

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

**Date of report:** 08/17/16

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> July 10-13, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> State Training School			
<b>Facility physical address:</b> 3211 Edgington Avenue Eldora, IA 50627			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (641)858-5402			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Mark Day, Facility Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 165			
<b>Designed facility capacity:</b> 130			
<b>Current population of facility:</b> 110			
<b>Facility security levels/inmate custody levels:</b> Medium / Highest level of care in the Iowa Department of Human Services			
<b>Age range of the population:</b> 12 – 19 1/2			
<b>Name of PREA Compliance Manager:</b> Lynn Allbee		<b>Title:</b> Treatment Program Administrator	
<b>Email address:</b> lallbee@dhs.state.ia.us		<b>Telephone number:</b> (641)858-5402, ext. 1125	
<b>Agency Information</b>			
<b>Name of agency:</b> Iowa Department of Human Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Iowa			
<b>Physical address:</b> 1305 E. Walnut – Hoover Building 5 <sup>th</sup> Floor – Des Moines, IA 50319			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (515)281-8580			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Richard Shults		<b>Title:</b> MHDS Division Administrator	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Mark Swore		<b>Title:</b> Executive Officer 2 – PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

A Prison Rape Elimination Act (PREA) audit (on-site) occurred at the State Training School (STS) in Eldora, Iowa on July 10-13, 2016. Prior to the visit the auditor provided the facility with the Auditor Notice which was posted May 23, 2016. The Pre-Audit Questionnaire, along with other supporting documentation was provided to the auditor, via a compact disc to ascertain and verify compliance with the PREA Act of 2003. Communication between the auditor, the PREA Compliance Manager, and the PREA Coordinator, took place throughout the pre-audit phase, and information was promptly made available to the auditor upon request. A tentative audit schedule was developed by the auditor and the PREA Compliance Manager, prior to the on-site audit.

At 1600 on 7/10/16 an in-brief was held between the auditor and members of the State Training School Administrative Team. At this time the audit schedule was discussed. Following this discussion interviews with some STS staff took place in the Administrative Building, concluding around 2245.

The morning of 7/11/16, a meeting was held with additional STS staff members. Following the brief meeting a tour of the facility was conducted by the auditor, the PREA Coordinator, and the PREA Compliance Manager. The purpose of the tour was to locate surveillance cameras, blind spots, and points of supervision for staff. Corbett Miller (security unit) was the only cottage equipped with a camera system. The system is adequate for its stated purpose of providing additional security beyond staff supervision. It should also be noted that concave security mirrors are placed through the campus buildings and also aid in the supervision of students. A review of the existing camera locations was conducted and additional changes have been made to the system. The tour included walk throughs of all buildings on campus.

Interviews were conducted on 7/10/16, 7/11/16, and 7/12/16 and included staff from all three shifts, as well as specialized and random students, and students from each cottage.

- A total of 24 staff interviews were conducted including interviews with the Agency Head, Staff Who Serve as a First Responder, Human Resources, Incident Review Team Members, Intake Staff, Intermediate or Higher Level Facility Staff, Investigative Staff, Medical & Mental Health Staff, Staff that Monitor Retaliation, PREA Compliance Manager, PREA Coordinator, Random Staff, SAFE & SANE Staff, Staff that Perform Screenings, Staff who Supervise Isolation, Facility Superintendent, Volunteer, and Contracted Staff.
- A total of 15 student (resident) interviews were conducted including interviews with Disabled or Limited English Proficient Residents, Residents who Disclosed prior Sexual Abuse during Risk Screening, Random Sample of Residents, Residents who Identified as GBTI, and Residents in Isolation.

All interviews were conducted in a private and confidential area at the facility. A representative from Hansen Family Hospital (SAFE/SANE) was interviewed by phone, as was the Agency Head.

The STS took part in the PREA Resource Center Field Training Program in 2014, and based on the information provided, gathered and observed by the auditor it was evident that they facility utilized the information provided during the training program to make tremendous progress toward their implementation of the PREA Juvenile Facility Standards. The facility staff and students were very well informed of the PREA requirements.

The facility has trained 21 of its staff to be PREA investigators. These staff primary conduct administrative investigations while the Eldora Police Department conducts criminal investigations and makes referrals to prosecutors for any sexual abuse allegations determined to be substantiated. The Iowa Department of Inspections and Appeals (DIA) also reviews allegations referred by the facility.

As part of the audit several staff training files were reviewed for training verifications and additional personnel records were examined for background checks. Student training / education records were also reviewed for acknowledgement of receiving PREA related information. PREA related posters in English and Spanish were posted on walls in all areas of the facility. PREA related information is also available in student handbooks and a Risk and Decision Making class is also utilized to further educate students about PREA.

Prior to the auditor's arrival, a review of the materials contained on the compact disc revealed a few items needing clarification. These items were explained / corrected prior to the on-site visit.

## 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 110 students at the time of the completion of the Pre-Audit Questionnaire. The average length of stay for these juveniles is eight 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. Two of the buildings on-site for residential use are not being used at this time. However, the remaining 25 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. 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 State Training School has made a tremendous amount of progress in implementing the PREA Standards and ensuring sexual safety for the students they serve. The agency and facility have developed policies, procedures and protocols related to PREA to further ensure student's safety. The teamwork that was evident while on-site at STS was impressive to say the least. The training that has taken place and understanding of the terminology, definitions and requirements of the PREA Standards indicates the commitment that the STS and DHS has made as it relates to PREA.

The State Training School met 37 standards, exceeded in 3 of the standards, and one standard was not applicable.

Number of standards exceeded: 3

Number of standards met: 37

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.**

DHS Policy  
Agency Organizational Chart  
Facility Organizational Chart  
Facility Policy 4D-01

The agency and facility policies define the approach to preventing, detecting and responding to sexual abuse and sexual harassment and are in compliance with the standard requirements. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as well as sanctions for those found to have participated in prohibited behaviors. The interview with the Agency PREA Coordinator indicated he had sufficient time to perform his PREA related duties. The PREA Coordinator reports to the Agency Head. The Facility PREA Compliance Manager also indicated she had sufficient time to fulfill her PREA related duties.

**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)

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This standard is non-applicable as the DHS or STS do not contract for the confinement of youth outside the STS.

## 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)

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PAQ

Staffing Plan

Interviews with Facility Superintendent, PREA Compliance Manager, PREA Coordinator and Intermediate or Higher-Level Facility Staff

Documentation of unannounced rounds

Observations during on-site tour

STS provided the auditor with the most recent staffing plan that provides for adequate levels of staffing. This document also included, where applicable, video monitoring used to protect students against sexual abuse. The staffing plan took into consideration:

1. Generally accepted juvenile detention and correctional / secure residential practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility’s physical plant (including “blind spots” or areas where staff or students may be isolated);
6. The composition of the student population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors.

The staffing plan requires STS to follow-up on the staffing plan by documenting annual reviews, and making any necessary adjustments to the plan as needed.

### 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)

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Facility policy 4D-01

Interviews with Random Sample of Staff

Interviews with Random Sample of Residents

The facility does not complete cross-gender strip searches or cross-gender visual body cavity searches, nor do they conduct cross-gender pat-down searches of students. Training in regards to the completion of searches is a requirement of the annual training. Student and staff interviews indicated that cross-gender searches by non-medical staff do not take place at the facility. The STS does have in policy requirements of student’s rights to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them in a state of undress. Student interviews, as well as, staff interview indicated that students are not being observed in a state of undress by members of the opposite gender. STS does require staff of the opposite gender of the students (female) to announce their presence when entering a student housing area or area where a student may be in a state of undress (locker room at the school). Through student and staff interviews and on-site tour observations it was apparent that notifications are being made prior to entering the cottages.

### 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.**

PAQ

Policy 4D-01

Interviews with Agency Head, Resident with disabilities or who are limited English proficient and Random Sample of Staff

Agreement with CTS Language Link

Observations during the on-site tour

STS policy 4D-01, page 7, section D-1 ensures that services will be provided as needed for students with disabilities or limited English proficient. Services provided by the CTS Language Link were provided to the auditor and are accessible by the students. Documentation of services related to PREA were available in English and Spanish and included posters, and student handbooks. The staff interviewed said professional interpretation services are available and students are not utilized as translators in any capacity at the facility. If students are disabled or have low or no vision, services can be accessed to assist students with understanding the PREA and how to file grievances etc. relating to sexual assault or harassment, the same is true for students with limited hearing abilities and limited mental capabilities. Interviews with students with disabilities revealed that they understood the information that was provided to them regard PREA.

### 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)

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PAQ  
STS Policy 4D-01  
Interview with Human Resources Administrator

STS Policy 4D-01, page 8, letter E addressed the requirements of the PREA standards. The Human Resource Staff person interviewed indicated that all prospective employees, volunteers, and contractors are thoroughly screened utilizing criminal background checks and child/adult abuse registry through the State of Iowa SING Program. Additionally, all staff, volunteers and contractors are fingerprinted and those prints are run through the FBI database. This is also a requirement in the promotion process. Any prior incidences of any type of sexual misconduct will eliminate that person as a potential employee or for promotion. During the interviewing period all applicants are required to self-disclose any previous misconduct. This same process is utilized for any potential contractor or volunteer. Every five years employees, contractors or volunteers are re-checked. The agency requires all employees to disclose any additional issues within 24 hours to their supervisor. If personnel are hired from other agencies within the State of Iowa or leave the STS, the employee personnel file follows them. Employee, contractor and volunteer files were reviewed and were in compliance with this standard.

### 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)

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PAQ  
Interviews with Agency Head, Superintendent, PREA Compliance Manager  
On-site tour and conversation with supervising staff

DHS or STS has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities. STS has updated their video monitoring system to enhance their ability to protect students from sexual abuse and allow for increased privacy. This was done throughout Corbett Miller Hall and included repositioning of cameras. This information was substantiated during the facility tour and through interviews with the Agency Head, Superintendent and PREA Compliance Manager. Additionally, during the facility tour, informal conversation with supervising staff reflected the updates to the video monitoring system.

### 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.**

PAQ

Interviews with Random Staff, SAFE / SANE, Medical Staff, PREA Compliance Manager

Policy 4D-01

Agreement with Crisis Intervention Services

Review of requests for outside entities to follow uniform evidence protocols

The facility has trained 21 of its staff to investigate PREA-related incidents. Primarily their role is to separate the victim and perpetrator, secure the crime scene, and prevent a student from destroying potential evidence related to showering, bathroom use, etc. The Eldora Police Department, Department of Inspections and Appeals (DIA) and/or the Hansen Family Hospital are the agencies that will gather any evidence related to sexual abuse, if there was any evidence to collect. The STS has requested all entities to follow the “National Protocol for Sexual Assault Medical Forensic Examinations”. All of the requirements of this standard are being met.

### 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.**

PAQ

STS Policy 4D-01

Interview with the Agency Head & Investigative Staff

Review of reports of sexual abuse and sexual harassment, including investigation report with findings.

Review of policy on the website or made public by other means

The STS has in policy that all allegations of sexual harassment and / or sexual abuse will be investigated administratively or referred to an agency with the legal authority to conduct criminal investigations. The facility has developed and implemented training to staff, contractors and volunteers that clearly outlines behaviors that are required to be reported and how to make a report. STS has also implemented a response plan for allegations of sexual harassment or sexual abuse. Policy information related to this standard has been made available on their website.

### 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.**

Pre-Audit Questionnaire (PAQ)  
STS Policy 4D-01  
STS PREA classroom training curriculum  
Interviews with Random Staff  
Review of Training Records

Information provided in the facility PAQ indicated that the STS does train facility staff on the requirements of this standard. Policy 4D-01 further indicates that all new and existing employees who may have contact with students will complete training, with a required refresher course available on-line every other year. Policy further states that employees will sign that they attended and understood the training provided. A review of the training curricula indicated that it included the necessary components to meet the standard. Interviews with staff were conducted will all interviewees have an strong understanding of the training curricula. Finally, a review of training records indicated that staff have attended the training and the proper documentation was completed in regards to signature for attendance and understanding.

### 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)

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PAQ  
Training Curriculum  
Interviews with Volunteers and Contractors  
Review of Training Records

A review of the PAQ indicates that all contractors and volunteers are trained regarding the requirements of this standard. The training curriculum was reviewed and includes the necessary information to be trained. Interviews with contractors and volunteers indicated that they received and understood the training provided. A review of training records indicates that contractors and volunteers have signed indicating that they attended and understood the training provided.

### 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)

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PAQ / Policy 4D-01

Interviews with Intake Staff and Students

Review of intake records, documentation of students receiving training information, and a review of the intake process and information packet that is completed with the students at intake.

Auditor observations during the on-site tour

The facility indicated in the PAQ that all provisions related to this standard are being completed. A review of policy 4D-01 indicated that students are required to receive training in regards to the requirements of the standard and within the time frames required. Interviews with Intake Staff revealed that the initial PREA training with students is done at the time of initial intake and throughout the orientation time period. A review of student files show that students are receiving the training and signing that they received and understood the training. Interviews with students indicated that they have a strong understanding of PREA, many indicated that they received the training within the first hour or two of arriving. It was stated that intake staff went over the information with them and made certain they understood the information. Additionally, the STS has developed a refresher course for all students. This training takes place during the Risk and Decision Making Class. Informational posters are located throughout the campus in both English and Spanish. PREA information is also located in student handbooks and cottage rule books - both available to students at any time.

### 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)

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PAQ

STS Policy 4D-01

Training Curriculum

Interviews with Investigative Staff

Review of Training Records

A review of the PAQ shows that STS has provided additional training for investigators at the facility. STS policy 4D-01 requires this additional training be completed by the investigators. The training attended by the investigators was entitled FETI (Forensic Experimental Trauma Interviews). Interviews with Investigative Staff revealed an understanding of the dynamics involved with interviewing victims of sexual abuse, responsibilities related to Miranda and Garrity warnings as well as evidence collection and preservation to include securing potential crime scenes. Understanding of what a preponderance of evidence means was apparent during the interview process as well. Documentation of completion of training was provided and reviewed by the auditor.

**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)

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PAQ / Policy 4D-01  
Interviews with Medical & Mental Health Staff  
Review of Training Records

The STS stated in the PAQ that Medical and Mental Health staff have been trained in the requirements of this standard. Facility policy 4D-01 requires this training as well as stipulates that STS Medical staff will not conduct forensic medical examinations. These examinations are done by trained staff at the Hansen Family Hospital. Policy also stipulates that documentation of training related to this standard. Interviews with Medical and Mental Health Staff indicated that training (in addition to the general PREA training offered to staff, volunteers and contractors) is required of them and has been completed. Medical staff also stated that they do not conduct forensic medical examinations. A review of training records for medical and mental health staff revealed additional training has been attended, as well as the general training provided. The training attended and completed was the FETI training in addition to the training available from the PRC, Conducting Investigations in a Correctional Facility.

**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.**

PAQ / STS Policy 4D-01  
Review of student intake screenings  
Interviews with Staff Responsible for Risk Screening, PREA Coordinator, PREA Compliance Manager, and Students.

The PAQ provided by the STS indicated that the facility was in compliance with standard 115.341. A review of STS policy 4D-01 included the necessary requirements of the standard. Completed intake screenings were reviewed and revealed that the screenings were completed within the prescribed time frame. The screening process is effective in collecting student information and determining risk of victimization or perpration, and is done through conversations with the student and during medical and mental health screenings. The information obtained is placed in the student file, which is located in the administrative building and under lock and key. The facility has implemented appropriate controls on the dissemination of the information. The STS is fortunate to ordinarily receive information related to past sexual abuse (whether victim or perpetrator) during or prior to student intake. The auditor was present prior to and during the intake of a student and the amount of information received regarding the student prior to arrival was impressive. Interviews were conducted with Staff Responsible for Risk Screening, the PREA Coordinator and PREA Compliance Manager

## 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)

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PAQ

STS Policy 4D-01 – pg. 14

STS Policy 5A-07 – pg. 1

Interviews with PREA Compliance Manager, PREA Coordinator, Staff Responsible for Risk Screening, Superintendent, Staff who Supervise Isolation, Medical & Mental Health Staff, Students in Isolation, & GBTI Students

Review of risk-based housing decisions

Observations during on-site tour

Review of files of students held in isolation

The STS Policy 4D-01 addresses all aspects of this standard furthermore, the STS screening tool is designed to capture the required information in order to assess the risk of potential victimization or potential to perpetrate. STS is limited in the number of housing units (cottages) they have available to them. They utilize Cottage 3 for potential victims of sexual abuse. This not only includes the cottage assignment, but also bedding assignments. Additionally safety plans are put in place to ensure safety in other areas of the facility, i.e. school, work and other programming assignments. Additionally Cottage 3 typically houses fewer students (50% less on average) as the other cottages, with the same number of staff assigned to the cottage as the others. This allows for a higher staff to youth ratio, increased supervision, and overall a safer environment.

STS policy 4D-01 clearly states that the use of isolation as related to this standard is utilized only as a last resort and further requires students the access to educational programming, special education services, access to medical and mental health services, work programs and daily large muscle activity. Through interviews with the PREA Compliance Manager and Staff Responsible for Risk Screenings, it was clear there is a strong understanding of requirements as it relates to this standard. Both the PAQ and staff interviews stated that the STS has not housed a student in isolation, who was a risk for victimization in the past 12 months. Interviews with medical and mental health staff were conducted and the staff reported that visitation with any student in isolation, regardless of the reason is conducted multiple times a day. Interviews with students that had been placed in isolation (not for PREA related reasons) also reported that they had access to medical and mental health staff, schoolwork, work projects (typically some sort of cleaning of the Corbett Miller building), as well as large muscle activity on at least a daily basis.

STS does not classify or assign students to housing based on their GBTI status. They do however review the status of GBTI students (per policy) every 6 months. Through interviews with various staff, a review is completed more than twice a year. One student interviewed identified as transgender and indicated that facility staff inquired about their feelings regarding their safety at the facility and specifically in their assigned cottage. The student also stated that they meet with mental health staff regularly and has been asked if there any concerns regarding their safety. The student stated they feel safe and that staff care about their safety. The student also indicated that they as all students have the opportunity to shower alone. Interviews with addition staff also supported this. STS does not hold students in isolation for more than 30 days, thus there is no documentation regarding follow-up reviews to determine if further separation is necessary.

## 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.**

PAQ

STS Policy 4D-01

Grievance form

Student Handbook

Interviews with Random Staff and Random Residents, PREA Compliance Manager,

Facility tour

MOU with Crisis Intervention Services

The STS provides students multiple ways to report incidents of sexual harassment and/or sexual abuse. STS policy 4D-01 mandates multiple internal ways for student to report privately to agency officials, including sexual abuse / sexual harassment, retaliation by staff or other students for reporting such an incident or cooperating. The auditor reviewed the grievance process at STS which allows for a student to privately report any such incident. The student is not required to ask for a grievance form, writing utensil or to turn the grievance in. Students are also allowed to report such incidents to any staff they choose or feel comfortable speaking to. Additionally, students may report to the Crisis Intervention Services Hotline, which is programmed into the youth calling system and all youth have access to this free call. During the interview process with staff and youth, it was very apparent that they both knew that a report could be made on this system by either staff or student. The Crisis Intervention Services is not affiliated with the DHS or STS. Students and staff may also make reports to DIA, (Department of Investigations and Appeals), which is a separate department from DHS. Per policy students and staff are allowed to remain anonymous when making such report. Staff are required by policy to accept all verbal reports including third party reports and document them. During the facility tour students were asked about reporting options and all students spoken to by the auditor knew they could call "211", which is the Crisis Intervention Services Hotline, write a grievance or tell someone. Students spoken to during the interview process listed that they could report to the JCO (Juvenile Court Officer), attorney, staff, family, etc. One youth stated that he would feel most comfortable reporting it to his old football coach, and he knew that if he did it would be reported to STS and they would have to "look into it". During the on-site tour there were posters throughout the facility containing information related to making a report. The agency and facility has also made available an email address that PREA reports can be made to.

### 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.**

PAQ  
Policy 5C-01  
Policy 4D-01  
Review of Student Handbook

Policies meet the requirements of the standard. The grievance process and the emergency grievance process are established allowing no time limits when filing a grievance or emergency grievance relating to sexual abuse, sexual harassment, or retaliation of any sort as it relates to a PREA incident. To date there have been no grievances filed by a student or a third party on a student's behalf in regards to sexual abuse. There have been grievances filed by students, but these grievances were filed by the student themselves.

### 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.**

PAQ  
Policy 4D-01  
Review of Student Handbook  
Interviews with Students, Superintendent, & PREA Compliance Manager  
Observations during the on-site tour  
MOU with Crisis Intervention Services

The STS PAQ indicated compliance with this standard. Policy 4D-01 requires the provisions of the standard. During the interview process with students it was evident that they understood that outside support services were available to them if needed or requested. Additionally, interviews with the Superintendent and PREA Compliance Manager supported the student interviews indicating the students do have access to family, legal representation, and outside support. Students understood that what they reported or discussed would be kept private, unless someone else was a risk of being victimized, etc. Students were confident in their ability to speak to their attorney in a reasonable amount of time, with most reporting the call is usually made the same day as the request to staff is made. All students reported that mail between them and their attorney or Juvenile Court Officer is private and staff do not scan or read this correspondence - only check the envelope for contraband. Information related to the standard is made available through handouts to students and on posters.

### 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.**

PAQ  
DHS/STS website

Policy 4D-01 (pg. 17) includes information related to Standard 115.334, to include the aforementioned PREA reporting email system, contacting the Department of Inspections and Appeals (DIA) complaint line and the Crisis Intervention Services Hotline. This information is made public through the DHS/STS website.

### 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.**

PAQ  
Policy 4D-01  
Interviews with Staff, Medical & Mental Health Staff, PREA Compliance Manager & Superintendent  
Review of reports to the facility

Policy 4D-01 (pg. 18) requires all staff who have knowledge, suspicion, or information relating to sexual abuse or sexual harassment to report following the chain of command. Iowa Code also requires mandatory reporting and the guidelines for such. STS provided the auditor with a flow chart of reporting responsibilities and an information card (business size card) that includes reporting duties. All staff are also required to report any retaliation or staff neglect which may have contributed to an incident. Interviews with Random Staff, Medical & Mental Health Staff, PREA Compliance Manager and Superintendent further substantiated the process of reporting requirements. By all indications the facility is in compliance with this standard.

### 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.**

PAQ / Policy 4D-01

Interviews with Agency Head, Superintendent, and a Random Sample of Staff

STS reported on the PAQ that there has been one instance in the past 12 months that it was determined that a student was at imminent risk of sexual abuse. In that instance they reported the student was moved in less than one hour. During the review of the incident, it was determined that the student was moved immediately (minutes) after making the report.

STS policy 4D-01 (pg. 19) requires immediate action be taken to protect a student if they are at substantial risk to imminent sexual abuse and includes steps that must be taken. Through interviews with the Agency Head, Superintendent, and Random Staff it was clear that all understood their responsibilities to provide immediate safety to the student. Additionally, it was added that the immediate separation was to take place and Random Staff reported that they are to maintain constant visual observation of the alleged victim, until separation takes place. The staff interviewed also understood their responsibilities of securing the scene and protecting evidence, how and who to report to and the importance of medical and mental health services being provided.

### 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.**

PAQ / Policy 4D-01 (pg. 19)

Interviews with Agency Head & Superintendent

A review of the provided PAQ from STS reported compliance with the standard and there have been no allegations related to this standard in the past 12 months.

Policy 4D-01 clearly states the responsibility of the STS in notifying other facilities, and additionally addresses the responsibility of STS if they were to receive a report regarding an allegation made by a former student at STS.

Interviews with the Agency Head and Facility Superintendent indicated that if a student at STS made a report while at STS regarding an allegation that occurred at another facility they would immediately report this to the appropriate investigating agency and the facility in which the allegation took place. Furthermore, it was stated that if a notification was made to STS that a former student made an allegation that reportedly took place while they were at STS, that they would immediately take action and proceed with their standard investigative protocols. During the interview with the Superintendent, he reported that he received one such allegation approximately a week prior to the on-site audit. The allegation in question allegedly took place approximately 10 years ago and it was reported in accordance to policy.

### 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.**

PAQ  
Policy 4D-01 (pg. 19)  
Interviews with Security Staff and Non-Security Staff First Responders and a Random Sample of Staff  
Review of documentation of allegations

The STS reported on the PAQ that there was one incident involving sexual abuse in the past 12 months. The policy provided for the requirements of the standard. Interviews with various staff indicated that staff was well-versed in what to do in the event of an allegation of sexual abuse. Indicating separation of the alleged victim and alleged perpetrator and providing for their safety, securing the scene, and preserving the evidence if available. The STS has developed a flow chart for the reporting of an incident, which staff was well-versed in. The chart provided direction regarding responsibilities and who to contact. The facility also utilizes a card (business-sized) that provides this information to staff should an incident occur. Review of reports of allegations showed that the necessary required steps are taking place.

### 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.**

PAQ  
Review of the facility institutional plan in response to an incident of sexual abuse  
Interviews with Superintendent

A Response to Allegation of Sexual Assault flow chart has been developed and institutionalized at the STS. This document is utilized to coordinate actions taken in response to an incident of sexual abuse. It further provides a clear description of the responsibilities of the staff that is involved after a report is made.

### 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.**

#### PAQ

Review of the Collective Bargaining Agreement between the State of Iowa and American Federation of State, County and Municipal Employees (AFSCME), Council 61 and the Collective Bargaining Agreement between the State of Iowa and UE Local 893, Iowa United Professionals.

Interview with the Agency Head.

The Collective Bargaining Agreements defines guidelines that meet the requirements of this standard. The interview conducted with the Agency Head substantiated this as it was made clear that this is a simple process and there are no barriers in place when it comes to keeping students safe.

### 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.**

#### PAQ

Policy 4D-01 (pg. 20)

Interviews with Agency Head, Superintendent, and Staff designated with Monitoring Retaliation

Review of safety plans and documentation of monitoring for retaliation

Policy 4D-01 outlines the requirements of this standard as it relates to the facility. All students and staff that report sexual abuse or sexual harassment or cooperate with investigations related to sexual abuse or sexual harassment are protected against retaliation from students or staff. The STS develops and implements safety plans for this purpose, which includes specific steps to protect the individual. This may include cottage reassignments, and/or removal of the alleged abuser (staff or student) ensuring no contact with the victim. This also includes visual contact as class schedules may be alternated. STS also provides for separation during students travel from class to class or building to building by adjusting student schedules. STS may also limit a staff members contact with a student if necessary.

The standard requires monitoring take place for at least 90 days and STS policy requires no less than 90 days of monitoring. During the interview with staff who monitor for retaliation, it was reported that monitoring continues for the remainder of the student's stay at the facility. Documentation of this monitoring was provided for auditor review.

Monitoring includes, but is not limited to incident reports, admissions to Corbett Miller, school reports (any changes, either way), any changes in behavior, mood, demeanor, eating habits, sleeping habits, etc. STS policy also requires that such monitoring shall include no less than weekly status checks with the individual being monitored.

### 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.**

PAQ

Policy 4D-01

Interviews with Superintendent, Staff who Supervise Isolation, Medical & Mental Health Staff

The STS PAQ noted that there were no instances of students being placed in post-allegation protective custody in segregation housing. Policy 4D-01 (pg. 14) addresses the usage of segregation as a last resort and only until alternative means of keeping students safe can be arranged. During the interview with the Superintendent, he stated that on one occasion a student was placed in Corbett Miller - although it was not related to protective custody. Instead, the student had reported an incident of sexual abuse, was supervised to the hospital in Iowa Falls, and returned late in the night. Due to the late hour of his return the student slept in Corbett Miller, so as not to disturb other students in the dormitory. The student returned to his cottage the following morning with a safety plan in place.

### 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.**

PAQ / Policy 4D-01

Interviews with Investigative Staff, Superintendent, PREA Coordinator, & PREA Compliance Manager  
Review of investigative records, & training records of investigators.

A review of the PAQ provided by the STS indicates that the facility is in compliance with the standard in that they do have a policy in place related to criminal and administrative investigations, which will not be terminated solely because the source of the allegation recants. Substantiated allegations that appear to be criminal in nature are forwarded to law enforcement for a criminal investigation and potentially criminal prosecution. Since August 20, 2012, STS has had no sustained allegations that have been referred for prosecution. Currently, there is one allegation that was made by a student that is being investigated by the Eldora Police Department, with evidence being processed at the state crime lab. At the time of the audit, both entities were awaiting the results from the crime lab. STS conducts administrative investigations and policy dictates these will be done promptly, thoroughly and objectively. STS has trained staff members in completing administrative investigations. A review of the training records was conducted and indicated the training had been attended and certifications were earned. STS policy shall gather and/or preserve evidence related to a sexual abuse incident, to include video monitoring. Interviews with Investigative Staff indicated they had received training related to investigations, effectively communicating with juveniles, and evidence protection and collection. It was also clear that once a report is made that the investigation is followed through until completion regardless of if the abuser, or victim leaves the facility; or if the reporter recants the allegation. Credibility of the alleged victim, suspect or witness is assessed on an individual basis. Polygraph testing is not utilized as a condition for proceeding with the investigation. Administrative investigations are required to include the elements of the standard and a review of these investigations, concluded that this is done. The facility retains all investigative reports in electronic format for the required time frames. When investigations are completed by DIA or EPD, the facility remains in contact with these agencies to remain informed in the progress of the investigation. This is completed through phone conversations, email and in-person contacts. STS shares any and all information gathered throughout the process of the incident/administrative investigation with both agencies.

### 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.**

PAQ / Policy 4D-01

Interview with Investigative Staff  
Review of administrative findings

Through policy review, the interview with Investigative Staff, and administrative findings; it is clear that a preponderance of evidence is the scale used to judge substantiation of an allegation.

### 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.**

PAQ  
Policy 4D-01  
Interviews with Superintendent, Investigative Staff,  
A review of investigations to include student notifications

A review of policy 4D-01 shows the requirements of the standard are mandated. Through the interview process with the Superintendent it was stated that the STS goes above and beyond the requirements of the standard and policy in notifying students, as they not only notify students who have alleged sexual abuse, but also sexual harassment. A review of the notifications was done by the auditor and indicated that notifications are being made as reported by the facility.

When an investigation is completed by an outside agency, facility policy requires the facility to request relevant information to inform the student. STS has not had an incident of sexual abuse by a staff member toward a student (either substantiated or unsubstantiated) in the past 12 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.**

PAQ  
Policy 4D-01 – pg. 23

The auditor interviewed the Human Resources Staff who verified that there have been no staff disciplined as a result of PREA. Policy 4D-01 meets the requirements of this standard.

### 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.**

PAQ  
Policy 4D-01 – pg. 23  
Interview with the Superintendent

Policy 4D-01 meets this standard requirement. There have been no PREA-related incidents involving a contractor or volunteer. Thus, there has not been any corrective action taken against a contractor or volunteer. During the interview with Superintendent, it was made abundantly clear to the auditor that if there was even a “hint” that this type of behavior is, or was, taking place, that an investigation would immediately be launched and the facility would “part ways immediately” with the contractor or volunteer, and the contractor or volunteer would have no further contact with the students or the facility.

### 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.**

PAQ  
Policy 4D-01 – pg. 23  
Interviews with the Superintendent, Medical & Mental Health

Policy 4D-01 met all of the requirements of this standard. There has been one PREA-related incident involving alleged sexual assault of a student by another student. The results of the criminal investigation are pending. A student’s mental status is considered when making disciplinary findings. The facility prohibits student on student sexual activity. The superintendent noted during the interview process that isolation is not utilized as a disciplinary sanction, rather for de-escalation of aggressive behavior. Interviews with medical and mental health staff indicated that students may be placed at the STS and required by the court to participate in the sexual abuse program.

### **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.**

PAQ

Policy 4D-01 (pg. 24)

Interviews with Residents who Disclosed Sexual Victimization at Risk Screening, Staff Responsible for Risk Screening and Medical & Mental Health Staff

Information provided on the PAQ stated that the facility was compliant in the standard. A review of policy 4D-01 also met the standard requirements. Interviews with medical and mental health staff revealed they offer informed consent to students. It was also stated that if a student has experienced prior sexual victimization or perpetrated sexual abuse, a follow up meeting with mental health staff is offered within 14 days; although it typically takes place sooner than this (per record reviews). This information is utilized when determining housing and programming decisions and is only accessible on a need to know basis, per PREA Standards. Interviews with residents who disclosed sexual victimization during the risk screening indicated that they visited with medical and mental health staff with 2-3 days, typically. Staff responsible for the risk screening also indicated that if required a referral is done immediately to medical and mental health no later than the end of their shift.

### **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.**

PAQ

Policy 4D-01

Interviews with Medical & Mental Health Staff, Security and Non-Security Staff First Responders  
Review of documentation of medical services provided

According to policy 4D-01 and information obtained during the interview process it was indicated that students in need of emergency care are afforded that opportunity and at no cost to the student. Documentation provided by the facility indicated that “Students are placed at STS under the guardianship of the Iowa Department of Human Services. There is no cost to students for any of the programs or services while they reside at this facility”.

### **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.**

PAQ  
Policy 4D-01  
Interviews with Medical & Mental Health Staff  
Review of follow-up services provided to students

A review of policy 4D-01 indicates all requirements of the standard are met. Interviews with medical and mental health staff revealed their responsibilities of providing on-going medical and mental health treatment for victims of sexual abuse, as well as, conducting a mental health assessment of all known student on student abusers within 60 days. They also reported that students would be provided medical tests for sexually transmitted infections as medically appropriate. Additionally, it was reported by the same staff that the medical and mental health services provided at or by the facility are consistent and in some cases better than what is available in the community. The assessments are utilized when making housing and programming decisions and follow-up services are provided when deemed necessary.

### **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.**

PAQ  
Policy 4D-01 – pg. 26  
Review of incident reviews  
Interviews with Superintendent, PREA Compliance Manager and Member of Incident Review Team

A review of policy 4D-01 indicates it meets the requirements of the standard. Through interviews with the various staff the incident review process was explained. The interviews and a review of the incident documentation indicated the requirements of the standard were being met.

### 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.**

PAQ

Policy 4D-01

Documentation of definitions and review of data collection instrument

According to the PREA Compliance Manager all data related to sexual abuse and sexual harassment is collected as it occurs and the data is aggregated annually. Then information from the Survey of Sexual Victimization coincides with the information from the facility.

### 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.**

PAQ

Interviews with Agency Head, PREA Coordinator and PREA Compliance Manager

According to the interviews conducted, data is collected by the PREA Compliance Manager and includes the requirements of this standard. This information is reviewed at least monthly between the agency and the facility. The information is reviewed at the facility level as well. A report is prepared showing the number of PREA related incidents and corrective action (if needed) taken as well as any other PREA related information. The report is shared with the Agency Head for their approval.

