hours of the student's arrival at the facility and periodically throughout a student's confinement, the facility will obtain and use information about each student's personal history and behavior to reduce the risk of sexual abuse by or upon a student. At this facility, assessments are conducted using the "Risk of Sexual Victimization/Perpetration Screener" tool. The reviewed instrument, assigns values to each item from the student interview. Additional information is secured through reviewed documentation from a student's file accompanying the student and observations. The student interview considers the following : 1) Age of Student and asks the following questions: 1) Have you been in a locked juvenile facility? ; 2) Do you think you get along well with others?; 3) Do you find it easy to make friends; 4) How do you feel about being in groups of people you don't know well; 5) Do you feel at risk from attack or abuse from other people?; 6) Have you ever been attacked, bullied, or abused by your peers?; 7) Have you ever been the victim of sexual abuse? The screener makes an assessment of potential vulnerabilities including; 1) small build; 2) Looks younger than stated age; 3) Non-English speaking; 4) Pronounced disfigurement; 5) Physical disability; 6) Deaf; and 7) Appears frail. The interview considers additional potential factors ranging from inappropriate behaviors to being a member of a gang that's likely to be a target of attack. Intellectual impairment is also considered in the assessment. In assessing a student's propensity for abusing, youth are asked if they have ever been arrested on a sexual offense or have engaged in behavior that was sexually aggressive/violent. The instrument provides for scoring information derived from review of the file and database. An overall score is determined for potential for being a victim and propensity for being sexually abusive. A score of 9 or higher indicates the student is vulnerable to sexual victimization. A score of 6 or more on the propensity scale indicates a propensity towards sexual perpetration. Following the assessment, if a student reports prior sexual victimization, the assessment is forwarded via a Referral Form, to mental health for follow-up. Students identified as potential victims and potential abusers, are referred to mental health for a follow-up using the same process. Thirty referrals were reviewed. Each one contained the Referral Form and Screening Instrument. All the referred students were assessed by the psychologist within 14 days. Most were seen by the psychologist either the same or next day and the longest time was eight days.

An interview with the staff person conducting and overseeing the vulnerability assessment/screening process described a comprehensive and detailed screening process. Staff indicated that during the admissions process the youth would be taken into a room for privacy and will be instructed how to complete the MAYSI II. As a result of the MAYSI II, any cautions or flags may be generated depending on the student's responses to questions, including questions related to trauma. The safety plan is read to the youth. In addition to covering the information contained in the safety plan, the supervisor related he tells

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the students about the zero tolerance process, that they have a responsibility to report sexual abuse or sexual harassment, tells them multiple ways to report and explains how to use the phone to dial the PREA Hotline. The nurse completes her screening. The PREA Screening is completed by the Receiving Supervisor. He related that prior to the student's arrival he has already reviewed information in the database. Additionally, he stated he has already talked with the student's juvenile court worker. Upon arrival, he reviews the package that came with the youth. He goes over the process step by step with the youth, reading the questions to the youth. Based on responses and scores the student may be referred to mental health for a follow up and assessment. As a part of the vulnerability screening the supervisor related he has already reviewed information about the youth using the information in the database, Right Track.

Interviews with the psychologist and reviewed referral packages confirmed that students scoring either 9 or higher on the victimization risk scale or 6 or higher on the propensity score as well as student's disclosing prior victimization during the intake process were referred to mental health and were consistently seen either the same or next day and not later than eight (8) days.

Interviewed youth remembered being asked the screening questions. Several of the youth had disclosed prior victimization. When asked if they were referred to and saw mental health staff, one youth stated he saw mental health the same day and the other explained he told the staff he did not need to see mental health and the abuse had happened many years ago. Policy requires that counselors are to use the information from the Risk of Sexual Victimization/Perpetration Screener, to determine the need for reassessment. Students with a score of 9 or more on the vulnerability scale, 6 or higher on the propensity scale, and youth self-identifying as gay, bi-sexual, transgender or intersex will be reassessed on a monthly basis.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School, Sexual Assault/Abuse/Harassment, B., Placement of students in housing, bed, program, education and work assignments, requires the facility to use that information with the goal of keeping all students safe and free from sexual abuse and sexual harassment. Students are not to be isolated from others except as a last resort when less restrictive measures are inadequate to keep them and other students safe, and then only until an alternative means of keeping all students safe can be arranged. If a youth is placed in seclusion, policy requires that the youth is not denied large-muscle exercise or any legally required education and programming or special education services. Students in seclusion will also be visited by medical or mental health care personnel and will have access to other programs and work opportunities to the extent possible.

Policy prohibits placing LGBTI students in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay transgender or intersex identification or status as an indicator of likelihood of being sexually abusive. In considering bed and housing assignments for LGBTI students, the school will consider on a case-by-case basis whether a placement would ensure the student's health and safety and whether the placement would present management or security problems. Transgender and intersex students will be reassessed twice a year to review any threats to safety experienced by the student and their own views with respect to his own safety will be given serious consideration. In practice, the facility reassesses these students monthly. Transgender and intersex students

are provided the opportunity to shower separately from other youth. Shower curtains afford showering youth privacy. Youth arriving at this facility are housed in a the “receiving unit” where they will stay for five to seven days while they are receiving their orientation, getting acclimated to the facility and to allow time for staff to get to know the students in order to make appropriate housing and programming assignments. Youth who may be vulnerable are housed separately from a student with a higher propensity for abusiveness. The treatment teams are continuously discussing what’s going on with youth and if a youth feels at risk he is assigned to a single occupancy room.

Interviews with staff indicated they are acutely aware of trying to place youth in the safest housing they can and if a youth had problems they have no problems moving them. Staff indicated that staff at all levels of the facility communicate regularly to stay abreast of what a particular youth may be needing. Residents at risk are not placed in isolation. They may be moved to one of the units that has the capacity to provide single occupancy rooms however if the placement is in one of the more restrictive units, the youth come out for programs, education, recreation and other activities.

The PAQ documented that there were no students at risk of sexual victimization placed in isolation in the past twelve months. The Superintendent related that youth are not placed in isolation as a result of their being at risk of sexual victimization.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The State Training School Policy requires students are provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other students or staff for reporting and staff neglect or violation of responsibilities that may have contributed to the abuse and to an outside agency. The outside agency is not a part of the State Training School or the Department of Human Services. The outside agency will be able to receive and immediately forward reports to State Training School officials, as well as other investigatory bodies while allowing the student to remain anonymous upon request. The outside agency is the Crisis Intervention Services.

Policy requires the facility to provide students with access to tools necessary to make a written report.

Staff are trained and instructed to accept reports made verbally, in writing, anonymously and from third parties. All reports will be documented, including verbal reports.

Interviews with staff, including both random, administrative and other specialized staff indicated students have multiple ways to report both internally and externally, in writing and verbally as well as anonymously and through third parties. Staff stated students may tell a staff they trust, tell the PREA Compliance Staff, file a grievance, tell family members, call the “PREA Hotline – Crisis Intervention Services”. An interview with the PREA Compliance Manager confirmed students may report as described by staff however she described the grievance process for filing a PERA related grievance. The PCM also stated the students may report to the Office of Disability Rights, Iowa or to the Ombudsman. Attorneys and parent/legal guardians are allowed to visit and youth are allowed to call their attorneys, have visits with their attorney’s in private at the facility, write their legal representative, talk anytime with the Juvenile Court Officer, call family members, have family members visit on regular visitation days as well as during approved specialized visitation. Additionally students may write

their family members as well. It should also be noted that students achieving a designated level are permitted home visits of varying durations. Students have access to their parents/legal guardians and the community in general during those visits. Interviews with students also confirmed multiple ways to report allegations of sexual abuse and sexual harassment, as well as retaliation or staff neglect of responsibilities. Students stated they would call the "PREA Line, #211". Most of the them said they would tell a trusted staff, most likely a counselor, or report to the PREA staff. Interestingly enough four mentioned they could use the grievance process. They stated they have unimpeded access to grievance forms and trusted that if the grievance were PREA related staff would act quickly to resolve the grievance/allegation.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Youth are allowed to file a grievance to report allegations of sexual abuse. Facility Policy, 4D-01, Sexual Assault/Abuser/Harassment, provides for a grievance process that does not impose a time limit on when a student may file or submit a grievance regarding any allegation of sexual abuse, however otherwise applicable time limits on any portion of the grievance that does not allege an incident of sexual abuse. To encourage the ability to file a grievance regarding sexual abuse, policy enables a student to file a grievance without using an informal process or to otherwise attempt to resolve it with staff. The Student Grievance process outlined in Policy 5C-01, Student Grievance Process, II. Provides for students to use the grievance to report sexual abuse, sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment and staff neglect or violations of responsibilities that may have contributed to such incidents. This policy also indicates there are no time limits on when a student may file a grievance regarding an allegation of these incidents. The policy does not restrict the State Training School's ability to defend against a lawsuit filed by a student on the ground that the applicable statute of limitations has expired. Policy provides for students to submit a grievance without submitting it to a staff member who is the subject of the complaint nor referred to the staff member who is the subject of the complaint. Third parties may assist students in filing requests for administrative remedies relating to allegations of sexual abuse and to file on behalf of students. If a third party files a grievance or request on behalf of a student the facility policy requires that the alleged victim agrees with and will personally pursue any subsequent steps in the administrative remedy process. If the student declines the process, his decision is documented. Parents or legal guardians can file a grievance or an appeal regarding allegations of sexual abuse on behalf of the student. The grievance or appeal is not conditioned on the student agreeing to have the grievance filed on his behalf. When a student or third party make an allegation that a student is at substantial risk of imminent sexual abuse, immediate corrective action is taken and an initial response, according to policy, is required within 48 hours and a final decision within five (5) calendar days documenting whether the student is in substantial risk of imminent sexual abuse and the action taken in response. Students filing a grievance in bad faith may be disciplined only when the facility demonstrates that it was indeed filed in bad faith.

There were no allegations of sexual abuse during the past twelve months. This was confirmed through review of the Pre-Audit Questionnaire and interviews with staff. None of the interviewed students had filed a grievance alleging sexual abuse however everyone was aware of the process. They all reported they have unimpeded access to a grievance and although they did not know the time frames for responding to a grievance alleging sexual abuse, they all stated staff would respond quickly to such a grievance. They also had confidence that staff would take their grievance seriously. Interviewed staff also knew the process for responding to a grievance alleging sexual abuse would be handled differently from a regular grievance. They stated the grievance officer would immediately take the grievance to administrative staff so they could respond

immediately to keep the student safe.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Students at the Eldora State Training School have access to outside victim advocates for emotional support services related to sexual abuse. Policy requires students to have that access by providing, posting or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotlines where available, of local, State, or national victim advocacy or rape crisis organizations. Reasonable communication in as confidential manner as possible is required. Students are informed, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Training School provided a Memorandum of Understanding with the Crisis Intervention Services, outside advocacy organization. The reviewed MOU documented the services the organization is providing residents of the State Training School.

An interview with staff from the outside advocacy confirmed her organization, that provides services to 15 counties and has eight (8) advocates, provides residents at the State Training School with a hotline that is accessible during normal duty hours and after hours the line is answered by the State of Iowa Sexual Abuse Hotline. She related an advocate would go to the facility or to the hospital to meet and provide emotional support services to resident victims of sexual abuse. The Crisis Intervention services are certified by the Iowa Coalition Against Sexual Assault. She also related that conversations between residents and the organization are 100 percent confidential.

Interviews with students confirmed they have access to their parents/legal guardians. Students said they can call their family every day if they have money on the books and weekly if they do not. They said they can write them and parents/legal guardians may visit the youth at the facility. Additionally, students achieving certain levels are eligible to go on home passes, giving them the opportunity for support and for reporting. They also stated their attorneys may visit them at the facility. If they visit, students said they are given privacy for those meetings. Youth can call their attorneys and write them. Interviews with staff confirmed students have access to parents/legal guardians through phone calls, mail, visitation and through home passes. Special visits are arranged if the student's family is unable for a legitimate reason for not making regularly scheduled visitation. They also related attorney's may visit, preferably during normal duty hours, however special visits may also be arranged. Attorneys and students are afforded privacy during those visits. Interviewed students were aware of the hotline and how to access it. They knew there were services available outside the facility but did not associate the hotline number with the outside advocacy services. They did say the information was posted throughout the facility

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 4D-01, D., Third-Party Reporting, requires the State Training School to establish an email and toll-free line dedicated to third-party reports of sexual abuse and sexual harassment and shall distribute publicly the information on how to report sexual abuse and sexual harassment on behalf of a student. The agency has established an email address and toll-free lines for third party reporting.

The facility website provides the following email for anyone desiring to make a report or allegations of sexual abuse or sexual harassment. The address is: prea.report@dhs.state.is.us.

Information is also provided regarding the facility’s zero tolerance policy. Any desiring PREA information or needing to report are given additional contact information for the agency PREA Coordinator and facility’s PREA Manager. Interviews with staff confirmed they are trained to accept reports from any source, including third-party reports. They stated would take an immediate verbal report followed by a written statement or incident report prior to the end of the shift. Interviewed students all named individuals who are third-parties who could make reports for them.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff at the State Training School are mandated reporters. State Training School Policy, 4D-01, Sexual Assault/Abuse/Harassment, VI., Official Response Following a Student Report, A. Staff and Agency Reporting Duties, requires State Training School staff, contractors and volunteers to report to their supervisor, immediately any knowledge, suspicion or information regarding: 1) An incident of sexual abuse or sexual harassment that occurred in the State Training School or another facility; and 2) Retaliation against students or staff who reported such an incident; and any staff neglect or violation or responsibilities that may have contributed to an incident or retaliation. Apart from reporting to their supervisor, staff are prohibited from revealing any information related to the alleged sexual abuse or sexual harassment to anyone other than to the extent necessary to make treatment or investigations decisions. Medical and mental health staff are required to verbally inform students at the initiation of services of their duty to report and the limitations of confidentiality. Policy also requires that upon receiving any allegation of sexual abuse, the Superintendent or designee promptly report the allegation to local law enforcement, the DIA and the Division Administrator and to the student’s parents or legal guardians, unless there is official documentation showing the parents or legal guardians should not be notified. If the juvenile court retains jurisdiction over the student victim, the Superintendent or designee is also required to report the allegation to the juvenile’s attorney or other legal representation within 14 days of receiving the allegation. All reports or allegations of sexual abuse, including third party and anonymous, are reported to the facility’s designated investigators.

Staff who were interviewed, including both random staff and specialized staff, confirmed they are mandated reporters. They also related they are trained to report “everything” including suspicions, reports received from third parties and anonymously. Every staff confirmed that. They also related they are required to report the allegations, report, knowledge or suspicion of sexual abuse or sexual harassment to their immediate supervisor and follow the verbal report with a written incident report prior to the end of their shift.

Reviewed investigations indicated they were received in a variety of ways. They also indicated that, when staff became aware of the allegation, they took immediate action and reported it as required

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy 4D-01, B., Agency Protection Duties, requires staff to take immediate action to protect a student who is subject to a substantial risk of sexual abuse within the facility. To ensure this protection, policy indicates this would include separating the victim from the alleged perpetrator immediately assuring there is no contact between the two until the conclusions of a comprehensive investigation. The victim will be supervised and monitored for safety and protection against potential retaliation.

Interviewed staff were sensitive to their responsibility to protect all residents at the facility. They all indicated they would take that seriously and would immediately keep the student with them or under observation until a decision is made about what to do. Staff indicated they have a variety of options including moving the resident to another unit. Students would be placed in isolation/segregation only as a last resort. Safe housing is available in other units with the capability to place a student in a single occupancy room. Administrative staff also stressed how seriously they would take those allegations and the expectation is that staff will act immediately upon learning a student may be at substantial risk of imminent sexual abuse. Administrative staff related they would ensure the youth was separated from the threat and options available would include increased monitoring, move the youth to another living unit with increased monitoring, and placing the youth in a more restrictive housing where the youth would have a single occupancy room. Separation would also include separation in programming. A safety plan would be created as well with input from the treatment team.

The Pre-Audit Questionnaire documented there were no cases or incidents during the past twelve months in which a student was placed in any segregated housing or isolation as a result of being at a substantial risk of imminent risk of sexual abuse. This was also confirmed by interviews with administrative staff, including the Superintendent.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility administrators are aware of the requirement to report allegations made by students that they were sexually abused while at another facility and to cooperate with any facility reporting that a State Training School student was abused at the new facility.

Policy, in Section C., Reporting to Other Facilities, requires the State Training School Superintendent or designee, to notify, as soon as possible but no later than 72 hours after receiving such an allegation, the Superintendent or head of the facility or other appropriate office of the agency where the alleged abuse occurred and to notify the appropriate investigative agency. It also requires upon receiving an allegation from another facility that a student was sexually abused while a resident of the State Training School, the allegation is referred for investigation.

There were no cases involving allegations from students that they were abused while in another facility nor did the State Training School receive any allegations from other facilities that a student was sexually abused while they resided at the State Training School. This was documented on the Pre-Audit Questionnaire and verified through interviews with the facility administration and the PREA Compliance Manager.

Standard 115.364 Staff first responder 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School Policy, 4D-01, Sexual Assault/Abuse/Harassment, D., Staff First Responder Duties, requires that upon learning of an allegation that a student was sexually abused, the first staff member to respond immediately will separate the student victim and alleged abuser while protecting and preserving the crime scene until appropriate steps can be taken to collect any evidence. Too, if the abuse occurred within a time frame that allows for the collection of physical evidence, staff are required to request that the student victim and the alleged abuser not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

In the event the staff first responder is not a direct care or supervision staff, the responder is required to request that the victim not take any actions that could destroy physical evidence, and then notify the appropriate State Training School staff. One-hundred percent (100%) of the staff who were interviewed, including medical staff and other non-security first responders, articulated every step they would take in the event they were the first person to become aware or knowledgeable of a sexual assault. Even non-security staff who may be first responders described the steps that security/direct care first responders would take. None of the interviewed staff were aware of any sexual assaults during the past twelve months.

An interview with a Sexual Assault Nurse Examiner at the Hansen Family Hospital indicated she would still try to collect evidence even beyond 96 hours hoping that possibly some evidence might still be on some clothing or elsewhere. The Pre-Audit Questionnaire documented that there were no allegations during the past twelve months that a student was sexually abused, therefore there were no occasions involving first responding. This was confirmed through interviews with administrative staff and reviewed documentation

Standard 115.365 Coordinated response

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy, 4D-01, Sexual Assault/Abuse/Harassment, E., Coordinated Response, requires the facility to develop a written facility plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment among staff first responders, medical and mental health personnel, investigators and facility leadership. The coordinated response plan is documented on a flow chart entitled, “Response to Allegation of Sexual Assault.” The chart begins with the First Responder who maintains student safety by separating the alleged victim and perpetrator, calls the Youth Security Technicians (YST) and then assists them as requested. The YST makes the initial notifications, protects the scene, takes photos of students and scene, collects evidence, maintains evidence Chain of Custody and arrange transportation to the hospital. Simultaneously the nurse, having been notified by the YSTs, calls the Hansen Family Hospital notifying them of the need for a forensic exam and checks on the student(s). The Duty Superintendent makes designated notifications, ensures protocol compliance, calls the Eldora Police Department, Contacts the Sexual Abuse Hotline to request an advocate at the hospital and assist in finding coverage for transport to the hospital. Additional notifications are made. The student’s counselor contacts the alleged victims parent, the alleged victims JCO and attorney.

Once again, interviews with staff, both random and specialized, confirmed staff are aware of their individual responsibilities following an allegation of or an actual sexual assault.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An interview with the PREA Compliance Manager indicated there is nothing in any contact preventing the administration

from removing any staff alleged to have violated any agency or facility sexual abuse policy. The PCM related the staff person would be placed on administrative leave with pay during the investigation. An interview with the Agency's Division Director indicated that there are no contracts preventing him or his staff from removing a staff who is alleged to have been involved in sexual abuse. He indicated staff would be placed on administrative leave pending the investigation

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff, both random and specialized, as well as the Agency's Division Director and Facility Superintendent, confirmed that the Agency and Facility has a zero tolerance for any form of retaliation as a result of a report or allegation of sexual abuse or sexual harassment, for cooperating in any investigation or for reporting any form of staff neglect resulting in or contributing to a sexual assault. The facility's policy addresses the agency's zero tolerance for retaliation and the actions the facility takes to monitor and prevent retaliation. Policy 4D-01, Sexual Assault/Abuse/Harassment, F/, Agency Protection Against Retaliation, affirms the facility's zero tolerance for retaliation of any kind against student victims or staff members who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. Immediately following the report of such an incident, a staff member or outside department will be charged with monitoring retaliation. Monitoring will include but not be limited to a counselor, direct care staff or appropriate supervisor, checking in with a staff or student who reported or suffered abuse or was a victim of harassment to get verbal confirmation of the individual's current mental status and perceptions related to retaliation at least weekly.

Multiple protection measures are employed to protect the student. These include such things as housing changes or transfers for student victims or abusers, removal of alleged staff or student abusers from contact with victims, and emotional support services for students or staff that fear retaliation for reporting sexual abuse or sexual harassment for cooperating with investigations.

Policy requires the State Training School to conduct and monitor treatment of students or staff who have reported sexual abuse and sexual harassment, as well of student victims who were reported to have suffered sexual abuse to see if there are any student disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff, for at least 90 days following a report of sexual abuse or sexual harassment. The facility's policy requires weekly status checks.

Interviews with administrative staff, line staff and specialized staff indicated that the student's counselors would be responsible for monitoring retaliation of the youth while various supervisors or administrators would be assigned the responsibility for monitoring for staff retaliation to see if there are any changes that may suggest possible retaliation by residents or staff. An excellent interview with the Division Administrator confirmed the agency's zero tolerance for any form of retaliation. Additionally, the Division Administrator, indicated that this agency expects and has developed a culture that retaliation is unacceptable.

The Pre-Audit Questionnaire documented that there were no instances of retaliation during the reporting period.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Paragraph B., Placement of Students in Housing, Bed, Program, Education, and Work Assignments, indicates that students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other students safe, and then only until an alternative means of keeping all student's safe can be arranged. If a victim is placed in any form of protective custody, the student will not be denied any daily large-muscle exercise and any legally required educational programming or special education services. They are also required to have daily visits from medical or mental health staff and have access to other programs and work opportunities to the extent possible.

The facility does not utilize segregation however they do have several restricted housing areas. These are essentially a short term behavioral management type unit and a longer term behavioral management type unit. These areas afford a victim needing protective custody safe housing in single occupancy rooms. Victims might also be assigned to the Reception Unit that affords more protection, if needed.

Administrative staff indicated, in interviews, that they would not want to revictimize a victim. Most likely the student victim might be provided enhanced monitoring or to move them to another unit with increased monitoring. Interviews indicated there have been no allegations of sexual assault during the past twelve months. Segregation would be a last resort. Interviews indicated that the treatment staff meeting weekly and housing arrangements for any victim would be re-evaluated as needed. Interviewed students denied having been victimized in this facility.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School 4D-01, Sexual Assault/Abuse/Harassment, VII., Investigations, A. Criminal and Administrative Agency Investigations, requires the State Training School to facilitate prompt, thorough and objective investigations into all allegations of sexual abuse or sexual harassment. Where sexual abuse has been alleged, the allegation will be immediately forwarded to law enforcement or the Department of Inspections and Appeals as appropriate for a complete investigation. There are essentially three tracks an investigation can take at this facility. These include an investigation conducted by a

facility investigator who has received specialized training in conducting sexual abuse investigations in confinement settings; an investigation conducted by the Department of Inspections and Appeals (the agency charged with investigating allegations of abuse of children and/or youth); or an investigation conducted by trained investigators from the Eldora Police Department (allegations of sexual abuse that appear to be criminal). Facility investigators would conduct administrative investigations and their investigations may be conducted in tandem with the Department of Inspections and Appeals. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to any sexual abuse or sexual harassment and is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigative facts and findings. The Department of Inspections and Appeals may also conduct their own investigation if staff are involved in allegations of abuse in tandem with the Eldora Police Department.

Policy requires the appropriate individuals will gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data; interview student victims, suspected perpetrators and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigations are not terminated solely because the source of the allegation recants the allegation nor will the departure of the alleged abuser or student victim from the employment or control of the State Training School terminate an investigation.

The Eldora Police handles all allegations that appear to be criminal and compelled interviews are conducted by law enforcement. State Training School staff will not conduct any compelled interviews until they have consulted with law enforcement to determine if by doing so might present an obstacle for subsequent criminal prosecution. In cases where criminal charges have been substantiated through investigation the Eldora Police Department and State Training School will inform the local County Attorney for consideration of further legal action.

The credibility of alleged victims and alleged abusers or witnesses is assessed on an individual basis and shall not be determined by the person's status as student or staff nor will an alleged victim be required to submit to a polygraph or other truth telling devices as a condition for proceeding with the investigation.

Written reports are retained for as long as the alleged abuser is incarcerated or employed by the State Training School, plus five years.

The auditor interviewed the PREA Compliance Manager, who also serves as a trained facility investigator. This staff has received specialized training in conducting sexual abuse investigations in confinement settings and her training included a training entitled: "Forensic Experiential Interviewing". This staff described a comprehensive, detailed and objective investigation process. Investigations are conducted for third party and anonymous allegations as well. In cases of the departure of a staff who terminates employment prior to the conclusion of an investigation the investigation continues to its conclusion. The same is true if either the alleged victim or abuser are moved or no longer in the custody of the State Training School.

The auditor reviewed a sample of the administrative investigations completed by the facility. These were well written and documented the specifics of the alleged incident, witnesses, and conclusions. The allegations as described on the reviewed incident reports and subsequent investigation narratives indicated that most of these allegations involve some form of resident on resident allegations of sexual harassment involving a touch by another or comments made by another resident. The nature of these reports indicated that staff take every allegation seriously and report it. Most are unsubstantiated and indicated things like misconduct or horse playing. There have been no allegations of sexual abuse requiring referral to local law enforcement or to the DIA. One of the reports documented weekly monitoring for retaliation by the counselor.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency imposes a standard of a preponderance of the evidence or lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. State Training School policy, 4D-01, Sexual Assault/Abuse/Harassment, B., Evidentiary Standard for Administrative Investigations, requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

An interview with the facility investigator confirmed the standard of proof she uses to determine whether an allegation of sexual harassment is substantiated in a preponderance of the evidence.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy requires that following an investigation into a student's allegations of sexual abuse suffered in its facility, the State Training School is required to inform the student as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the school did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the student. This policy requires that following an allegation that a staff has committed sexual abuse against a student, the student will be informed, unless the allegation was determined to be unfounded, whenever: 1) The staff is no longer posted within the student's cottage/housing unit; 2) The staff is no longer employed at the State Training School; 3) The State Training School learns that the staff has been charged with a crime related to sexual abuse within the facility; or 4) The state training school learns that the staff has been convicted on a charge related to sexual abuse within the facility. Following a student's allegation that he was sexually abused by another student, the STS will inform the alleged victim when: 1) The school learns the alleged abuser has been charged with a crime related to the sexual abuse with the facility; or 2) The school learns that the alleged abuser has not been convicted on a charge related to sexual abuse within the facility. Notifications are required to be documented. Interviews with the Division Director, the PREA Compliance Manager and the Superintendent confirmed the facility will notify student victims of sexual abuse at the conclusion of all sexual abuse investigations, excluding unfounded allegations.

The Pre-Audit Questionnaire documented that there were no criminal or administrative investigations of alleged resident sexual abuse that was completed by the agency or facility in the past twelve months nor were there any investigations of alleged resident sexual abuse completed by an outside agency in the past twelve months.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Employees are subject to disciplinary action up to and including termination for substantiate allegations of sexual abuse and/or assault. Disciplinary action that results in termination for criminal charges/conviction, or an employee's resignation preceding termination or the completion of an ongoing investigation, will be reported to law enforcement agencies and any relevant licensing bodies. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanction imposed for comparable offenses by other staff with similar histories. Termination is the presumptive sanction for a staff who has engaged in sexual abuse.

There were no allegations of sexual abuse involving a staff. There was an allegation of an inappropriate sexual comment made by a staff to a student. The staff admitted to the comment and the staff was terminated.

Standard 115.377 Corrective action 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy (4d-01), paragraph B., Corrective Action for Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse or sexual harassment will be prohibited from contact with students and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The school is required to take appropriate remedial measures and to consider whether to prohibit further contact with students. The PAQ documented there were no cases or allegations of sexual abuse or sexual harassment involving a contractor or volunteer during the past twelve months. Staff interviews confirmed this as well as the sanctions that would be taken if they did have an allegation involving a contractor or volunteer.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Students may be subject to disciplinary sanction only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse or following a criminal finding of guilt for student-on-student sexual abuse. Policy also requires that any sanctions must be commensurate with the nature and circumstances of the abuse committed, the student’s disciplinary history, and the sanctions imposed for comparable offenses by other students with similar histories. In the event a disciplinary sanction results in the seclusion of a student, the facility will not deny the student daily large-muscle exercise or access to any legally required educational programming or special education services. Students will also receive daily visits from medical or mental health care personnel. They will also have access to other programs and work opportunities to the extent possible. The process must consider whether a student’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The training school may discipline a student for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. While the school prohibits all sexual activity between students and may discipline students for such activity, the school does not deem such activity to constitute sexual abuse if it determines that the activity was not coerced between students who are of legal consenting age.

The Pre-Audit Questionnaire documented there were no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the past twelve months. This was confirmed through interviews with staff and reviewed documentation.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Students who are admitted to the facility undergo vulnerability screening by reception staff. One of the questions asked on the screening instrument is about previous victimization. Additionally, the staff ensure the newly admitted youth completes the MAYSI which also asks if the student has been a victim of prior sexual abuse. If the intake screening indicates that a student has experienced prior sexual victimization whether it occurred in an institutional setting or in the community, staff ensure the student is offered a follow-up meeting with a medical or mental health personnel within 14 days of the intake screening. This is required by facility policy 4D-01. Students who indicated prior sexual perpetration are also required to be

offered a follow-up meeting with a mental health practitioner. Students who disclose they have perpetrated sexual abuse previously are also seen by mental health within 14 days of disclosing that information.

An interview with the psychologist confirmed that students who indicate prior sexual victimization are seen within well before 14 days. The auditor reviewed 30 referrals to mental health as a result of the intake screening either because of scores on the vulnerability or as a result of prior victimization. All the students were seen within 14 days. Most of them were seen the same or next day and the longest was eight (8) days.

Policy requires that any information related to a sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health personnel and other staff, as necessary, to inform treatment plans and security and management decision, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law.

Youth who score nine (9) or higher on the State Training School Risk of Sexual Victimization/Perpetration Screener instrument administered during intake and reception and six (6) or more on the propensity score are referred for a mental health follow-up as well. These were included in the referrals reviewed by the auditor.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, B., Access to Emergency Medical Services, requires student victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health personnel according to their professional judgment. If there aren’t any qualified medical or mental health personnel on duty at the time of a report of sexual abuse, staff first responders will take preliminary steps to protect the student victim as outlined in this policy and will immediately notify the appropriate medical and mental health personnel. Additionally, student victims will be offered timely information and timely access to emergency contraception and sexual transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services will be provided without financial cost regardless of whether the student victim names the abuser or cooperates with any investigation of the incident.

Line staff, who were interviewed indicated, that, in response to an allegation of sexual abuse, they would get the alleged victim to medical immediately after finding out what was going on after separating the alleged victim from the alleged abuser. An interview with a medical professional indicated their responsibility after learning of an alleged sexual abuse would be to provide care for any injuries requiring immediate care while taking care to protect the evidence and then getting the student to Hansen Family Hospital for a forensic exam. The auditor interviewed a Sexual Assault Nurse Examiner at Hansen Family Hospital who related she or her colleagues would conduct a forensic exam as well as sexually transmitted infection prophylaxis. She also related if the victim was under the age of 14 she would refer the victim to a hospital with pediatric forensic examiners.

The Pre-Audit Questionnaire and interviews with staff confirmed the facility has not had any students requiring emergency
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care or a forensic exam during the past twelve months.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The State Training School offers medical and mental health evaluation, and as appropriate, treatment to all students who have been victimized by sexual abuse in any prison, jail, or juvenile facility. Evaluation and treatment of victims include, as appropriate, follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. These services are consistent with the community level of care. Student victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate. Treatment services will be provided to the student victim without financial cost and regardless of whether the student victim names the abuser or cooperates with any investigation arising out of the incident. Policy also requires the school to attempt to conduct a mental health evaluation of all known student-on-student abusers within 60 days of learning of such abuse history and offer treatment and/or counseling when deemed appropriate.

Although there have been no incidents requiring follow-up services after an incident of sexual abuse, interviewed staff are aware of the requirements of the policy. Mental health evaluations and assessments are provided to students disclosing prior victimization. An interview with the medical staff at the facility indicated the facility would provide follow-up care as needed and ordered. The facility provides treatment for adolescent sex offenders.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse requiring any medical care.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Incidents of sexual abuse will be reviewed within 30 days of the conclusion of the investigation by a review team consisting of management, supervisors, investigating staff and medical or mental health personnel. The review team will consist of upper-level management staff, with input from line supervisors and investigating staff. This is required by State Training

School policy 4D-01, X., Data Collection and Review, A., Sexual Abuse Incident Reviews. Policy also requires the team to consider all the items required by the PREA Standards and to prepare a report of findings, including but not necessarily limited to determinations made as a result of the reviewed items and any recommendations for improvement and submit the report to the Superintendent and Agency PREA Coordinator.

There have been no investigations of sexual abuse conducted during the past twelve months requiring an incident review. Interviews however, indicated the team would include the PREA Compliance Manager, Superintendent, Cottage Staff and Supervisors. Interviews with the PREA Compliance Manager and other staff who would be on the team indicated their role is to examine all the items required in the standard. These items are also included on the State Training School's Incident Review Form. The PREA Compliance Manager indicated it had been about a year and half since they had an allegation of sexual abuse. Interviewed staff described the process they would use in reviewing an incident. This included attempting to determine any motivations and basically to determine what, if anything, they could recommend to prevent sexual abuse in the future. Corrective actions, if any, would be recommended and implemented. The Superintendent also confirmed the process.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy requires the facility to collect accurate, uniform data for every allegation for sexual abuse using a standardized instrument and set of definitions and to aggregate the incident-based sexual abuse data annually and provide it to the US Department of Justice via the Survey of Sexual Violence.

The facility collects accurate, uniform data for every allegation for sexual abuse using a standardized instrument and set of definitions. Policy provides the definitions that are specified in the PREA Standards to ensure uniform application. The data is reported to the PREA Coordinator who prepares annual reports in compliance with the standards.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, C., Data Review for Corrective Action, requires data to be reviewed by the PREA Coordinator and PREA manager to identify problem areas and take corrective action. Identified problem areas and the corrective action for each will be documented in the annual report. The report will include a comparison of the current year's data and corrective actions with those from previous years and shall provide assessment of the agency's progress in addressing sexual abuse. The report is approved by the State Training School Superintendent and Division Administrator and made readily available to the public through the appropriate website. The State Training School may redact specific material from the reports of the State Training School, but must indicate the nature of the material redacted.

The Pre-Audit Questionnaire indicated there have been no allegations of sexual abuse during the past twelve months. Interviews with the Division Director, Superintendent and PREA Compliance Manager indicated the facility uses any data to make improvements where needed however the facility just has not had many incidents or allegations of sexual abuse.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The State Training School, in compliance with the State Training School Policy, requires that data collected pursuant to this policy is securely retained. Too, the school is required to make all aggregate data from its facility readily available to the public at least annually through the appropriate website. Before making aggregate sexual abuse data publicly available, the State Training School will remove all personal identifiers. Lastly, the State Training School maintains sexual abuse data collected pursuant to this policy for at least ten years after the date of initial collection. Interviews with the agency's PREA Coordinator and PREA Compliance Manager indicated that the facility collects data in compliance with policy, securely retains it, makes that information available to the public, redacts any personally identifiers and retains it for ten years.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

June 22, 2017

Auditor Signature

Date

