

**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

Interim Final

Date of Report 5.27.2020

Auditor Information

Name: Karen Murray

Email: karen@preaauditing.com

Company Name: PREA Auditors of America

Mailing Address: 14506 Lakeside View
Way

City, State, Zip: Cypress, TX 77429

Telephone: 713.818.9098

Date of Facility Visit: May17-18.2020

Agency Information

Name of Agency

Governing Authority or Parent Agency *(If Applicable)*

Iowa Department of Human Services

Iowa Department of Human Services

Physical Address: 1305 E. Walnut

City, State, Zip: Des Moines, Iowa 50319

Mailing Address: same

City, State, Zip: [Click or tap here to enter text.](#)

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: [Click or tap here to enter text.](#)

Agency Chief Executive Officer

Name: Kelly Kennedy Garcia

Email: kgarcia@dhs.state.ia.us

Telephone: 515.281.5452

Agency-Wide PREA Coordinator

Name: Mark Swore

Email: mswore@dhs.state.ia.us

Telephone: 515.281.8575

PREA Coordinator Reports to:
Division Administrator

**Number of Compliance Managers who report to the
PREA Coordinator:**
1

Facility Information

Name of Facility: State Training School

Physical Address: 311 Edington Avenue

City, State, Zip: Eldora, Iowa 50627

Mailing Address (if different from above):
same

City, State, Zip: [Click or tap here to enter text.](#)

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://dhs.iowa.gov/mhds/mental-health/in-patient/juvenile-facility/eldora>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

[Click or tap here to enter text.](#)

Facility Administrator/Superintendent/Director

Name: Mark Day

Email: mday@dhs.state.ia.us

Telephone: 641.858.5401 ext. 1111

Facility PREA Compliance Manager

Name: Lynn Allbee

Email: Lallbee@dhs.state.is.us

Telephone: 641.858.5402 ext. 1125

Facility Health Service Administrator N/A

Name: Tanya Richmond (Nurse Supervisor)

Email: trichmo@dhs.state.ia.us	Telephone: 641.858.5402 ext. 6347
Facility Characteristics	
Designated Facility Capacity:	100
Current Population of Facility:	78
Average daily population for the past 12 months:	84
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	12-19.5
Average length of stay or time under supervision	10 months
Facility security levels/resident custody levels	Staff secure
Number of residents admitted to facility during the past 12 months	109
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i>:	109
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i>:	109
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	157

Number of staff hired by the facility during the past 12 months who may have contact with residents:	44
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	9
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	24
Number of volunteers who have contact with residents, currently authorized to enter the facility:	65

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	33
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<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way</p>	5
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glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.		
Number of single resident cells, rooms, or other enclosures:		35
Number of multiple occupancy cells, rooms, or other enclosures:		2
Number of open bay/dorm housing units:		3
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):		7
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:		0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	

Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	25
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Iowa Department of Inspection and Appeals) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Onsite Audit Phase

The State Training School is located at 3211 Edington, Eldora, IA 50627. In October of 2019, the State Training School contracted to complete their third audit cycle with PREA Auditors of America, established in 2014 to provide auditing services to state correctional, juvenile detention, community corrections and jail systems. PREA Auditors of America then contracted with DOJ PREA Auditor, Karen Murray to conduct the facilities audit. The State Training School was audited in the first audit cycle on August 17, 2016. The State Training School was audited in the second audit cycle on August 22, 2017. This audit occurring on May 17, 2020 will be the State Training School third audit, therefore completing the audit necessary for the third audit cycle.

The primary purpose of the State Training School at Eldora is to provide a continuum of supervision and rehabilitation programs, which meet the needs of males adjudicated delinquent, in a manner consistent with public safety. These services and programs individualize treatment and control the offender for his own benefit and the protection of society. The facility provides a range of services that are geared toward:

- Providing a structured treatment setting for males between the ages of 12-19.5;
- Providing the most appropriate setting while protecting communities;
- Developing individual care plans which provide a diversity of innovative and effective programs within the framework of professional correctional standards, legislative intent and available resources;
- Providing a comprehensive education program for youth; and

- Facilitating the transition of the young man back to his community.

(<https://dhs.iowa.gov/mhds/mental-health/in-patient/juvenile-facility/eldora>)

On February 10, 2020, the Auditor contacted PREA Manager Lynn Albee and introduced herself. This initial call was intended to set a date for the facilities initial call with the auditor to speak to first steps and the audit processes. On February 12, the Auditor conducted an audit processes introductory phone call with the State Training School's PREA Manager Lynn Allbee and PREA Coordinator Mark Swore. Ms. Allbee, Mr. Swore and the Auditor then discussed communications moving forward. The decision was made contacting of one another could be made to either parties, at any time, and or the use of email communications through the secure email provided through PREA Auditors of America. The facility was provided instruction on the following:

1. A choice of how documentation for the audit would be uploaded. Ms. Allbee and Mr. Swore was made aware of the Online Audit System or uploading to a secure Google Docs folder. Ms. Allbee chose to upload documentation to the secure Google Docs folder. The timeline of all documentation being uploaded six weeks before the onsite phase of the audit was then discussed and agreed upon.
2. The Auditor explained logistics to include unimpeded access to the facility, documents and staff once onsite.
3. The Auditors' role would be one of collaboration to achieve audit processes and purpose.
4. How collaboration would be accomplished to establish goals and expectations. The auditor would provide as many examples and or help, when possible, in order to help the facility reach compliance.
5. The Auditor informed Ms. Allbee and Mr. Swore of the Issue Log for applicable areas of concern of uploaded documentation. The color process of the Issue Log was explained- red highlighted items would indicate further information was required. Yellow highlighted items would indicate the uploaded document had questions or needed revision. Green highlighted items indicated the documents uploaded met pre audit standard requirements. Communication exchanged between the State Training School and the Auditor would be documented on the Issue Log between both Ms. Allbee and the Auditor and by uploading all documentation in the secure Google docs folder.
6. How discussion of corrective action could be accomplished during all phases of the audit.
7. The onsite audit phase would be scheduled for April 20-21, 2020. *Due to the Pandemic of COVID 19, the audit was cancelled on April 18, 2020. Once travel bans were lifted and the facility and the Auditor felt safe traveling and allowing visitors at the State Training School, the audit was rescheduled for May 17-18, 2020.*
8. The notice of the audit posting, for the first scheduled audit, needed to be posted by March 16 2020. Due to the audit date being rescheduled for COVID 19 related issues, the audit postings were revised and reposted on April 23, 2020, to demonstrate the audit dates were changed to May 17-18, 2020. The posting was provided to Ms. Albee by the auditor in both English and Spanish. The notice provided included the auditor contact information and correct audit dates. The Auditor requested pictures of the posting and areas where the notice was posted. Pictures were provided on April 25, 2020, from Cottage 3, 7, 8; Receiving Cottage, Shepherd Building, School and Vocational Area, Dietary, Nursing and Corbett-Miller Hall.
9. The PAQ and all supporting documentation was to be completed and uploaded by March 16, 2020. Due to COVID 19 delaying the onsite audit, the PREA Manager and PREA Coordinator were able to satisfy standards not met with proof of supporting documentation as the facility had an extra month to establish supporting documentation. Areas not met before the original on site audit date and how those areas were satisfied are described throughout the standards below.
10. As described above, identification of issues with PAQ information was provided though the Issue Log.

The Auditor then emailed Ms. Allbee the paper pre-audit questionnaire, (PAQ) a blank version, example of an issue log, a draft schedule of on the onsite audit schedule, staff specialized, visitor and resident request for information forms. The auditor also reminded Ms. Allbee that this audit would cover a three-year period and all information uploaded would need to sustain this auditing period; however, documentation uploaded would need to be from the prior 12 months.

Document Review:

Throughout the course of the next two months the Auditor completed a review of 75 documents uploaded onto the secure google drive and provided feedback to both Lynn Allbee and Mark Swore via the issue log and email communications.

The following issues were noted on the issue log during the pre-onsite audit phase.

1. 115.313 (e)-1: Documentation for unannounced rounds were not being completed for the entire facility. This standard required corrective action. On 5.6.2020, the facility incorporated unannounced rounds to incorporate the entire facility. Due to the COVID 19 and the rescheduling of the on-site date, the facility had ample time to revise their system for unannounced rounds and were able to satisfy this standard through the revised system.
2. 115.315 (c)-1: Facility policy 4D-01 Sexual Assault/Abuse/Harassment and Policy 2A-15 Searches have conflicting procedures regarding where cross gender searches are to be documented. This standard requires corrective action. Due to COVID 19 and the rescheduling of the on-site audit date, the facility had ample time to revise policy 2A-15 on 5.18.2020 to state all searches will be documented on the facility search log. A site wide email was sent on 5.18.2020 informing staff of this policy revision.
3. 115.342 (a)-1: The communication of resident risk levels was unclear. The facility provided meeting minutes, including management and school staff, and documentation of admission information. This provision was satisfied once staff were interviewed and each could articulate student risk awareness throughout the program. Through interviews with random and supervisory staff, each could articulate student risk is communicated through the facility intranet, cottage meetings held twice weekly, and distribution of meeting minutes.
4. 115.351 (b)-1: Policy 4D-01 Sexual Assault/Abuse/Harassment did not allow for emergency grievances. In addition, the student grievance policy did not allow for anonymous grievances. This standard required corrective action. Due to COVID 19 and the rescheduling of the on-site audit date, the facility had ample time to revise both policies. On May 18, 2020 a site wide email was sent, informing staff of both policy revisions.
5. 115.363 (a)-1: Policy 4D-01 Sexual Assault/Abuse/Harassment stated the School Superintendent or designee could notify appropriate agencies of alleged abuse occurred. This standard required corrective action. Due to COVID 19 and the rescheduling of the on-site audit date, the facility had ample time to revise the policy to state the Superintendent is required to make appropriate notifications. On May 18, 2020 a site wide email was sent, informing staff of the policy revision.
6. 115.373 (c)-1-4: The facility could not demonstrate notifications to victims when person(s) were removed from cottages due to an allegation, the outcome of allegations and or when the facility learned a perpetrator had been indicted. This standard required corrective action. Due to COVID 19 and the rescheduling of the on-site audit, the facility had ample time to revise language on investigation reports. On 5.13.2020, language was added to investigation reports to document all requirements in C (1-4) and (4)(d)(-2).
7. 115.381 (d)-1: The facility did not have a practice in place to obtain reporting consent from youth 18 years or older. This standard required corrective action. Due to COVID 19 and the rescheduling of the audit date, the facility had ample time to create a consent policy and revise the consent form to

allow for the provision requirements of this standard. In addition, current students 18 and over were made aware of the newly implemented policy and signed the revised consent form. The facility had the five youth 18 years of age and over signed the revised consents on 5.15.2020. On 5.

8. 115.388 (a)-1: The facilities annual reports for years 2016, 2017, 2018, 2019 stated exact language when identifying corrective action taken for problem areas. This standard required corrective action. Due to COVID 19 and the rescheduling of the on-site audit date, the facility had ample time to revise language in the 2019 annual report with more specific language identifying action steps taken to address sexual abuse. The 2019 revised Annual report was reposted on 5.14.20. The PREA Coordinator is committed to ensuring future annual reports have individual language pertaining to each year's current steps taken to prevent sexual abuse.

During the onsite phase of the audit the following issues were noted.

1. 115.313: The facility does not have cameras in three of the four cottages used on campus. During programming hours, Youth Counselors remove students from programming for counselling services to areas where no staff and or cameras reside. Beginning 5.18.2020, Youth Counseling staff removing students from cottage programming will sign students out on the 'Counseling Log', to alert Youth Services Workers when students have been taken to an area outside of camera or additional staff coverage. Once students are returned to the cottage programming area, Youth Counselors will sign students in, notifying staff students have been returned. Administration informed appropriate staff of this revision to procedure on 5.18.2020 through email notification.
2. 115.317 (c)-3: During review of staff personnel files, this Auditor noted that institutional references were not completed for applicable staff. On 5.18.2020, the Human Resource Manager and facility administration revised the Iowa Department of Human Services, State Training School New Employee Reference Checks to include institutional questions of past institutional employers.
3. 115.331 (11)-d: During review of staff training files, this Auditor noted that staff were not acknowledging electronically or by signature an understanding of initial PREA training received. On 5.18.2020 the staff trainer created a Prison Rape Elimination Act (PREA) – Employee Orientation signature page, confirming acknowledgment of understanding PREA training and zero tolerance.
4. 115.333 (d): During review of student files, this Auditor noted that of the 16 files reviewed, two students had not received additional 10-day training due to being quarantined; however, five students received their training outside of the 10-day requirement and two did not have documentation of additional training. Beginning 5.19.2020 10-day additional PREA training for students will be conducted by the school Psychology Assistant on the same day the mental health testing is completed (day five of orientation). If the Assistant is absent for any reason, the Training Manager will conduct 10-day PREA training on day five of student orientation.
5. 115.341(a): During review of student files, this Auditor noted that periodic review of student risk assessments is not being completed for students in the program longer than 12 months or those who identify as transgender or intersex. On 5.18.2020 the facility appointed the Word Processor II staff, who keeps the master student roster records, to notify staff one month before the due date of students needing to be reassessed. A site wide email was sent to all appropriate staff on 5.18.2020, informing them of this change in procedure.
6. During the tour of the school, this Auditor noticed the school student restroom door is kept open when students are using the facilities. Due to urinals being in full view of other persons passing this area, beginning 5.19.2020, staff will keep the door halfway closed while standing in the door frame to block view of those passing the restroom.

The following 75 documents and or resources provided, were reviewed.

1. 2019 Agency/Facility Annual Report at https://dhs.iowa.gov/sites/default/files/2019_PREA_Report.pdf?040820200239
2. Admission and Programming Report, dated 10.2019
3. Agency Organizational Chart, not dated
4. Counseling Sheets, not dated.
5. Collective Bargaining Agreement between the State of Iowa and The American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO, dated 2019-2021
6. Completed PREA Specialized Training Tests – (7) Clinic staff – dated 8.15.2019 – 1.20.2020
7. Completed staff 2019 Training: Searches and Escapes quizzes.
8. Completed Student Grievance Form, dated 11.7.2019
9. Contract Staff and Volunteer Training Manual Checklist, signed acknowledgements of completed training, dated 2.28.19, 3.14.2019, and 9.3.2019
10. Department of Human Services policy 1C-02m Personnel Selection, Retention and Promotion, dated 1.22.2020
11. Department of Human Services policy 2A-15 Searches—Students, dated 1.8.2020
12. Department of Human Services, Incident Report, dated 9.6.2019 @ 2:15 pm
13. Email to all Eldora State Training School staff addressing a revised Allegation of Sexual Assault, (facility coordinated response), dated April 10, 2020
14. Facility staff 2019 Training: PREA Investigation, self-study, training acknowledgments, dated 8.20.2019 through 9.5.2019
15. Facility website: prea.report@dhs.state.ia.us
16. Incident Report, response to receipt of grievance on 11.7.2019, dated 11.8.2019.
17. Incident Reports and responses for seven sexual abuse allegations, dated 3.11.2019 through 11.18.2019.
18. Iowa Code Section 232.68(2) – definition for child abuse
19. Iowa Department of Human Services – Informed Consent for Disclosure of Sexual Abuse, dated 5.15.2020.
20. Iowa Department of Human Services State Training School New Employee Reference Check, dated 09.2019.
21. Iowa Department of Human Services State Training School PREA Refresher: Helping Students with a Learning Disability, not dated
22. Iowa Department of Human Services Written Reprimand, dated 6.5.2019
23. Memorandum of Understanding between Iowa Department of Human Services, State Training School and Crisis Intervention Services, dated 02.27.2019
24. MOU for Crisis Intervention Service, dated 12.27.2019
25. MOU State Training School and Johnson County Sexual Assault Response Team, dated 4.17.2020
26. PREA: Specialized Training Mental Health and Medical Providers training roster, dated 8.19.2019 through 12.29.2019.
27. Prison Rape Elimination Act (PREA) – New Employee Orientation training and new orientation acknowledgment, not dated.
28. Revised State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 5.13.2020 (received on 5.14.2020 – revision to include recommendation to add definitions of Iowa Code – child abuse)
29. Revised State Training School policy, 5C-01, Student Grievance Process, dated 4.23.2020
30. Seven allegations of sexual abuse, Incident Report and Reviews, dated 3.11.2019 through 11.18.2019
31. Seven facility Administrative Investigations, dated 3.11.2019 through 11.18.2019
32. Sexual Abuse PowerPoint training for Investigators, not dated

33. Staff rosters and completed PREA Refresher Tests, dated 3.17.2018 – 3.29.2018
34. State of Iowa Master Agreement Contract Declaration and Execution Interpreters Unlimited Contract, dated 10.07.2019 – 10.06.2020
35. State Training School '1st Response to Sexual Assault" badge?
36. State Training School 2019 allegation data
37. State Training School 2020 allegation data, January – March
38. State Training School 401-PREA Incident Response Checklist, dated 11.5.2018
39. State Training School Aggregate data provided for 2016 through 2019
40. State Training School Authority for Release of Abuse Information Consent Form (E), not dated
41. State Training School Collaboration Meeting Minutes, dated 5.11.2020
42. State Training School Disclosure spreadsheet, not dated
43. State Training School Duty Superintendent / Review Panel Schedule
44. State Training School Medical and Treatment Services Admission Consent Form (A), dated 6.2019
45. State Training School Organizational Chart, dated 1.2020
46. State Training School PAQ
47. State Training School Policy 2A-15 Searches – Student training PowerPoint, dated 2019
48. State Training School Policy 4D-01 PREA Sexual Assault/Abuse/Harassment, dated 1.14.2020
49. State Training School Policy 4D-02, PREA Reporting Abuse, Neglect, and Sexual Abuse, dated 1.14.2020
50. State Training School policy, 5C-01, Student Grievance Process, dated 4.23.2020
51. State Training School policy, 5C-01, Student Grievance Process, dated 1.14.2020
52. State Training School PREA training PowerPoint, dated 2019
53. State Training School Psychological Evaluation, Resident Safety Plan, dated 10.15.2019
54. State Training School Psychological Evaluation, Resident Safety Plan, dated 10.15.2019
55. State Training School Response to Allegation of Sexual Assault flow chart, not dated
56. State Training School Response to Allegation of Sexual Assault, (facility coordinated response), dated April 2020
57. State Training School Risk of Sexual Victimization/Perpetration Screener, dated 3.6.2016
58. State Training School Safety Plan – Sexual Abuse and Sexual Harassment, dated 2.2016
59. State Training School Search, Escape and PREA spreadsheet. Dates ranging from 2.19.19 – 11.19.2019
60. State Training School Staffing Plan Review, dated 2018, signed 1.16.2018
61. State Training School Staffing Plan Review, dated 2019, signed 1.20.2019
62. State Training School Staffing Plan Review, dated 2020, signed 2.4.2020
63. State Training School Staffing Plan, signed 2.4.2020
64. State Training School Student Face Sheet, dated 12.11.2019
65. State Training School Student Handbook/Orientation Handbook, dated 1.25.2020
66. State Training School, Search Procedures PowerPoint, dated 2019
67. State Training School, Student Rights Manual, dated January 2020
68. State Training Schools PREA Basics Student Education PowerPoint, not dated
69. STS Safety Plan – Sexual Abuse and Sexual Harassment, dated 2.2016.
70. Student Orientation Class Requirement student acknowledgments, dated 3.1.2019, 7.22.2019, 11.1.2019
71. Training database of Medical and Mental Health providers. Dates of training from 8.16.2019 to 12.31.2019.
72. Training Manual, Contract Staff & Volunteers, State Training School Eldora IA, dated 2019
73. Treatment Program Administrator, PREA Manager, Position Description Questionnaire (PDQ), dated 6.08
74. Unannounced Round Form, dated 5.6.2020

75. Unit log book entries of supervisory staff rounds.

Resident Demographics:

The auditor requested a current resident roster inclusive of:

1. Residents with disabilities;
2. Residents not fluent in English;
3. LGBTQI residents;
4. Past residents housed in isolation or segregated from main population;
5. Residents who reported sexual abuse or who reported sexual victimization during risk screening;
6. All grievances and allegations made in the 12 months preceding the audit; and,
7. All incident reports from the 12 months preceding the audit.

Reported Allegations – External Investigating Agencies:

The Auditor was informed by the PREA Manager that there were seven allegations of sexual abuse and or harassment. Of those reports two students who reported sexual abuse are current residents. Each of the Administrative Investigations were completed within the 24-72 hours.

Facility Staff:

The Auditor requested rosters to include volunteers, contracted personnel and staff roster to include staff names, position and years of service. The following staff names and information was received for:

1. Several volunteers and contractors; to include contracted mental health providers;
2. Random staff;
3. Health Authority and medical staff;
4. Education staff;
5. All employees who serve as first responders and mandatory reporters;
6. Receiving staff who complete intake documentation to include risk assessments;
7. Shift supervisors (Day and evening Duty Supervisors), on both shifts;
8. Staff who conduct unannounced rounds;
9. Retaliation monitors;
10. Sexual abuse review team members;
11. Staff Trainer;
12. Facility Investigators;
13. Human Resource Manager;
14. PREA Coordinator;
15. PREA Manager;
16. Facility Superintendent

Outside Services:

The following agency contact number is posted: Crisis Intervention Services Sexual Assault Hotline (800-479-9071) #211.

The Auditor contacted Crisis Intervention Service at 641.424.9133, on Saturday, March 28, 2020, at 12:15 pm. This Auditor asked the weekend staff how such services are provided for the Iowa State Training School students. The staff explained he would first ask if they were in a safe place, what services they needed, and what county they resided in. The staff then explained he would contact an advocate in the appropriate county and the advocate would report to the address where services were needed and make contact with the youth.

The agency website <https://dhs.iowa.gov/mhds/mental-health/in-patient/juvenile-facility/eldora/prea> has links posted resources for reporting incidents and information on Investigations and Reporting

Complaints. On Saturday, 3.38.2020 at 1:18 PM, this Auditor tested the above link. In the subject line the Auditor typed, "Report Allegation." In the body of the email, the Auditor explained who she was and inquired on how reporting through the facility website is answered. On 3.29.2020 at 7:00 am MST, the Auditor received a response from the PREA Coordinator, explaining next steps on the complaint process.

On March 29, 2020, at 6:26 pm, the Auditor called the Sexual Assault Hotline and the call was answered on the second ring. This Auditor explained she was calling the hotline to learn about their relationship with the State Training School and if the operator could explain the processes that take place when a student from the school contacts the hotline. The operator was able to clearly articulate steps taken anytime any person calls the hotline for help.

On 4.15.2020, the Auditor contacted Laura Johns, MSN, RN, CCRN, SANE-A JCSART/SANE Coordinator at the University of Iowa, College of Nursing in Iowa City, Iowa and the Coordinator of the Johnson County Sexual Assault Response Team. Ms. Johns explained the response team provides on call forensic exam services to Mercy Hospital and the Iowa State Hospital through the Rape Victim Advocate Program (RVAP). Ms. Johns explained requests for forensic exams are answered and screened by RVAP who then contacts the Johnson County Sexual Assault Response Team. The response team then formulates and meet at the Iowa State Hospital within 30 minutes to conduct exams. Finally, Ms. Johns reported that outcomes of exams are only released to those whom the victim allows.

Research:

Through internet and the agency website research, the Auditor found the outcome of one negative finding of a law suit, filed in 2017. Though the judgement was settled in March of 2020, this negative finding is not related to the facilities compliance with the PREA standards. Although the Auditor information was posted to prepare residents and staff of the upcoming audit, there was no confidential contact made before the audit.

Approximately two weeks before the onsite phase of the audit, this auditor supplied the facility with a final on site schedule which consisted of day one beginning at 9:00 am through 11:00 pm to complete a site review, resident and staff interviews and begin file audits. Day two was to begin 8:30 am to 5:00 pm, to complete administrative interviews, finish file reviews and have time to debrief with staff and explain next steps.

Onsite Audit Phase

On Sunday, May 17, 2020, at 8:45 am, the Auditor arrived at the State Training School and met Lynn Allbee State Training School PREA Manager and Mark Swore State Training School PREA Coordinator. We then walked to the medical department, located in the facility school to complete a COVID questionnaire and temperature check. Once the Auditor was clear to access the facility, the three entered into the Administration building to discuss rules and regulations for the Auditor, the schedule for the next two days and staff and student names to be interviewed. Once staff and student names were chosen by the Auditor, same staff and student files were pulled for review.

Tour:

The tour of the Administrative building took place directly after the person to person introductions of facility administrative staff. The Auditor was granted access to all areas of each building where residents frequented for programming and where staff conducted day to day business. *(Reference specific facility information in the facility characteristics section below for a thorough walk through explanation.)*

Processes:

After the tour, interviews began. On day one the Auditor was able to interview:

- The Day Supervisor – Education Administrator
- One staff who screens for victimization
- PREA Coordinator
- One staff who completes intakes
- One staff who monitors retaliation
- Five Random Staff – all first responders
- One Medical staff
- One youth involved in an investigation
- One transgender youth
- One youth who was a recent intake
- One long term youth
- One bisexual youth
- One gay youth
- One youth who reported sexual abuse
- One youth who reported sexual victimization
- Nine random youth
- Evening/Night Supervisor
- Two overnight staff – both first responders
- PREA Manager (throughout both days)

The day ended at 10:30 pm.

Day two the Auditor began at 7:45 am, meeting the PREA Manager in the parking lot. We both walked to the Medical Department to take the Auditor's temperature to allow for access to the facility. Once access was allowed, the day began with interviews and staff and student file reviews in the following order:

- Human Resource Manager and staff file reviews
- Superintendent
- Training Manager and staff training file reviews
- One random staff
- Volunteer
- Mental Health Authority
- Youth Counselor and student file review

At 4:30 pm the Auditor conducted a final debrief with the State Training School's PREA Coordinator, PREA Manager, Superintendent(s) and the Business/Treatment Administrator. The review entailed standards needing correction action during the pre-audit phase; however, due to the extended audit date, systems for these standards were put into place and standards were now met. Standards requiring corrective actions during the onsite phase of the audit and documentation and or systems revised during the on-site, enabling those standards to be met.

The Auditor was allowed access to all areas of each building and access to all requested records. All interviews were successful although due to scheduling issues, original staff chosen were replaced by secondary choices for five total staff members.

The staff and residents were helpful, kind and made the Auditor to feel quite welcome during the entire onsite process.

Other processes:

1. Residents were able to request an official grievance or write their issues on any type of document and place in the locked grievance boxes situated in cottages. Students are also allowed to verbally report sexual harassment or sexual assault to staff.
2. Cross gender announcements were made by female staff ringing a doorbell three times before entering a cottage.
3. Phones were available in each Cottage. Calls to the hotline number, which also serves as the advocate contact, are made by picking up the student phone, pressing 1 for English or 2 for Spanish. The operator prompt then directs the caller to enter their pin number. The caller then chooses the type of call to be made, collect or use funds from the callers' phone account or pressing *211. *211 is how students conduct hotline calls. This Auditor made this call with the assistance of a student. Once the hotline was accessed the Auditor introduced herself to the hotline attendant and verified the number was a hotline and or advocate contact, which was verified by the operator. The *211 hotline number is posted in every Module and on Zero Tolerance posters, designed and made by students, throughout the facility.
4. The auditor was allowed to speak with staff and residents during the site review. Interview results for both students and staff are documented below.

Interviews:

The auditor requested a current position control roster showing staff name, title, tenure, shift and position assignment. Random names were chosen based on the above criteria. Of those random staff chosen, those same staff files were chosen for review. (Before each interview with staff and residents, the Auditor introduced herself, explained the audit process, ensured those being interviewed were comfortable being interviewed and understood the process. All interviews were conducted in a private room on student cottages, gymnasium, medical department and in the administrative area.)

Staff Interview Category	Minimum Required	Completed
Superintendent: Warden/Facility Head	1	1
Agency PREA Coordinator	1	1
Facility PREA Manager	1	1
Random Staff: All staff are responsible for supervision of students if segregated, first responders, searches and mandatory reporters	12	12
Specialized Staff		
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds – Supervisors from both shifts	1	2
Education staff	1	1
Program staff who work with youthful inmates – same as random staff in this review	1	Random staff
Medical staff – LPN	1	1
Mental health staff – Mental Health Authority	1	1
Non-medical staff involved in cross-gender searches – same as random staff in this facility	1	Random staff
Human Resource staff – Human Resource Manager,	1	1
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff – Iowa State Hospital	1	1
Volunteers	1	1
Investigative staff at agency level –not applicable for this facility	1	0

Investigative staff at facility level – investigator(s)	1	2
Staff who perform screening for risk of victimization and abusiveness – Social Worker	1	1
Staff who supervise inmates in segregated housed – same as random staff at this facility	1	1
Staff on the sexual abuse incident review team	1	1
Designated staff member charged with monitoring retaliation	1	1
First responders, security staff – all staff serve as first responders	1	All staff
First responders, non-security staff – all staff serve as first responders	1	All staff
Intake staff	1	1
Total Specialized staff		14

Targeted Staff:

Targeted interviews included:

1. *Administration* - The Superintendent was able to validate policy and practices of investigations, first responder, mandatory reporters, grievances, alleviation of the use of isolation, athletic programming with students, front end training for supervisory staff, and 148-year history of the State Training School.
2. *Administration* – The Agency PREA Coordinator has a 23-year history with the Department of Human Services in roles that prepared him for his current position. He spoke to the use of the risk screening tool, risk levels being communicated to staff through the facilities use of the Rite Track Database, isolation never being used for students having a particular risk level, third party reporting process, his process of reviewing all investigations and his ability to have a voice on recommendations.
3. *PREA Manager* – The PREA Manager has been with the facility for 41 years and was instrumental in the original implementation of PREA at the facility. The Auditor worked closely with the PREA Manager throughout each phase of the audit and can validate the PREA Manager has the autonomy to implement practice, revise policy, access to higher level staff and sufficient time to implement and oversee PREA policy and systems.
4. *Medical* – Facility Nurse: The nurse was able to articulate responsibilities and knowledge of forensic exams, first responder and mandatory reporting responsibilities. The medical department has a medical related and age appropriate sexually transmitted disease pamphlets for students. When the Auditor inquired as to secondary materials for disclosures made after intake, the nurse stated disclosures are often made to the medical department, which are immediately reported to mental health staff.
5. *Mental Health* –: Mental Health Authority: The Mental Health Authority is relatively new to the facility, being employed for four months. She could speak to completing specialized training, working with low functioning students and scaling down any information to ensure students understood the components of PREA for comprehension, seeing students timely who disclose sexual abuse and tracking those sessions through the mental health database.
6. *Human Resource*: The Human Resource Manager demonstrated he understood necessary documentation related to PREA when hiring and promoting personnel. The Human Resource Manager presented the new hire documentation and stated the same information was required for promoted staff. He was able to demonstrate all staff had recent background checks completed, had a database of hire dates and five-year background checks completed, staff military and position requirement information. Although the Human Resource Manager could demonstrate promoted staff were asked institutional questions, he could not demonstrate such questions were asked of applicable employees upon hire. The Human Resource Manager was then instrumental in revising facility documentation to ensure required institutional questions were asked upon hire, moving forward.
7. *Education*– The School Administrator who also serves as the Day Supervisor spoke to educating new and existing educators on PREA upon hire and annually, every August. The Day Supervisor

serves as a member of the sexual abuse review team and was able to clearly articulate process of first responder through the investigation process, documentation of retaliation for as long as necessary, oversight of high risk students being placed where appropriate in cottages and the registrar ensuring risk was considered when assigning students in classes.

8. *Shift Supervisors* - Shift Supervisors from both shifts. Shift Supervisors interviewed knew and understood PREA requirements for their work assignments. Each stated they completed daily unannounced rounds, were privy to outside investigation entities, served as first responders, intake staff, and completed searches. Each served as retaliation monitors and spoke to checking in with students on a daily basis, ensuring all staff received safety plans to ensure students remained safe and spoke to dissemination of student risk level through cottage meetings taking place twice weekly, safety plans and through the use of the Rite Track database used for the collection of all student information.
9. *Site Trainer* – The site trainer maintains files for the training of both students and staff. The staff trainer stated staff receive 120 hours of training before having access to students. The staff trainer stated on line and in person training was alternated each year for the completion of annual training. Although the staff trainer could articulate and demonstrate initial staff training took place, such training was not acknowledged electronically or in writing by new staff. The staff trainer was instrumental in creating an initial training document to ensure staff comprehended the training received to include a zero tolerance acknowledgment.
10. *Investigator* – The facility employs several investigators, nearly each administrative and supervisory staff can and do serve as investigators. Investigative staff were able to articulate investigations were completed as swift and accurately as possible to ensure the safety and welfare of the students. Staff stated and this Auditor verified that investigations were completed within 24 – 72 hours to include sexual abuse team review, safety plans completed where applicable and recommendations to be implemented. Although investigations were completed, in depth, each verbally made students aware of proper notifications without documenting those notifications were completed. Due to this finding, the PREA Manager revised the investigation process and documentation to add notifications to the investigation to include the documentation of student and staff required notifications.
11. *Risk Assessment/Intake staff* – Intake staff worked in the ‘Receiving Cottage’ and completed all intake required documentation to include introductory education of PREA for all intakes. Students received preliminary PREA education, received on a one-page document on the first day of admission. Each student signed an acknowledgement of the education. Intake staff were able to speak of the education of searches to include those for transgender youth, although staff had not experienced such searches, to date.

Random Staff:

Of the random staff interviewed, three were females and nine were males. Five staff were from day shift who were assigned in each of the four modules and school; four were from second shift, each assigned to different modules and three were from night shift, one from each module. Employee tenure ranged from four months to 41 years of service. State Training School has many staff employed for 20+ years.

Random staff interviewed were able to describe:

1. First responder and mandatory reporting responsibilities.
2. Staff interviewed could speak to the translation procedures and all knew translation services could not include the use of resident interpreting.
3. Staff were able to articulate several internal and external ways for residents to report sexual harassment or sexual abuse for residents and themselves, if necessary.
4. Of those staff interviewed, each reported they would immediately report sexual harassment or sexual abuse to their supervisor.
5. All staff were aware of the outside advocates role for advocacy.
6. All staff interviewed stated residents were allowed to have unmonitored phone calls to legal representatives and or make hotline calls through the cottage student phones.

7. All staff interviewed in regard to first responder duties were able to describe the procedure well enough to ensure residents were separated, how to preserve the room/evidence and report any such occurrence on an incident report in the Rite Track Database.
8. Staff interviewed knew the facility employed several investigators to conduct Administrative Investigations and local law enforcement for criminal investigations.
9. Staff interviewed stated female staff rang the cottage doorbell three times to make students aware of opposite gender staff arriving on the cottage.
10. Staff interviewed described that they had initial and annual training on PREA topics throughout the year. Staff stated one-year training would be on line and the next year training took place in person.

Staff training files:

Staff training files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template. Review of staff training files demonstrated staff had refresher training exceeding the requirement of every two years. Each staff file reviewed had completed all PREA training topics though facility PowerPoint Presentations. All staff had been trained on transgender or intersex pat down searches. As is described above, initial staff PREA training was not acknowledge electronically or in writing. This corrective action area was corrected during the on-site phase of the audit.

Personnel files:

Staff personal files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template. All required components for staff files were reviewed for compliance from April 2018 through May 2020. Personal files reviewed were 100% compliant with initial and five year requirements, where applicable. Although institutional questions were saved for promoted staff, such questions were not saved for applicable newly hired staff. This corrective action area was corrected during the on-site portion of the audit.

Resident Interviews:

On the first day of the on-site review, the auditor requested a current resident roster detailing length of stay and Cottage assignment. The auditor highlighted resident names based on Cottage, length of stay, and targeted categories. There were sixteen total resident interviews. Of the students interviewed two to five students were interviewed from each cottage. There were three targeted students in the facility who identified as transgender, gay or bi-sexual.

Total population during on-site review 74	Total bed capacity 100
Overall minimum number of resident interviews 16	Numbered required 16
Minimum number of random resident interviews 12	Number interviewed 11
Minimum number of targeted resident interviews 5	Numbered interviewed 6
Breakdown of required targeted resident interviews	
Residents with a physical disability - 0	Number interviewed 0 – no targeted residents at this facility
Residents who are blind, deaf, or hard of hearing - 0	Number interviewed 0 – no targeted residents at this facility
Residents who are LEP - 0	Number interviewed 0 – no targeted residents at this facility
Residents with a cognitive disability – 0	Number interviewed 0 – no targeted residents at this facility
Residents who identify as lesbian, gay, or bisexual - 2	Number interviewed 2
Residents who identify as transgender or intersex – 1	Number interviewed 1
Residents in isolation – 0	Number interviewed 0 – no targeted residents at this facility

Residents who reported sexual abuse – 1	Number interviewed 2
Residents who reported sexual victimization during risk screening - 1	Numbered interviewed 0
Residents who disclosed prior sexual victimization after screening	Number interviewed 1

Of the eleven residents interviewed:

1. All residents interviewed felt safe and comfortable reporting to facility staff.
2. All residents reported the initial and subsequent searches were done respectfully.
3. All residents stated they were educated on PREA at intake.
4. Fifty percent of residents reported being educated within the 10-day requirement, after intake. Of those students who had not received 10 day PREA education, one resident was quarantined per COVID protocol and one had just been released from quarantine.
5. Each resident interviewed was aware of several ways to report abuse internally and externally – mimicking facility documentation reviewed during the pre-audit phase.
6. Residents interviewed were in unison when describing policy to only change clothes in the shower areas.
7. Residents interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own.
8. Residents interviewed stated telephone procedures for legal and or PREA calls could be made in private, without monitoring or recording, immediately upon request. Such phone calls were made using cottage phones.
9. Residents interviewed spoke to the outside hotline advocate phone number being posted on the posters in the facility, which were created by students.
10. Each resident interviewed was aware of his right to report anonymously.
11. Of the random students chosen for interviews, each were able and willing to answer questions.
12. The targeted students interviewed stated their initial searches being respectful. None believed their housing assignments were made due to their identification.

Resident files reviewed were of those residents interviewed. The auditor utilized the PREA Audit Juvenile Facilities Documentation Review Resident Files/Records template. Every resident file reviewed was 100% compliant for all areas required except booster 10-day education. All resident files reviewed had intake documentation for risk assessments and PREA initial education.

Other documents and information requested or reviewed:

Inmates with disabilities	None at the facility
Inmates who are LEP	None at the facility
LGBTQI inmates	3
Residents in isolation	None at the time of the audit
Residents who reported sexual abuse	2
Grievances made in the last 12 months preceding the audit	3 - 1 reported during the on-site
Incident reports from the 12 months preceding the audit	7
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	7
All hotline calls made during the 12 months preceding the audit	None reported from facility or hotline

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility Characteristics:

The State Training School is a staff secure program, on a large complex housing 33 buildings in the small town of Eldora, Iowa. On the days of the onsite phase of the audit, the student population was 74. Of those residents all were male, ages 15-18 years of age.

Currently the State Training School is undergoing renovations. Of those renovations, updates to technology is not within planning stages. The State Training School uses only eight of the 33 buildings for resident use. When arriving on campus a road leads to either the perimeter of the campus or the Administrative Building. The Administrative building is located at the furthest point North of the campus.

- The Administration building is a three level building that accommodates the State Training School Administrators, Human Resource, Training, board room, control desk, mailroom and storage of staff and student files.
- Directly south of the back of the Administrative building is the Shepard building. The Shepard building is used for church, trainings and student graduation ceremonies.
- Once leaving the Shepard building the campus is laid out in a circular pattern to include five housing units, school, gym, dietary and visitation buildings.
- During the following tour of the Cottages, the Auditor visited with random students and staff. Upon the first Cottage a student asked if he could speak with the Auditor. The Auditor agreed and learned the student had an issue with staff placement during his shower, the night before. The Auditor had the student walk her to the shower area for a full explanation of the students' concern. Once the Auditor had a full explanation, she asked the student to complete the grievance protocol and informed the student she would check into the situation and follow up with him personally or through facility staff. At the end of the tour, the Auditor checked in with Administrative staff to see if the grievance had been completed and staff were actively investigating the incident. The outcome of the grievance demonstrated that due to concerns with students in the shower on the evening in question, the staff had changed his supervision point because of concerns of students possibly fighting. In addition, the staff supervising could have perhaps explained his positioning to the students to mitigate their concerns. Because of the positioning of the showers and height of the shower curtains, this grievance was not found as an opportunity of voyeurism.
- The first Cottage toured was Cottage 7. Before entering the Cottage, female staff followed the directions, posted on a yellow card on the door window, instructing female staff to ring the doorbell three times to notify students a female was entering the Cottage. Cottage 7 is two levels, a basement where students program anytime they are out of school. Upon entering the basement, a laundry room is the right. The laundry room has a set of washer and dryers and an area for folding and storage of student clothes. Only an assigned Level 3 student is allowed in the laundry area. The Level 3 student is in charge of completing the laundry for the entire cottage. To the left of the laundry room is a large day room with cubicle areas for video games, viewing of television, computers, board and card games and tables and chairs for eating delivered meals. To the far end of the day room is a small industrial kitchen where student can assist in meal preparation such as breakfast and snacks. On the opposite end of the day room are two offices, one for the Cottage Director and another for meetings for students and Youth Counselors.

Right of the day room are student wall phones. Phones are far away enough from the student population for private and family calls. The Auditor tested the phone system with the guidance of a student. Directly behind the student phones is a large locker room with full wall length lockers for student personal items, three toilet and two urinal stalls with half doors for suicide monitoring, and four showers. In the middle of the locker room is a ping pong table. Each shower is equipped with a shower curtain that is clear on the top and bottom of the curtain and frosted in the middle. This shower curtain allowed staff to see students from their shoulders up and calves down. Staff stand near the ping pong table to monitor students anytime they are in the locker room.

On the upper level of the Cottage there are two staff offices to the right of the stair case. One of these offices is used for Youth Counselors to meet with students. To the left of the stairs is an open bay room for student sleeping quarters. The open bay sleeps a total of 29 students. Nine beds are placed in a straight line, the length of the dorm with remaining beds in cubicles a long side the wall perimeter. Each cubicle has two beds. At the front of the room are two staff desks. Supervisory staff shared that the lights left on during sleeping hours are red and that research showed sleeping under a red light helped people sleep better. This cottage did not utilize cameras; however, mirrors were in places such as the stairwell and corners. Due to the layout of the furniture, half walled stall doors, and cubicles, there were not blind spots or areas of concern for direct supervision. One area of concern arose when the Auditor learned Youth Counselors take students upstairs, out of view of other staff and students, for counseling. Due to this possible concern, a system was put into place on 5.18.2020 for Youth Counselor to log students out of the day room and inform Cottage staff when taking students upstairs. Cottage staff then have an awareness of how long the student and staff should be absent. Once the Youth Counselor returns the student, an entry on the log is made to indicate the student has been returned. PREA and Zero Tolerance Posters with outside advocate and hotline numbers were posted throughout the cottage. The posting of the upcoming audit was posted at the Cottage entry door and throughout the Cottage.

- The next Cottage toured was Cottage 8. Protocol of ringing the doorbell three times before entering, was followed. Cottage 8 has the exact same layout as Cottage 7 except the day room is used for status and good weeks. The large room was decorated by religious volunteers giving student access to large overstuffed leather couches, pool tables, kitchen, and a small theater area. The room was tastefully decorated with furniture placement spread out as to not cause blind spots or areas of supervision concern. This cottage did not utilize cameras; however, mirrors were in places such as the stairwell and corners. PREA and Zero Tolerance Posters with outside advocate and hotline numbers were posted throughout the cottage. The posting of the upcoming audit was posted at the Cottage entry door and throughout the Cottage.
- The next Cottage toured was the Receiving Cottage. This Cottage had the exact same layout as Cottage 7. This cottage did not utilize cameras; however, mirrors were in places such as the stairwell and corners. PREA and Zero Tolerance Posters with outside advocate and hotline numbers were posted throughout the cottage. The posting of the upcoming audit was posted at the Cottage entry door and throughout the Cottage.
- The last Cottage toured was the Special Needs Unit. - Protocol of ringing the doorbell three times before entering, was followed. Upon entering the Cottage, directly to the left is a conference room. One student was in the conference room viewing television. This student was alone, behind a locked door due to being quarantined. The student was on day four of a seven-day quarantine before he would have access to general population. This student had received PREA education and completed a Risk Assessment on his first day of admission.

Walking further into the Cottage, is an open Control Desk with camera monitors. Cameras are located throughout the building, in the day room, kitchen, conference room and one in each individual student's wet cell. Camera placement in cells are such that there is not view of toilets. The Auditor questioned if female staff were assigned on the Cottage and staff replied only female counselors or therapist accessed the building. The Auditor questioned if females were allowed behind the Control Desk and staff stated females walk around the desk to ensure camera footage is not within their view.

Adjacent to the Control Desk was a large day room with chairs and a television viewing area. To the left of the Control Desk was a long hallway with 19 resident individual rooms, all individual rooms, each secured. Directly to the left and forward of the Control Desk was a short hall way that housed one seclusion room. Through policy review, staff and student interviews and documentation review, each demonstrated seclusion rooms are used for short periods of time to de-escalate students. PREA and Zero Tolerance Posters with outside advocate and hotline numbers were posted throughout the cottage. The posting of the upcoming audit was posted at the Cottage entry door and throughout the Cottage.

- Following the tour of the Cottages, was the Gymnasium and School. This building is relatively new, being built in 2012. Upon entering the gymnasium there is a reception desk to greet visitors. To the left of the desk is a large basketball court that is divided into three separate basketball court areas with nets that come down from the ceiling. Students were actively playing basketball and or walking the perimeter of the court where basketball was being played. Staff supervision was noticed on both sides of the basketball court. Opposite of the basketball courts were staff offices, restrooms, and two large weight rooms equipped with current weight machines and equipment. PREA and Zero Tolerance Posters with outside advocate and hotline numbers were posted throughout the gymnasium. The posting of the upcoming audit also posted at the entry door of the gymnasium.

On the opposite side of the reception desk is a long hall wall, with classrooms on each side. At the end of the hall is a large circular reception desk in the middle of the school with hallways on the left and right. The hall way to the right of the reception desk has the vocational classrooms, of which one creates the PREA and Zero Tolerance Posters made by students. At the end of the opposite hallway is the Nurses office and medical department. The Medical department has a waiting area with reception desk. To the left of the reception desk is a hallway with staff offices and one exam room. Around the perimeter of the reception desk are staff offices and a student restroom. As was described in the corrective action standards above, the bathroom door was kept open when in use allowing for viewing of passerby staff or students. This practice was corrected during the on-site portion of the audit.

- The next building toured was the facility kitchen. Upon entering the kitchen is a short hallway. The left is a culinary arts vocational kitchen for students. This area is open with no blind spots. Due to COVID 19 the culinary arts kitchen was closed until further notice. On the right of the hallway is a medium sized industrial kitchen with a staff breakroom. Students are not allowed in the kitchen and do not help with the preparation of food. Food for each meal is prepared in the kitchen and delivered to Cottages. The day of the tour was the last day meals would be prepared on-site for a while as the kitchen is scheduled to be remodeled. Until the remodeling of the kitchen is complete, staff will prepare meals at the local high school located at the far Northwest side of the State Training School Campus.
- The last building on campus toured was the Canteen. The Canteen is a large open space, tastefully decorated and accommodating to family visits. The right side of the room has tables and chairs for visiting. The left side of the room had two pool tables and vending machines. Third Party and PREA posters were posted in the Canteen.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: 115.334, 115.335, 115.362, 115.386

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 PREA Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School Policy 4D-02, PREA Reporting Abuse, Neglect, and Sexual Abuse, dated 1.14.2020
4. Agency Organizational Chart, not dated
5. State Training School Organizational Chart, dated 1.2020
6. Treatment Program Administrator, PREA Manager, Position Description Questionnaire (PDQ), dated 6.08

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff
5. PREA Manager
6. PREA Coordinator

Site Review Observation:

During the tour of the school, this Auditor noticed the school student restroom door is kept open when students are using the facilities. Due to urinals being in full view of other persons passing this area, staff will now keep the door halfway closed while standing in the door frame to block view of students using facilities.

During the tour of the facility, the Auditor witnessed several different forms and sized Zero Tolerance posters that are created by students. Posters were inventive, tasteful, creative and included hotline and advocate contact information. Through interviews with students and staff and review of student and staff files, it was evident that this facility interweaves requirements for this standard in their daily protocol. Both students and staff could speak to the facility PREA practices and protocols being used as is described in the facility's policy 4D 4D-01, PREA Sexual Assault/Abuse/Harassment policy.

115.311

- (a) The State Training School PAQ states the agency written policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.20, mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. Policy 4D-01 PREA Sexual Assault/Abuse/Harassment, page 1, paragraphs one through three specifically speak to the facilities approach to zero tolerance for sexual abuse or sexual harassment of students both by staff or other students, and for any form of retaliation for reporting. This policy establishes this zero tolerance standard for the incidence of sexual abuse/assault in accordance with the Prison Rape Elimination Act of 2003 (PREA) and the National Standards to Prevent, Detect and Respond to Prison Rape.

The State Training School has established this policy to help prevent, detect, respond and report any incident of sexual abuse, sexual harassment or retaliation for reporting within the facility. This policy establishes guidelines for action including, but not limited to: staff training and education; reporting and investigative standards; student victim services and support; and data collection measures related to sexual abuse at the State Training School. In addition, the State Training School policy 4D-02 Reporting Abuse, Neglect and Sexual Abuse speaks to the facility making every effort to protect students from threat of all forms of discrimination or child

abuse as defined in Iowa Code, section 232.68(2) which includes verbal abuse, mental or psychological abuse, sexual abuse, and neglect or denial of critical care.

- (b) The agency employs an upper-level, agency wide PREA Coordinator. The PREA Coordinator demonstrates he has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is in the agency organization chart, who reports to the Division Administrator.
- (c) The State Training School PAQ states the facility has a facility PREA Manager. This position is shown on the facility organization chart as the Treatment Program Administer; however, responsibilities in the job description include the role of this position is to ensure facility compliance with American Correctional Association (ACA) and Prison Rape Elimination Act (PREA) standards and state and federal rules and regulations within the framework of facility goals and objectives. The PREA Manager reports to the agency Superintendent-PREA Coordinator.

Through such reviews, the facility met the standards requirements.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

7. State Training School PAQ
8. State Training School Policy 4D-01 PREA Sexual Assault/Abuse/Harassment, dated 1.14.2020
9. State Training School Policy 4D-02, PREA Reporting Abuse, Neglect, and Sexual Abuse, dated 1.14.2020

Interviews:

1. PREA Coordinator

115.312

- (a) The State Training School PAQ states the State Training School does not contract with private agencies for confinement services of their youth.

Through such reviews, the facility meets this standards requirements.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School Staffing Plan Review, dated 2020, signed 2.4.2020
4. State Training School Staffing Plan Review, dated 2019, signed 1.20.2019
5. State Training School Staffing Plan Review, dated 2018, signed 1.16.2018
6. State Training School Duty Superintendent / Review Panel Schedule
7. Unit log book entries of supervisory staff rounds.
8. Unannounced Round Form, dated 5.6.2020

Interviews:

1. PREA Manager
2. PREA Coordinator
3. Random residents
4. Targeted residents
5. Random staff
6. Supervisory staff

Staff and students interviewed could attest to supervisory staff conducting unannounced rounds, each day. Staff interviewed stated when ratios were not met, mandatory overtime was implemented and or supervisory staff contacted off shift staff to work. (Proper staff to student ratios were witnessed throughout the on-site portion of the audit.)

Site review observation:

Through interviews with residents and staff, all could attest to unannounced rounds being completed each day, at different time intervals. In addition, staff were consistently noticed driving through and around the parameter of the campus throughout the morning, afternoon and evening.

The facility does not have cameras in three of the four cottages used on campus. During programming hours, Youth Counselors remove students from programming for counselling services to areas where no staff and or cameras are available. Beginning 5.18.2020, Youth Counseling staff removing students from cottage programming will sign students out on the 'Counseling Log', to alert Youth Services Workers when students have been taken to an area outside of camera or additional staff coverage. Once students are returned to the cottage programming area, Youth Counselors will sign students in, notifying staff students have been returned. Administration informed appropriate staff of this revision to

procedure on 5.18.2020 through email notification. In addition, log books were placed on each unit to begin the practice.

115.313

- (a) The State Training School PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The daily number of residents is 86 and the staffing plan was predicated on 90 students.

The State Training School policy 4D-01, PREA Sexual Assault/Abuse/Harassment policy, page 6, section B.2. states, "The State Training School shall ensure that its 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 calculating adequate staffing levels and determining the need for video monitoring, the State Training School shall take into consideration:

- a. Generally accepted juvenile detention and correctional/secure policies;
- b. Any judicial findings of inadequacy;
- c. Any findings of inadequacy from Federal investigative agencies;
- d. Any findings of inadequacy from internal or external oversight bodies;
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or students may be isolated)
- f. The composition of the student population
- g. The number and placement of supervisory staff
- h. Facility programs occurring on a particular shift
- i. Any applicable State or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- k. Any other known relevant factors

The facility provided completed Staffing Plans from 2018, 2019 and 2020, demonstrating an annual review. Each staffing plan includes the eleven components mandated by standard and facility policy.

- (b) The State Training School PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan. State Training School policy 4D 4D-01, PREA, Sexual Assault/Abuse/Harassment, page 5, section B.1., states, "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 shall be fully documented."

State Training School policy 4D 4D-01, PREA, Sexual Assault/Abuse/Harassment, page 5, section B.1., states, "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 shall be fully documented."

- (c) The State Training School PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. In the last 12 months the facility has not deviated from the staffing ratios during awake or sleeping hours.

State Training School policy 4D 4D-01, PREA, Sexual Assault/Abuse/Harassment, page 6, section 3., states, “The State Training School shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.”

During the pre-audit phase, the facility provided Unit log book entries to demonstrate documentation of unannounced rounds. After review, the Auditor learned rounds were being conducted in the immediate area where students programmed. The Auditor discussed this finding with the PREA Auditor and PREA Coordinator and both agreed the unannounced rounds were to include the entire facility. On 5.6.2020, the facility incorporated an unannounced round weekly worksheet to incorporate unannounced rounds of the entire facility. Completed rounds are maintained in Cottage Binders, once complete the PREA Manager reviews and acknowledges with her signature.

- (d) The State Training School PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator. State Training School policy 4D 4D-01, PREA, Sexual Assault/Abuse/Harassment, page 6, section 4., states, “Whenever necessary, but no less frequently than once each year the State Training School, in consultation with the assigned/appointed PREA Coordinator, shall assess, determine, and document whether adjustments are needed to:
 - a. The staffing plan established pursuant to paragraph (1) of this section;
 - b. Prevailing staffing patterns;
 - c. The State Training School deployment of video monitoring systems and other monitoring technologies; and
 - d. The resources the facility has available to commit to ensure adherence to the staffing plan.”
- (e) The State Training School PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment.

State Training School policy 4D 4D-01, PREA, Sexual Assault/Abuse/Harassment, page 6, section 5, states, “The State Training School shall implement a practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This practice shall be implemented for night shifts as well as day shifts. The State Training School prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility.”

Through such reviews, the facility met the standards requirements.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Department of Human Services policy 2A-15 Searches—Students, dated 1.8.2020
4. State Training School Policy 2A-15 Searches – Student training PowerPoint, dated 2019
5. State Training School, Search Procedures PowerPoint, dated 2019
6. State Training School Search, Escape and PREA spreadsheet. Dates ranging from 2.19.19 – 11.19.2019
7. Completed staff 2019 Training: Searches and Escapes quizzes.

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff
5. Medical staff
6. Intake staff
7. PREA Manager

Interviews with transgender, bi-sexual, gay and random residents and staff, supervisory staff, medical staff, intake staff and the PREA Manager demonstrated cross gender searches were only conducted in exigent circumstances. In addition, all residents reported their initial and any

subsequent searches were respectfully conducted. Staff interviewed stated to date they have not had to conduct such searches. (The transgender student did not disclose his identification upon admission.)

Site Review Observation:

1. Intake area
2. Search area

During the tour of the facility the Auditor observed the Intake and search areas of the facility. Both areas were conducive to ensuring searches were conducted in a private secured area, outside of camera view. Training files revealed 100% of staff had been trained in cross gender strip searches.

115.315

- (a) State Training School PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.

State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 7, section C., 1., states, "The State Training School shall not conduct cross-gender strip searches or cross-gender visual body except when performed for health related reasons by medical personnel such as; Medical Doctor (MD), Physician Assistant (PA), Advanced Registered Nurse Practitioner (ARNP), Registered Nurse (RN) and Licensed Practical Nurse (LPN) levels of licensure."

- (b) State Training School PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 7, section C.2., states, "The State Training School shall not conduct cross-gender pat-down searches except in exigent circumstances. Any cross-gender pat-down searches shall be documented and justified."

- (c) State Training School PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. The State Training School demonstrated searches would be documented on an incident report in the Rite Track database. This instruction is described in the Search Procedures PowerPoint; however, page 2, section VI. D.6., states, "All searches shall be documented in the cottage or administrative log book denoting student's name, name of staff completing the strip search, name of staff observing the search and time of search." The facility revised policy 2A-15 on 5.18. 2020 to state all searches will be documented on the facility search log. Appropriate staff were informed of this policy revision through email notification sent on 5.18.2020.

- (d) State Training School PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 7, section C.3-4., states, "Students shall be permitted to shower, perform bodily functions, and change clothing without nonmedical 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 of the student(s) shall announce their presence when entering a student cottage/housing unit or any area where students are likely to be showering, performing bodily functions, or changing clothing.

- (e) The State Training School PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 7, section C.5., states, "The State Training School shall not search or physically examine 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 during conversations with the student, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by medical personnel."
- (f) The State Training School PAQ states 100% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 7, section C.6., states, "The State Training School shall train direct care and supervision staff on how to conduct cross-gender pat-down 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. "

Through such reviews, the facility meets this standards requirements.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State of Iowa Master Agreement Contract Declaration and Execution Interpreters Unlimited Contract, dated 10.07.2019 – 10.06.2020
4. Iowa Department of Human Services Boys State Training School PREA Refresher: Helping Students with a Learning Disability, not dated

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff
5. PREA Manager

During interviews with targeted and random residents and staff and supervisory staff, all stated residents were not used for translation services, outside of resident to resident mentoring. Although language barriers are not common at State Training School, random and supervisory staff could speak to using bilingual staff at the facility or interpretation services.

115.316

- (a) The State Training School PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page ,7 section D. 1., states, "The State Training School shall take appropriate steps to ensure students with disabilities and 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. Reasonable steps will also be 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 [refer to State of Iowa Master Agreement with Language Link].”

The facility provided a one-page document titled: Boys State Training School PREA Refresher: Helping Students with a Learning Disability. This guide instructs staff on the following:

- Providing reading assistance with PREA educational information as well as an audio version of the State Training School Safety Plan for Sexual Abuse and Sexual Harassment to or with any student, but especially to students with a learning and/or reading disability.
- Strategies for assisting a student with a learning or reading disability.

- (b) The State Training School PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The State Training School addresses compliance for this measure, in measure (a) of this provision.
- (c) The State Training School PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where residents were used for interpreters. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 8, section D. 2., states, “The State Training School shall not rely 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-response duties or the investigation of the student’s allegation.”

Through such reviews, the facility meets this standards requirements.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?
 Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make 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 an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Does the agency 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Department of Human Services policy 1C-02m Personnel Selection, Retention and Promotion, dated 1.22.2020

Interviews:

1. PREA Manager
2. PREA Coordinator
3. Human Resource Manager

Interviews with the PREA Manager, PREA Coordinator and Human Resource Manager demonstrated applicants determined to have been convicted of sexual abuse or sexual harassment charges were screened out during the application review process. Additionally, applicants who were terminated in past institutions for sexual abuse and or sexual harassment were not considered for employment or promotion.

Site Review Observation:

During review of staff personnel files reviewed, this Auditor noted that institutional references were not completed for applicable staff. On 5.18.2020, the Human Resource Manager and facility administration revised the Iowa Department of Human Services, State Training School New Employee Reference Check Form to include institutional questions of past employers for applicable newly hired staff. The facility demonstrated institutional questions were documented for promoted staff.

In addition, files reviewed demonstrated each had criminal and applicable background checks conducted upon hire and within five years of hire date, thereafter. Additionally, the same practice of background checks exists for all contractors and volunteers who have contact with residents.

115.317

- (a) The State Training School PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard. State Training School policy, 1C-02 Personnel Selection, Retention, Promotion, page 3, section E, states, "The State Training School shall not hire or promote anyone who may have contact with students who: a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section."
- (b) The State Training School PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 8, section E.1., states, "A person, who STS is aware, has been convicted or charged with sexual abuse or sexual harassment, as defined by this policy, shall not be hired. Employees, who have engaged in sexual abuse or sexual harassment, as defined by this policy will be subject to progressive discipline and potential termination."
- (c) The State Training School PAQ states Agency policy requires background checks are

conducted with all new hires who have contact with residents, consults child abuse registries 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 an allegation of sexual abuse. In the past 12 months 157 persons hired may have contact with resident who have had criminal background checks. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 8, section E.2., states, “Before hiring new employees who may have contact with students, the State Training School shall perform a criminal background check, consult any child abuse registry maintained by the State of Iowa Department of Criminal Investigations (DCI), and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse.”

- (d) The State Training School PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were 8 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 8, section E.4., states, “The State Training School shall perform a criminal background check before enlisting the services of any contractor who may have contact with students. The State Training School shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with students.”
- (e) The State Training School PAQ states the agency requires background checks to be completed every five years. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 8, section E.5., states, “The State Training School shall conduct criminal background checks at least every five years on current employees and contractors who may have contact with students. “
- (f) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 8, section E.3., states, “The State Training School shall ask all applicants and employees who may have contact with students directly about previous misconduct related to sexual abuse or sexual harassment in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. The State Training School shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.”
- (g) The State Training School PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- (h) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 8, section E.6., states, “In accordance with current state and federal laws, the State Training School shall 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. “

During the on-site phase of the audit, the Human Resource Manager presented a new hire packet, which included form to demonstrate the agency requires institutional back ground questions.

Through such reviews, the facility meets this standards requirements.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

1. State Training School PAQ

2. State Training School Staffing Plan, signed 2.4.2020

Interviews:

1. Control staff
2. PREA Manager

Site Review Observation:

1. Control area
2. Camera monitors on the Special Needs Unit

During a tour of the facility, the Auditor witnessed all cameras being operable. Access to cameras are available to staff on the Special Needs Unit and the PREA Manager. The Special Needs Unit, also known as Corbett Miller-Hall has cameras placed throughout the cottage, to include student individual wet cells. Cameras are placed in such a manner as to not allow staff to view students while utilizing toilets. Practice of changing clothes only in the shower area is known by both students and staff on all cottages.

115.318

- (a) The State Training School PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 9, section F.1., states, "The protection of students from sexual abuse shall be considered when modifications are planned for the facility. Video and other monitoring technology shall also be considered as a means of protecting students from sexual abuse while maintaining as much individual privacy as possible."
- (b) The State Training School PAQ states the facility has not installed electronic surveillance system since the last PREA audit. According to the Staffing Plan, Corbett-Miller Hall is the only building on the campus with video monitoring. The system is used to supplement direct staff supervision and for post-incident reviews and investigations. Eight youth service technicians (YST's) are scheduled to monitor and maintain security for the campus from 6:00 am to 10:00 pm daily. Night supervisors and rovers assume this responsibly during sleeping hours.

Through such reviews, the facility meets this standards requirements.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. MOU for Crisis Intervention Service, dated 12.27.2019
4. MOU State Training School and Johnson County Sexual Assault Response Team, dated 4.17.2020
5. STS Safety Plan – Sexual Abuse and Sexual Harassment, dated 2.2016.
6. Certificates of Achievement, for completion of a 32 Hour IDOC PREA Investigators Training, awarded to Officer Anthony Schrad and Nick Hassebrock of the Eldora Police Department, dated December 5-8, 2016

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff
5. Facility Nurse
6. PREA Manager
7. PREA Coordinator
8. Facility Investigators

Interviews with all students and staff interviewed demonstrated all were clearly aware of reporting protocols for sexual harassment and abuse. Of those interviewed, each were comfortable reporting internally; however, each understood how to report on the *211 hotline, a trusted adult or legal representative. Every staff interviewed clearly articulated first responder duties to include protecting, preserving and reporting. When each were asked where this information was located, responses included on PREA badges worn by all staff and flow charts found throughout the facility.

Site Review Observation:

There were no criminal investigations since the State Training School's last PREA Audit.

115.321

- (a) The State Training School PAQ states the facility is responsible for conducting Administrative sexual abuse investigations. The Eldora Police Department is responsible for conducting criminal sexual abuse investigations. Each entity uses a uniform evidence protocol.

The facility provided documentation demonstrating police officers and investigators from the Eldora Police Department completed a 32 hour IDOC PREA Investigators Training on December 5-8, 2016. Through this training those trained learned of protocols when investigating PREA sexual assault allegations for the State Training School. Through interviews with the facility PREA Coordinator and PREA Manager, the facility maintains current and ongoing relationships with the Eldora Police Department and the State Training School.

- (b) The State Training School PAQ states the protocol is developmentally appropriate for youth. The protocol was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 9, section II. A.1., states, "The State Training School shall follow a uniform evidence protocol that is developmentally appropriate for youth, which will be 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."
- (c) The State Training School PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exams performed in the last 12 months. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 9, section II. A.2., states, "In cases requiring medical examination and when resources allow examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The examinations 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 circumstances will be documented and an examination will be conducted by qualified medical personnel."

During pre-audit discussions between the Auditor, State Training School PREA Manager and PREA Coordinator regarding an MOU with a SANE/SAFE examiner. The PREA Coordinator stated an MOU was not needed as the local hospital provided all services to the students at the State Training School. The Auditor stated the standard provision required at least an attempt of an MOU be documented. Upon the PREA Manager contacting the local hospital, the hospital reported forensic exams were no longer conducted for youth in their facility. The State Training School Nurse reached out to the Johnson County Sexual Assault Response Team and subsequently entered into a MOU on 4.17.2020.

On 4.15.2020, the Auditor contacted Laura Johns, MSN, RN, CCRN, SANE-A JCSART/SANE Coordinator at the University of Iowa, College of Nursing in Iowa City, Iowa and the Coordinator of the Johnson County Sexual Assault Response Team. Ms. Johns explained the response team provides on call forensic exam services to Mercy Hospital and the Iowa State Hospital through the Rape Victim Advocate Program (RVAP). Ms. Johns explained requests for forensic exams are answered and screened by RVAP who then contacts the Johnson County Sexual Assault Response Team. The response team then formulates and meet at the Iowa State Hospital within 30 minutes to conduct exams. Lastly, Ms. Johns reported that outcomes of exams are only released to those whom the victim allows.

- (d) The State Training School PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 9, section A.3., states, "The State Training School shall offer advocacy services from a sexual assault service provider to the student victim. If requested by the student victim, the victim advocate shall be asked to accompany and support the student victim through the forensic medical exam and investigatory interview to provide emotional

support; crisis intervention, information, and referrals (Refer to Memorandum of Understanding with Crisis Intervention Services).”

The facility provided an effective MOU upon execution between State Training School and Crisis Intervention Service, at 206 3rd Street NE, Mason City, IA 50401. The Auditor contacted Crisis Intervention Service at 641.424.9133, on Saturday, March 28, 2020, at 12:15 pm. This Auditor asked the weekend staff how such services are provided for the Iowa State Training School students. The staff explained he would first ask if they were in a safe place, what services they needed, and what county they resided in. The staff then explained he would contact an advocate in the appropriate county and the advocate would report to the address where services were needed and make contact with the youth.

The facility provided a STS Safety Plan – Sexual Abuse and Sexual Harassment, which is given to each student upon admission. The safety plan describes ‘what is sexual harassment and sexual abuse’ and ‘what to do if you or someone else is abused or assaulted.’ The plan also describes how a student reports abuse or harassment through verbally telling a staff member, completing a grievance or using a student phone by dialing #211.

- (e) The State Training School PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. State Training School policy,

- (f, h) The State Training School PAQ states the agency is responsible for Administrative investigations and relies on another agency to conduct criminal investigations. The agency does request provision a-e of this standard are considered when conducting all investigations.

Through such reviews, the facility meets this standards requirements.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School 401-PREA Incident Response Checklist, dated 11.5.2018

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff
5. Facility Investigator

Student and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, placing a note in the grievance boxes available, reporting to staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault. Staff reported all allegations of sexual abuse or sexual harassment are documented in the electronic Rite Track database.

Site Review Observation:

1. Administrative building
2. School
3. Investigation (*referred for criminal investigation*)

During the tour of the facility, the Auditor witnessed grievances reporting boxes in the Cottages. All were locked and appropriately labeled to indicate the purpose of the box.

115.322

- (a) The State Training School PAQ states the agency insures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had 25 allegations of sexual abuse and sexual harassment that were received. In the past 12 months 25 allegations resulted in an Administrative Investigation.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 9, section B.1, states, "The State Training School shall ensure that an administrative, Department of Inspections and Appeals (DIA) or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as appropriate based on the particulars of the allegation."

The facility provided student on student and staff on student allegations for the years 2016 – 2019, which states nonconsensual sexual acts, abusive sexual contact and sexual harassment. Allegations reported have steadily declined from 2017 through those allegations reported in 2020.

- (b) The State Training School PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the State Training School, when completing Administrative investigations. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 9, section B.2, states, "The State Training School shall ensure allegations of sexual abuse and/or sexual harassment are referred to the appropriate agency with the legal authority to conduct criminal and/or abuse investigations. If the allegation does not involve potentially criminal behavior the State Training School will conduct its own investigation per facility guidelines/protocols. These guidelines/protocols will be published on the State Training School website for the public's information. All such referrals shall be documented."

The agency website <https://dhs.iowa.gov/mhds/mental-health/in-patient/juvenile-facility/eldora/prea> has links posted resources for reporting incidents and information on Investigations and Reporting Complaints. On Saturday, 3.38.2020 at 1:18 PM, this Auditor tested the above link. In the subject line the Auditor typed, "Report Allegation." In the body of the email, the Auditor explained who she was and inquired on how reporting through the facility website is answered. On 3.29.2020 at 7:00 am MST, the Auditor received a response from the PREA Coordinator, explaining next steps on the complaint process.

In addition, the website <https://dhs.iowa.gov/sites/default/files/3-C-2.pdf?032820201909> information to all State of Iowa Juvenile PREA policies and investigative procedures. Page 17 of the State

Juvenile Facility manual speaks to Sexual Abuse and Harassment Incident Management Principals.

- (c) The facility website <https://dhs.iowa.gov/sites/default/files/3-C-2.pdf?032820201909>, information provides information to all State of Iowa Juvenile PREA policies and investigative procedures. Page 20 of the State Juvenile Facility Manual speaks to Reporting, Retaliation and Investigatory Duties. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 10, section B.3, states, “Local law enforcement and DIA are responsible for conducting criminal and/or abuse investigations, such publication shall describe the responsibilities of the State Training School, local law enforcement and DIA.”

Through such reviews, the facility meets this standards requirements.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

1. State Training School PAQ

2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Prison Rape Elimination Act Training PowerPoint, dated, 2019
4. Staff rosters and completed PREA Refresher Tests, dated 3.17.2018 – 3.29.2018

Interviews:

1. Random staff
2. Target staff
3. Staff trainer

Interviews with random and targeted staff demonstrated all were aware of and received initial and booster training annually or bi-annual booster training. Each stated one year training occurred on line and the next year training was conducted in person.

Site Observation:

During review of staff training files, this Auditor noted that staff were not acknowledging electronically or by signature an understanding of initial PREA training received. On 5.18.2020 the staff trainer created a Prison Rape Elimination Act (PREA) – Employee Orientation signature page, confirming acknowledgment of understanding training and zero tolerance. Beginning immediately, employees, contractors and volunteers will acknowledge their comprehension of initial PREA training through written signature.

115.331

- (a) The State Training School PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 10, section III. A. 1. A-j, states, "The State Training School shall train all new and existing employees who may have contact with students on:
- a. State Training School zero-tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - c. Students' right to be free from sexual abuse and sexual harassment;
 - d. The right of students and employees to be free from retaliation for reporting sexual abuse or harassment;
 - e. The dynamics of sexual abuse and harassment in juvenile facilities;
 - f. The common reactions of juvenile victims of sexual abuse and sexual harassment;
 - g. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between agreed upon sexual contact and sexual abuse between students;
 - h. How to avoid inappropriate relationships with students;
 - i. How to communicate effectively and professionally with all students, including lesbian, gay, bisexual, transgender, intersex, and gender non-conforming students;
 - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The facility provided a PowerPoint training, staff tests and rosters demonstrating all areas in described in facility policy are trained to employees who have access to students.

- (b) The State Training School PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility. State Training School policy 4D-01, Sexual

Assault/Abuse/Harassment, page 10, section III. A. 2., states, “Such training shall be tailored to suit the needs, attributes, and gender of the students of the State Training School.” The training curriculum provided demonstrates the training is tailored to the unique needs and attributes of the students at the State Training School.

- (c) The State Training School PAQ states 157 staff currently employed by the facility, who may have contact with residents, were trained or retrained on the PREA requirements enumerated above. Employees who have contact with residents receive annual refresher training. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 10, section A. 3., states, “All current employees will receive PREA training as detailed in section 1 above within six months of the effective date of this policy and will be provided with refresher training every two years to ensure that all employees know the State Training School current sexual abuse and sexual harassment policies and procedures. In the years in which an employee does not receive refresher training, the agency shall provide information on current sexual abuse and sexual harassment policies.”

The facility provided employee completed PREA refresher training tests. Each test has 14 questions and questions were relative to the PowerPoint training presented and utilized for annual training.

- (d) The State Training School PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 10, section III. A., states, “The State Training School shall document, through employee signature or electronic verification that employees understand the training they have received.”

Through such reviews, the facility meets this standards requirements.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Training Manual, Contract Staff & Volunteers, State Training School Eldora IA, dated 2019
4. Contract Staff and Volunteer Training Manual Checklist, signed acknowledgements of completed training, dated 2.28.19, 3.14.2019, and 9.3.2019

Interviews:

1. Volunteer

The volunteer interviewed stated he served as a mentor and helped with special events and worked with kids one on one or in groups. The volunteer remembered his initial training and stated he received training on an annual basis through PowerPoint presentations. The volunteer stated he would never have an issue confronting or stopping abuse if he witnessed such an event and stated he would report to supervisory staff once the situation was safe to do so. Lastly, the volunteer stated when he meets with kids the first time he tells them he does not allow for conversations to be of a sexual nature.

115.332

- (a) The State Training School PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. 78 contractors and volunteers, how have contact with residents, have completed the required training.

State Training School, policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section B. 1., states, "The State Training School shall ensure 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 facility provided a Training Manual – Contract Staff & Volunteers – State Training School Eldora, IA, dated 2019. The training manual includes the following:

- a. STS Overview
- b. Characteristics of STS Students
- c. Background of STS Students
- d. STS Policies – to include an in-depth explanation of PREA definitions, zero tolerance and reporting responsibilities
- e. Specific Guidelines
- f. General Information
- g. General Expectations
- h. Issues for Religious Volunteers

The facility provided completed Contract Staff and Volunteer Training Manual Checklists confirming each individual had carefully reviewed the content of the Contract Staff and Volunteer Manual. Each signature affirms the individual will adhere to the rules and guidelines therein as long as they are serving at the State Training School.

- (b) The State Training School PAQ states all volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. State Training School, policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section B. 2., states, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with students, but all volunteers and contractors who have contact with students shall be notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”
- (c) The State Training School PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section B. 3., states, “The State Training School shall maintain documentation confirming that volunteers and contractors understand the training they have received.”

The facility provided Contract Staff and Volunteer Training Manual Checklist acknowledgments, demonstrating volunteer files reviewed, have confirmed each area of the training was received and will adhere to the rules and guidelines of the State Training School.

Through such reviews, the facility meets this standards requirements.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training Schools PREA Basics Student Education PowerPoint, not dated
4. Student Orientation Class Requirement student acknowledgments, dated 3.1.2019, 7.22.2019, 11.1.2019
5. State Training School Safety Plan – Sexual Abuse and Sexual Harassment, dated 2.2016

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Social Worker
5. PREA Manager

Interviews with the sixteen (16) students targeted and random students, each reported their knowledge on PREA, reporting options to staff, the grievance boxes, telling a friend, notifying a parent and the hotline numbers posted on Zero Tolerance Posters throughout the facility.

Site Observation:

Of the 16 student files reviewed, each demonstrated evidence of PREA education within 72 hours of intake. In regard to 10-day training, this Auditor noted that of the 16 files reviewed, two students had not received additional 10-day training due to being quarantined; however, five students received their training out of the 10-day requirement and two did not have documentation of additional training. Beginning 5.19.2020 10-day additional PREA training for students will be conducted by the school Psychology Assistant on the same day the mental health testing is completed (day five of student

orientation). If the Psychology Assistant is absent for any reason, the Training Manager will conduct 10-day PREA training.

115.333

- (a) The State Training School PAQ states Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 109 residents admitted in the past 12 months were given information at intake. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section C.1, states, "During the intake process, students shall 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 or suspicions of sexual abuse or sexual harassment. "

The facility provided the State Training Schools PREA Basics Student Education PowerPoint. The PowerPoint is in an age appropriate fashion and includes an explanation of PREA, Zero Tolerance, Student Rights, prevention of sexual abuse and harassment, how to respond and report, how investigations are managed, victim rights accessibilities and protection measures for all students. The facility provided a sample of student acknowledgment of PREA Basic training within 72 hours of admission. Each acknowledgment includes the date of admission, the date of PREA Basics Student Training, to include an acknowledgment through a comprehension test.

- (b) The State Training School PAQ states within the past 12 months, 109 residents received age appropriate PREA education within 10 days of intake. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section C.2, states, "Within 10 days of intake, the State Training School shall provide comprehensive age-appropriate education to students 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.

The facility provided a sample of State Training School Safety Plans for sexual abuse and harassment, completed with current students in program. This safety plan is completed with all newly admitted students within the first hour of intake and describes the following:

- Introduction to being safe from sexual abuse and sexual harassment
- Three bullet points on the definition of sexual harassment
- Four bullet points on the definition of sexual abuse
- Detailed description on what to do if the student or someone else is abused or assaulted
- Definition on confidentiality
- Information on how to seek counseling or advice
- Four bullet points on avoiding sexual abuse and assault
- Explanation of legal charges for those who perpetrate or falsely report allegations

- (c) The State Training School PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section C.3, states, "Current students who have not received such education shall be educated within two weeks of the effective date of this policy, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the student's new facility differ from those of the previous facility."

Through interviews with the PREA Manager and the PREA Coordinator, each stated that all though policy allows for training to take place within two weeks, students are not transferred into or out of the State Training School.

The facility provided a State Training School PREA Basics Student Education PowerPoint. Within 10 days of intake, this PowerPoint is to be presented to students during their orientation to the program. The PowerPoint speaks to:

- What is PREA
- Student Rights
- Prevention of sexual abuse or harassment – zero tolerance
- Types of sexual abuse and harassment
- What to do if students have been sexually abused or harassed - reporting
- Answers to student’s frequently asked questions when abused or harassed
- Investigation process
- Victim Rights – freedom from retaliation
- Things to keep in mind
- Time for questions and answers

- (d) The State Training School PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section C.4., states, “The State Training School shall provide student education 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.”
- (e) The State Training School PAQ states the facility maintains documentation of resident participation in PREA education sessions. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 11, section C.5., states, “The State Training School shall maintain documentation of the student participation in these education sessions.”

The facility provided samples of documentation from students, demonstrating:

- Student acknowledgment of Safety Plans being completed on the day of intake;
- Student acknowledgment and completion of the Prison Rape Elimination Act training on day three of orientation class.

- (f) The State Training School PAQ states The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 12, section C.6., states, “In addition to providing such education, the State Training School shall ensure that key information is continuously and readily available to students through posters, student handbooks, or other written formats.”

Through such reviews, the facility meets this standards requirements.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Sexual Abuse PowerPoint training for Investigators, not dated
4. Facility staff 2019 Training: PREA Investigation, self-study, training acknowledgments, dated 8.20.2019 through 9.5.2019

Interviews:

1. Facility Investigators
2. PREA Coordinator

Interviews with facility investigators, the PREA Coordinator and file review demonstrated that each investigator interviewed or reviewed had current investigator training and such training was completed annually. Each investigator interviewed clearly articulated their role in an investigation and process steps to be taken as is described in the facility flow chart.

115.334

- (a) The State Training School PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 12, section D. 1-2., states, "In addition to the general training provided to all employees, the State Training School shall ensure that, to the extent the agency itself conducts sexual abuse investigations as appropriate its upper level management have received training in conducting such investigations." "Specialized training shall include techniques for interviewing juvenile sexual abuse victims, sexual abuse evidence collection in similar settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The facility provided Sexual Abuse PowerPoint training for investigators. This investigator training is comprehensive and includes investigator training topics from the PREA Resource Center.

- (c) The State Training School PAQ states the agency maintains documentation showing that investigators have completed the required training. The State Training School PAQ states the facility currently has 25 investigators currently employed who have completed specialized investigator training. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 12, section D. 3., states, "The agency shall maintain documentation that appropriate designated facility staff have completed the required specialized training in conducting sexual abuse investigations."

The facility provided a sample of facility staff 2019 Training: PREA Investigation, self-study, training acknowledgments, dated 8.20.2019 through 9.5.2019. In addition, the facility provided a spreadsheet tracking each facility staff's completion of investigation training demonstrating 25 facility staff have completed PREA Investigator training.

Through such reviews, and due to the facility requiring annual investigator training of all of their 24 Investigators, the facility exceeds this standards requirements.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. PREA: Specialized Training Mental Health and Medical Providers training roster, dated 8.19.2019 through 12.29.2019.
4. Training database of Medical and Mental Health providers. Dates of training from 8.16.2019 to 12.31.2019.
5. Completed PREA Specialized Training Tests – (7) Clinic staff – dated 8.15.2019 – 1.20.2020

Interviews:

1. Facility LPN
2. Mental Health Authority
3. PREA Coordinator

During interviews the LPN, Mental Health Authority and the PREA Coordinator all were able to demonstrate procedural steps to follow during a sexual abuse investigation. Each could articulate how they would ensure the student understood the processes, how to notify the proper authorities, the SANE/SAFE hospital now being used and that each occurrence would be documented in an incident report in the Rite Track database.

Site Observation:

During file review of the medical and mental health staff training records, each had completed specialized training through the facility Medical/Mental Health PowerPoint presentation, annually.

115.335

- (a) The State Training School PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 100% of State Training School medical and mental health staff who work at the facility have received training required by agency policy. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 12, section E. 1. a-d., states, "The State Training School shall ensure that all medical and mental health care personnel who work regularly in its facilities have been trained:
- a. How to detect and assess signs of sexual abuse and sexual harassment;
 - b. How to preserve physical evidence of sexual abuse;
 - c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
 - d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."

The State Training School Medical and Mental Health training includes the following topics:

- a. Identify the dynamics and profile of sexual abuse in prisons and how it is defined in the Prison Rape Elimination Act (PREA)
- b. Detect signs and symptoms of both acute and prior sexual abuse
- c. Summarize the short and long term effects of trauma on the brain
- d. Describe considerations for the development of intake screening tool requirement in PREA
- e. Recognize the health care provider's role in the screening process"

The facility provided completed PREA Specialized Training tests. Each test is comprised of nine questions with 'fill in the blank' answers. Test questions correspond to the State Training School Medical and Mental Health PowerPoint training provided to medical and mental health staff.

- (b) The State Training School PAQ states their medical staff do not conduct forensic medical exams. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 12, section E. 2 states, "Medical staff employed by STS shall not conduct forensic examinations."
- (c) The State Training School PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 12, section E. 3-4, states, "The facility shall maintain documentation that medical and mental health personnel have received the training referenced in this paragraph either from the State Training School or elsewhere. Medical and mental health care personnel shall also receive the same PREA training mandated for employees or for contractors or volunteers depending on their status at the State Training School."

The facility provided completed Medical and Mental Health staff comprehension tests. Test questions are aligned with the State Training Schools 2019 PREA Specialized training PowerPoint.

Through such reviews, and due to the facility requiring annual investigator training of all of their medical and mental health providers, the facility exceeds this standards requirements.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ

2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School Risk of Sexual Victimization/Perpetration Screener, dated 3.6.2016
4. State Training School Student Face Sheet, dated 12.11.2019

Interviews:

1. Intake staff
2. Supervisory staff

Interviews with intake and supervisory staff demonstrated that they complete a risk assessment with each student within 72 hours of admission. Each stated that the student risk level is communicated to Youth Service Workers, Cottage, Mental Health, Medical and Administrative staff through the Rite Track database, safety plans on the facility intranet, bi-weekly cottage groups and one on one discussions. Intake and supervisory were not aware students were to be re-assessed upon an allegation of sexual abuse and periodically.

Site Observation:

During review of 16 student files, this Auditor noted each student had received screening on the day of admission. This Auditor noted assessments were not taking place after sexual abuse allegations, periodic review students in the program longer than 12 months or those who identify as transgender or intersex. On 5.18.2020 the facility appointed the Word Processor II, who keeps the master student roster records, to notify staff one month before the due date of students to be reassessed. Additionally, the PREA Manager revised investigation forms to prompt staff to re-assess students who report sexual abuse. A site wide email was also sent to all appropriate staff on 5.18.2020, informing them of this change in procedure.

115.341

- (a) The State Training School PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. In the past 12 months 109 residents whose length of stay was longer than 72 hours, were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 13, section A. 1., states, "Within 72 hours of the student's arrival at the facility and periodically throughout a student's confinement, the State Training School shall obtain and use information about each student's personal history and behavior to reduce the risk of sexual abuse by or upon a student. "

- (b) The State Training School PAQ states the facility conducts risk assessments by using an objective screening instrument. State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 13, section IV. A. 2., states, "Such assessments shall be conducted using the "Risk of Sexual Victimization/Perpetration Screener" tool."
- (c) State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 13, section A. 3.a.-k., states, "At a minimum, the State Training School shall attempt to ascertain information about:
- a. Prior sexual victimization or abusiveness;
 - b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the student may therefore, be vulnerable to sexual abuse;
 - c. Current charges and offense history;
 - d. Age;
 - e. Level of emotional and cognitive development;

- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The student's own perception of vulnerability; and
- k. Any other specific information about individual students that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other students"

The facility provided the Risk of Sexual Victimization/Perpetration Screener tool, which includes each provision of this standard requirements except the students' current charges and offense history. The facility provided a sample of the State Training Schools student face sheet, which includes the student's current charges.

- (d) State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 13, section IV. A. 4., states, "This information shall be ascertained through conversations with the student during the intake process and medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the student's files."
- (e) State Training School policy, 4D-01 Sexual Assault/Abuse/Harassment, page 13, section IV. A. 5-6., states, "The State Training School shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the student's detriment by staff or other students. Assigned counselors shall use the information from the "Risk of Sexual Victimization/Perpetration Screener" in subsequent documentation. Students with scores of 9 or higher on the vulnerability scale, 6 or higher on the propensity scale or self-identifying as gay, bi-sexual, transgender or intersex shall be reassessed on a monthly basis."

Through such reviews, the facility meets this standards requirements.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Admission and Programming Report, dated 10.2019
4. State Training School Collaboration Meeting Minutes, dated 5.11.2020

Interviews:

1. Targeted residents
2. Random residents
3. Random staff
4. Supervisory staff
5. Intake Staff

Interviews with intake and supervisory staff demonstrated student risk level is communicated to Youth Service Workers, Cottage, Mental Health, Medical and Administrative staff through the Rite Track database, safety plans on the facility intranet, bi-weekly cottage groups and one on one discussions. Intake and supervisory were not aware students were to be re-assessed upon an allegation of sexual abuse and periodically.

Site Observation:

During review of 16 student files, this Auditor noted each student had received screening on the day of admission. This Auditor noted assessments were not taking place after sexual abuse allegations, periodic review students in the program longer than 12 months or those who identify as transgender or intersex. On 5.18.2020 the facility appointed the Word Processor II, who keeps the master student roster records, to notify staff one month before the due date of students to be reassessed. Additionally, the PREA Manager revised investigation forms to prompt staff to re-assess students who report sexual

abuse. A site wide email was also sent to all appropriate staff on 5.18.2020, informing them of this change in procedure.

115.342

- (a) The State Training School PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 14, section B. 1., states, “The State Training School shall use all information obtained through the intake screening to make housing, bed, program, education, and work assignments for students with the goal of keeping all students safe and free from sexual abuse and sexual harassment.”

The facility provided an assessment used for risk screening and the Admission and Programming Report. Both documents are used to determine student risk and housing assignments. The Admission and Programming Report documents details of each admission, assessment and referrals completed, to include: Vulnerability, alerts, adjudications, prior placement and family information. The facility provided State Training School Collaboration Meeting Minutes entailing new student information to include risk level, current school credits, maturity level and personality traits. This information is disseminated to the school Day Superintendent.

Although the above was provided, communication of resident risk levels to youth service workers was unclear. During the on-site phase of the audit, this provision was satisfied once staff were interviewed and each could articulate student risk awareness throughout the program. Through such interviews with random and supervisory staff, each could articulate student risk is communicated through the facility intranet, cottage meetings held twice weekly, and distribution of meeting minutes.

- (b) The State Training School PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 14, section B. 2., states, “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 students safe can be arranged. During any period of seclusion, the State Training School shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in seclusion shall receive daily visits from medical or mental health care personnel. Students shall also have access to other programs and work opportunities to the extent possible.”

- (c) The State Training School PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 14, section B. 3., states, “Lesbian, gay, bisexual, transgender, or intersex students shall not be placed 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.”

- (d) The State Training School PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 14, section B. 4., states, “In deciding whether to assign a transgender or intersex student to a housing unit, and in making other housing and programming assignments, the State Training School shall 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.”
- (e) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 14, section B. 5., states, “Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the student.”
- (f) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 14, section B. 6., states, “A transgender or intersex student’s own view with respect to his or her own safety shall be given serious consideration.”
- (g) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 14, section B. 7., states, “Transgender and intersex students shall be given the opportunity to shower separately from other students.”
- (h) The State Training School PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 15, section B. 8., states, “If a student is isolated pursuant to paragraph 2 of this section, the State Training School shall clearly document:
 - (a) The basis for the facility’s concern for the student’s safety; and
 - (b) The reason why no alternative means of separation can be arranged.
- (i) The State Training School PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 15, section B. 9., states, “Every 30 days, the State Training School shall afford each isolated student a review to determine whether there is a continuing need for separation from the general population.”

Through such reviews, the facility meets this standards requirements.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School policy, 5C-01, Student Grievance Process, dated 1.14.2020
4. State Training School policy, 5C-01, Student Grievance Process, dated 4.23.2020

Interviews:

1. Random staff
2. Random residents
3. Targeted residents

Students interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own. Each stated telephone procedures for legal and or PREA calls, which could be made in private, without monitoring or recording, immediately upon request. Such phone calls were made using cottage phones. Students interviewed spoke to the outside hotline advocate phone number being posted on the posters in the facility. Each student interviewed was aware of his right to report anonymously. Of the random students interviewed, each were able and willing to answer questions. The targeted students interviewed stated their initial searches being respectful. None believed their housing assignments were made due to their identification.

Site Observations:

Student files reviewed demonstrated each had been educated on reporting requirements at the time of intake.

115.351

- (a) The State Training School PAQ states The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. State Training School, policy 4D-01, Sexual Assault/Abuse/Harassment, page 15, section A.1., states, "The State Training School shall provide multiple internal ways for students to privately report sexual abuse and sexual harassment,

retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.”

The facility provided State Training School, policy 5C-01, Student Grievance Process, page 1, section II., states, “Students may use a grievance to report sexual abuse, sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. There are no time limits on when a student may submit a grievance regarding an allegation of these incidents.”

During the pre-audit phase and initial review of the State Training School’s Student Grievance Policy, the Auditor noted policy language stated anonymous grievances were not processed. On 4.23.2020, the State Training school revised policy language to state, “Anonymous (student unidentified – exceptions for PREA related reports) would not be processed.”

- (b) The State Training School PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

State Training School policy, 4D-01, Sexual Assault/Abuse/Harassment, page 15, section V.A.2., states, “The State Training School shall provide a toll free phone line dedicated for students to use for reporting abuse or harassment to an outside agency. The outside agency is not part of the State Training School or the Department of Human Services and will be able to receive and immediately forward student reports of sexual abuse and sexual harassment to State Training School officials, as well as other investigatory bodies while allowing the student to remain anonymous upon request. The following agency contact number will be posted: Crisis Intervention Services Sexual Assault Hotline (800-479-9071) #211.

On 3.29. 2020, at 6:26 pm, the Auditor called the Sexual Assault Hotline, the call was answered on the second ring. This Auditor explained she was calling the hotline to learn about their relationship with the State Training School and if the operator could explain the processes that take place when a student from the school contacts the hotline. The operator explained and asked students the following questions:

- was aware of the State Training School and their PREA Reporting requirements;
- would ask the student if he was in a safe place;
- would ask the student if he had reported this incident to a staff member;
- if the student wanted to press charges;
- would contact the facility staff in charge of reporting PREA cases and report the call;
- would give the student a case number;
- would ask demographic questions;
- would ask the frequency of the allegation;
- would ask who abused him;
- would provide emotional support as each operator is a trained sexual assault advocate;
- lastly, the operator would ask the student his coping skills and help him regulate emotionally.

- (c) The State Training School PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third

parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

State Training School policy, Sexual Assault/Abuse/Harassment, page 15, section A. 3., states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports."

- (d) The State Training School PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. State Training School policy, Sexual Assault/Abuse/Harassment, page 15, Section V. A. 4., states, "The State Training School shall provide students with access to tools necessary to make a written report." Through interviews with the PREA Manager, who reported students are provided students preferences are to report verbally to staff, write a note on regular paper, report to their juvenile court officer, tell a parent, attorney or contact the ombudsman.
- (e) The State Training School PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff have been informed of these procedures through initial and annual training as is described in provision 115.331(a) (1-11). State Training School policy, Sexual Assault/Abuse/Harassment, page 15, section A. 5-6., states, "The State Training School shall provide a method for staff to privately report sexual abuse and sexual harassment of students. Staff can report in the following ways: To any supervisor by phone; To any supervisor in person; To any supervisor in writing (through email, interdepartmental mail, mailbox). An additional method of reporting shall be a state operated email address: ie. prea.report@dhs.state.ia.us."

Through such reviews, the facility meets this standards requirements.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

5. State Training School PAQ
6. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
7. State Training School policy, 5C-01, Student Grievance Process, dated 1.14.2020
8. Revised State Training School policy, 5C-01, Student Grievance Process, dated 4.23.2020
9. Completed Student Grievance Form, dated 11.7.2019
10. Incident Report, response to receipt of grievance on 11.7.2019, dated 11.8.2019.

Interviews:

1. Random residents
2. Targeted residents
3. PREA Coordinator

Students interviewed were aware of the grievance procedures and understood a trusted adult could assist them, if needed. Two students stated they had used the facility grievance system, none related to PREA, and the system had worked and staff responded to their grievances quickly.

Site Observation:

Grievance boxes, third party postings and third party reporting forms were available in highly trafficked areas by students and visitors.

115.352

- (a) The State Training School PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 16, section B.1., states, "The State Training School shall not impose a time limit on when a student may submit a grievance regarding an allegation of sexual abuse; however, may apply otherwise-applicable time limits on any portion of the grievance that does not allege an incident of sexual abuse."
- (b) The State Training School PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 16, section B.2., states, "The State Training School shall not require a student to use an informal grievance process, or to otherwise attempt to resolve with staff, an incident of sexual abuse."
- (c) The State Training School PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 16, section B.4., "The State Training School shall ensure that:
- a. A student who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
 - b. Such grievance is not referred to the staff member who is the subject of the complaint
- (d) The State Training School PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:
- there have been one grievances filed alleging sexual abuse;
 - one grievance alleging sexual abuse that reached final decision within 90 days, after being filed;
 - zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, and;
 - zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 16, section B.5., states, "The State Training School shall issue a

final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance whenever possible.

- a. The 90-day time period shall not include time used by students in preparing an administrative appeal.
- b. STS may claim an extension of the time to respond of up to 70 days if needed. The student shall be notified in writing of the extension.
- c. The student may consider an absence of response within the time periods as a denial at that level.”

The facility provided the one grievance submitted regarding sexual assault, dated 11.7.2019 where a student complained of a peer saying sexual things and touching him, making him feel uncomfortable. The facility also provided the response to this grievance on 11.8.2019. Staff response to grievance was done within 24 hours of grievance submittal. Staff completing the grievance conducted an investigation and determined there was insufficient evidence to support the grievance. The staff demonstrated an explanation of his findings to the student who in turn acknowledged by signature, he agreed with the finding.

(e) State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 16, section B.6., states, “Third parties shall be permitted to assist students in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of students.

- a. Third parties include other students, staff, family members, attorneys and outside advocates.
- b. When requests are filed by third parties, STS may require that the alleged victim agrees with and will personally pursue any subsequent steps in the administrative remedy process. STS shall document a student’s decision to decline to process a request.
- c. A student’s parent or legal guardian shall be allowed to file a grievance or an appeal regarding allegations of sexual abuse on behalf of the student. The grievance or appeal shall not be conditioned upon the student agreeing to have the request filed on his behalf.

(f) The State Training School PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. No grievances were received alleging substantial risk of imminent sexual abuse, that were filed in the past 12 months, reached final decisions within five days.

State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 17, section B.7., states, “STS administrative staff shall be notified immediately when there is an allegation that a student is at substantial risk of imminent sexual abuse.

- a. Immediate corrective action shall be taken with an initial response within 48 hours and final decision in five (5) calendar days, documenting whether the student is in substantial risk of imminent sexual abuse and the action taken in response.”

Upon the Auditors first review of the State Training Schools Grievance Procedure, the policy did not include language regarding emergency grievances. On 4.23.2020, the PREA Manager produced a revised policy to include procedures staff are to follow when in receipt of an emergency grievance.

(g) The State Training School PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 17, section B.8., states, "A student may be disciplined for filing a grievance alleging sexual abuse only when STS demonstrates that the grievance was filed in bad faith."

Through such reviews, the facility meets this standards requirements.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, 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? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. STS Safety Plan – Sexual Abuse and Sexual Harassment, dated 02.2016
4. Memorandum of Understanding between Iowa Department of Human Services, State Training School and Crisis Intervention Services, dated 02.27.2019
5. State Training School, Student Rights Manual, dated January 2020

Interviews:

1. Random residents
2. Targeted residents
3. Mental Health staff

Students interviewed demonstrated their reporting knowledge externally to include calling the hotline, same number as the advocate, or telling a trusted adult at the program or in the community. Each student interviewed stated they felt safe in the program and comfortable reporting sexual harassment or abuse.

Site Observation:

Student files reviewed demonstrated each had been educated on reporting requirements at the time of intake.

115.353

- (a) The State Training School PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
- Does not give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
- Enables reasonable communication between residents and these organizations, in as confidential manner as possible.

State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 17 section C.1., states, “The State Training School shall provide students with access to outside victim advocates for emotional support services related to sexual abuse, 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. The facility shall enable reasonable communication between students and these organizations and agencies, in as confidential a manner as possible.”

The facility provided the State Training School’s Student Rights Manual. Page 10-11 of the manual state the following:

- “You will have access to a toll-free number (*211) to report sexual abuse or sexual harassment. These calls will be reviewed only by request of staff of the hotline number.”
- “You may make up to 60 minutes of phone calls per week (this does not include use of the toll-free number.) These calls will be reviewed only when there has been a complaint or concern from the person you have called.”

- (b) The State Training School PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 17 section C.2., states, “The State Training School shall inform students, 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 facility provided a STS Safety Plan – Sexual Abuse and Sexual Harassment. This plan instructs students on the following:

- What is sexual harassment
- What is sexual abuse
- What to do if you or someone else is abused or assaulted – including informing a staff member, completing a grievance, call the Sexual Abuse Hotline on the student phone by dialing #211 –
- Confidentiality
- Counseling
- Avoiding sexual abuse and assault
- Legal charges

- (c) The State Training School PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment,

page 17 section C.3., states, “The State Training School shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide students with confidential support services related to sexual abuse. The State Training School shall maintain copies of agreements or documentation showing attempts to enter into such agreements. “

The facility provided a signed Memorandum of Understanding between Iowa Department of Human Services, State Training School and Crisis Intervention Services. The MOU is clear in the Crisis Intervention Services’ responsibilities both in writing and through a random phone call made by the Auditor. As is described in prior standards, the operator answered the call on a weekend, early evening and was aware of the State Training School, resident students, direction to provide students and all reporting duties.

- (d) The State Training School PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 17 section C.4., states, “The State Training School shall also provide students with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.”

Through such reviews, the facility meets this standards requirements.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Facility website: prea.report@dhs.state.ia.us

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff

Residents and staff interviewed demonstrated their reporting knowledge of third party reporting.

115.354

(a) The State Training School PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, page 17-18, section D.1., states, "The State Training School shall establish an email and toll free line dedicated to receiving 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 following email and toll free lines are established for such reporting

- prea.report@dhs.state.ia.us
- Department of Inspections and Appeals (DIA) complaint line
- Crisis Intervention Services Sexual Assault Hotline

The Auditor recommends third party reports are available for reporting parties who do not have access to internet services. In addition, the Auditor recommends directions for the Department of Inspections and Appeals (DIA) and the Crisis Intervention Services Sexual Assault Hotline is available in policy.

The Auditor emailed prea.report@dhs.state.ia.us on Sunday, 3.29.2020 at 8:26 pm, explaining her position and reasoning for attempting to verify the State Training School Third Party reporting system. The Auditor requested a response from the email and received the following response on March 30, 2020 at 6:42 a.m.

Your complaint has been received. The facility BSTS management will be notified immediately and the alleged victim will be separated from the alleged perpetrator and an administrative investigation will be initiated immediately. Both parties will be kept separated and safety will be insured during the investigation.

If necessary the appropriate law enforcement and outside investigatory agencies will also be contacted to conduct a separate investigation.

We take all allegations of sexual abuse seriously and have a zero tolerance policy for such behavior.

You may be contacted for additional information related to your report.

Sincerely,

Mark Swore
Executive Officer 2, PREA Coordinator
Liaison for CCUSO, State Training School, CMHI, and IMHI
Division of Mental Health and Disability Services
515-281-8575 office
515-564-4166 fax

The PREA Coordinator also explained internal processes and stated: “Depending on the nature of the report the response would be similar to the third party response. The Superintendent and PREA Manager would be included in response and called to confirm receipt. I’m responding as the PREA Coordinator off site, Lynn would also receive as PREA Manager at STS, she may have an additional or separate response as to the investigation process on site you will have access to as the PREA Auditor.”

Through such reviews, the facility meets this standards requirements.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians? Yes No

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Revised State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 5.13.2020 (received on 5.14.2020 – revision to include recommendation to add definitions of Iowa Code – child abuse)
4. Iowa Code Section 232.68(2) – definition for child abuse
5. Iowa Department of Human Services – Informed Consent for Disclosure of Sexual Abuse, dated 5.15.2020
6. State Training School Authority for Release of Abuse Information Consent Form (E), not dated

Interviews:

1. Superintendent
2. PREA Coordinator
3. PREA Manager
4. Supervisory staff
5. Nurse
6. Mental Health Authority
7. Random staff
8. Facility Investigator

Interviews with the Superintendent, PREA Coordinator, supervisory staff, investigators, LPN, mental health authority, random staff and residents demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.

Site Observations:

Due to the staff reporting documentation of student information, incident reporting and investigations being completed in the facility Rite Track database, the PREA Manager provided a tour of information stored within the database. This tour demonstrated student information, incidents and investigations to be stored as reported.

115.361

- (a) The State Training School PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 18, section A.1.a-b, state, "State Training School staff, contractors, and volunteers shall report, to their supervisor, immediately any knowledge, suspicion, or information regarding:

- a. An incident of sexual abuse or sexual harassment that occurred in the State Training School or another facility;
- b. Retaliation against students or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Staff shall comply with applicable mandatory child abuse reporting laws, included in Iowa Code."

- The State Training School defines Child abuse. (See Iowa Code Section 232.68(2) and "Definitions".
 - Any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional as defined in section 622.10.
- The State Training School defines Sexual abuse. (See Iowa Code Chapter 709) and see "Definitions"/

- The commission of a sexual offense with or to a child pursuant to chapter 709, section 726.2, or section 728.12, subsection 1, as a result of the acts or omissions of the person responsible for the care of the child or of a person who resides in a home with the child. Notwithstanding section 702.5, the commission of a sexual offense under this subparagraph includes any sexual offense referred to in this subparagraph with or to a person under the age of eighteen years.”

Through the Auditor review of policy 4D-01, definition of Child abuse references Iowa Code 709. Such code is not defined in policy definition. During the pre-audit phase the Auditor recommended the policy be revised to include definitions of Iowa Code 709. On 5.14.2020, the facility provided a revised policy 4D-01 including the Iowa Code 709 definition of child abuse. On 5.15.2020, the facility provided an email sent to all facility staff alerting them of the revised policy with a child abuse definition.

- (b) The State Training School PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Measure (a) of this standard provision is addressed in facility policy, by stating, “Staff shall comply with applicable mandatory child abuse reporting laws, included in Iowa Code.” The PREA Manager reported “Iowa Code section 232.69, defines some professionals as mandatory reporters. Although anyone can report child abuse and are encouraged to do so, mandatory reporters are required by law to make a report of suspected child abuse within 24 hours of becoming aware of the concern(s).”
- (c) State Training School PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 18, section VI.A.2, states, “Apart from reporting to their supervisor, State Training School staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to make treatment or investigation decisions. “Auditor review of Iowa code did not find reporting requirements outside of what is prescribed in policy.
- (d) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 18, section VI.A.3, states, “Medical and mental health personnel shall be required to verbally inform students at the initiation of services of their duty to report and the limitations of confidentiality.”

Upon review of this provision, the State Training School was not practicing such consents as the facility strictly adhered to Iowa state mandatory reporting laws. After discussion with the PREA Manager and PREA Coordinator, both agreed a subsequent policy and consent would be implemented. On 5.15.2020, the PREA Coordinator provided the Informed Consent for Disclosure of Sexual Abuse and the State Training School Authority for Release of Abuse Information Consent Form (E). On 5.15.2020 the State Training School had their 18-year-old students sign the newly created consent form. Appropriate staff were informed of the procedural change via email notification on 5.15.2020.

- (e) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 18, section VI.A.4, states, “Upon receiving any allegation of sexual abuse, the State Training School Superintendent or designee shall promptly report the allegation to local law enforcement, DIA and the Division Administrator and to the student victim’s parents or legal guardians; unless there is official documentation showing the parents or legal guardians should not be notified.” The PREA Manager

reported allegations reported to DIA or law enforcement are documented in the Rite Track electronic database.

- (f) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 19, section VI.A.5, states, “If a juvenile court retains jurisdiction over the student victim, the State Training School Superintendent or designee shall also report the allegation to the juvenile’s attorney or other legal representative within 14 days of receiving the allegation.”

Through such reviews, the facility meets this standards requirements.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Incident Reports and responses for seven sexual abuse allegations, dated 3.11.2019 through 11.18.2019.

Interviews:

1. Superintendent
2. PREA Coordinator
3. Facility Investigator(s)

Interviews with the Superintendent, PREA Coordinator and facility investigators demonstrated the facility staff acts promptly and responds properly at the discovery of the incident.

Site Observation:

Review of seven allegations revealed, where applicable, students were separated when appropriate or safety plans were put in place to ensure students remained separated. Of the seven allegations reviewed, six were unsubstantiated and one unfounded. Of the seven allegations, six investigations were completed within 24 hours, and one was completed within 72 hours.

115.362

(a) The State Training School PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the facility reports one resident was subject to substantial risk of imminent sexual abuse. Upon discovery of resident being subject to substantial risk, the facility immediately separated the victim from the perpetrator, made notification and completed incident reporting requirements.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 19, section VI. B.1-3, state,

1. "The State Training School shall take immediate action to protect a student who is subject to substantial risk of imminent sexual abuse within its facility.
2. This will include separating the victim from the alleged perpetrator immediately and assuring there is no-contact between the two until the conclusion of a comprehensive investigation.
3. The victim will be supervised and monitored for safety and protection against potential retaliation."

Through review of the seven investigations, the Auditor found each staff had immediately reported allegations to supervisory staff. Supervisory staff completed investigations, to include safety plans, where applicable, and completed all seven investigations within 72 hours.

Through such reviews of the time all investigations are completed within a quick time frame, the facility exceeds this standards requirements.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020

Interviews:

1. Superintendent

The interview with the Superintendent demonstrated that he was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, he had the responsibility to notify the head of the facility where the allegation occurred.

115.363

- (a) The State Training School PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 19, section C. 1., states, "Upon receiving an allegation that a student was sexually abused while a student at another facility, the State Training School Superintendent or designee shall notify, as soon as possible but no later than 72 hours after receiving the allegation, the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative

agency. The State Training School shall document that this notification was made.” The PREA Manager reported such notifications would be documented in the Rite Track electronic database.

Policy 4D-01 Sexual Assault/Abuse/Harassment stated the School Superintendent or designee could notify appropriate agencies of alleged abuse occurred. This standard required corrective action. Due to COVID 19 and the rescheduling of the on-site audit date, the facility had ample time to revise the policy to state the Superintendent is required to make appropriate notifications. On May 18, 2020 a site wide email was sent, informing staff of the policy revision.

- (b) The State Training School PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) The State Training School PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. The PREA Manager reported such notifications would be documented in the Rite Track electronic database. To date, the facility has not had a need to provide such notification.
- (d) The State Training School PAQ states facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 19, section C. 2., states, “Upon receiving an allegation from another facility that a student was sexually abused while a resident at the State Training School, the allegation shall be investigated.”

Through such reviews, the facility meets this standards requirements.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School '1st Response to Sexual Assault' badge
4. State Training School PREA training PowerPoint, dated 2019
5. State Training School Response to Allegation of Sexual Assault flow chart, not dated

Interviews:

1. Random staff
2. Supervisory staff
3. Facility Investigator(s)

Interviews with random and supervisory staff demonstrated each were aware of their first responder responsibilities. Each were wearing first responder badges, explaining required protocols.

Site Observation:

Documentation review of the allegations of sexual abuse reported, each demonstrated staff responded accurately and promptly.

115.364

- (a) The State Training School PAQ states the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate,

preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does 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 past 12 months, seven allegations occurred where a resident was sexually abused. During each of the seven allegations, the security staff member immediately responded, separated and reported the alleged victim and abuser. In the past 12 months, there were zero allegations where staff were not notified within a time period that still allowed for the collection of evidence.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 19, section D. 1 & 2., state, "Upon learning of an allegation that a student was sexually abused, the first staff member to respond shall immediately separate the student victim and alleged abuser while protecting and preserving the crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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."

The facility provided a "Response to Allegations of Sexual Assault" flow chart. First Responder direction state:

- maintaining student safety (separate alleged victim and perpetrator);
- Call YST's
- Assist YST's

YST Coordinated Response direction state:

- Call Duty Superintendent
- Call nurse
- Protect the scene
- Take pictures of students and scene
- Collect evidence
- Maintain evidence Chain of Custody
- Arrange transportation to hospital

- (b) The State Training School PAQ states the facility's policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. State Training School policy 4D-01, Prison Rape Elimination Act, page 29, Section .25, b., states, "State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 19, section D. 3. states, "If the first staff responder is not a direct care or supervision staff member, the responder shall be required to request that the student victim not take any actions that could destroy physical evidence, and then notify the appropriate STS staff."

Through such reviews, the facility meets this standards requirements.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School Response to Allegation of Sexual Assault, (facility coordinated response), dated April 2020
4. Email to all Eldora State Training School staff addressing a revised Allegation of Sexual Assault, (facility coordinated response), dated April 10, 2020

Interviews:

1. Superintendent
2. PREA Coordinator
3. PREA Manager
4. Supervisory staff
5. Random staff

Interviews with the Superintendent, PREA Coordinator, supervisory and random staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.

Site Observation:

Review of the institutional plan demonstrates clear direction to staff to ensure first responder duties are fulfilled.

115.365

- (a) The State Training School PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 20, section E.1., states, “The State Training School shall 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 facility provided a Response to Allegation of Sexual Assault flow chart. The flow chart clearly outlines the responsibilities of the first responder, Youth Service Technician’s, Nurse, Superintendent, PREA Coordinator, PREA Manager and Student Youth Counselors. Required contacts, outside reporting requirements and transportation requirements are included in the flow chart. However, through conversation with the PREA Manager and the PREA Coordinator this Auditor learned the State Training School did not have an MOU with Hansen Family Hospital as previously thought. Once the PREA Manager contacted the Hansen Family Hospital she was informed the SANE/SAFE unit did not provide services to juveniles. The Response to Allegation of Sexual Assault flow chart was revised to include the following:

- Student that are the alleged victim and perpetrator of sexual assault on this campus will be transported by STS staff to Iowa City Hospital for Forensic examination (change from Hansen Family Hospital) by STS staff.
- Noted the superintendent, TPA and TSD must be contacted (removed specific names and just noted position).

An email was addressed to superintendent, counselor, cottage dayrooms, school classrooms, dietary and canteen directing all to print and have this flow chart available to staff at all times. Staff were directed to discard the previous version.

Through such reviews, the facility meets this standards requirements.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. Collective Bargaining Agreement between the State of Iowa and The American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO, dated 2019-2021

Interviews:

1. Superintendent
2. PREA Coordinator
3. Random staff

Interviews with the Superintendent and the PREA Coordinator determined that all though the security staff are partnered with The American Federation, this does not prohibit the facility from disciplining and or removing staff from the program, if necessary.

Site Observation:

Due to the Union agreement commencing prior to the facility implementation of PREA, Union

115.366

- (a) The State Training School PAQ states the agency has entered into or renewed any collective bargaining agreements since the last PREA audit. The facility provided a collective bargaining agreement, which demonstrates the agreement is in place to protect only employee pay schedules. Employees are mandated to follow all other State Training School personnel and facility policy through the hiring process.

Through such reviews, the facility meets this standards requirements.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020

Interviews:

1. Superintendent
2. PREA Manager
3. Supervisory staff

Interviews with the Superintendent, PREA Manager, supervisors and agency investigator demonstrated each would and have completed retaliation monitoring; however, all completed monitoring in a different format, at different intervals. Staff reported retaliation is documented on incident reports, case notes or shift logs between every day and once per week.

Site Observation:

Although interviews and documentation demonstrated compliance, the Auditor recommended the staff meet and agree on a single format for monitoring retaliation and document at least weekly.

115.367

- (a) The State Training School PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility designates counselors, direct care staff or a designated supervisor as retaliation monitors. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 20, section F.1., states, "The State Training School has zero-tolerance for retaliation of any kind against student victims or staff members who report sexual abuse and sexual harassment or 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."
- (b) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 20, section F.2, states, "The State Training School shall employ multiple protection measures, such 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."
- (c-e) The State Training School PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the student is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 20, section F.3, states, "For at least 90 days following a report of sexual abuse or sexual harassment, the State Training School shall monitor the conduct and treatment of students or staff who have reported sexual abuse and sexual harassment, as well as of student victims who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by students or staff, and shall promptly act to remedy any such retaliation. Items the agency should monitor include any student disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The State Training School shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of students and staff involved in incidents or allegations, such monitoring shall include no less than weekly status checks."

Through such reviews, the facility meets this standards requirements.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020

Interviews:

1. PREA Coordinator
2. Random staff
3. Social Worker
4. Supervisory staff
5. Random residents
6. Targeted residents

Random and targeted student interviews conducted demonstrated that students had not nor had they heard of a resident being placed in isolation during their residency. Interviews with the PREA Coordinator, random, supervisory and counseling staff demonstrated that the isolation rooms were used to de-escalate students until which time they can maintain composure and return to programming. Of the resident files reviewed, none had seclusion room documentation.

Site Observation:

The seclusion room in the special needs unit was empty at the time of the on-site audit. The seclusion room is located in the center of the building, away from student single wet cells.

115.368

- (a) The State Training School PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally

required educational programming, special education services, and daily large-muscle exercise.” In the last 12 months there have been zero residents who allege to have suffered sexual abuse, who were placed in isolation.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 20-21, section H.1., states, Refer to Standard 115.342 for the use of segregation and housing option for student protection.” Section 115.342, page 14, section B.2., states, “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 students safe can be arranged. During any period of seclusion, the State Training School shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in seclusion shall receive daily visits from medical or mental health care personnel. Students shall also have access to other programs and work opportunities to the extent possible.”

Through such reviews, the facility meets this standards requirements.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Sexual Abuse PowerPoint training for Investigators, not dated
4. Facility staff 2019 Training: PREA Investigation, self-study, training acknowledgments, dated 8.20.2019 through 9.5.2019
5. Seven facility Administrative Investigations, dated 3.11.2019 through 11.18.2019

Interviews:

1. PREA Coordinator
2. Facility Investigators

Interviews with the PREA Coordinator and facility investigators demonstrated each completed initial and annual specialized investigator training. Each clearly articulated processes required during an investigation, except the notification requirements to victims.

Site Observation:

Review of the seven Administrative Investigations completed, each were completed thoroughly and within 24 to 72 hours. Each included interviews with victims, perpetrators and staff in the area where the allegation took place. Of the seven investigations completed, six were unsubstantiated and one was unfounded. Students; however, were notified verbally and written documentation of notification was not documented.

115.371

- (a) The State Training School PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 1., states, "The State Training School will 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." Since the last PREA audit, the facility has not had any criminal investigations referred to law enforcement.
- (b) Investigators completed Sexual Assault Investigation Training through State Training School's self-study PowerPoint Investigator training from 8.20.2019 to 9.2.2019. The facility has 25 Administrative Investigators, which include a large percentage of the management and administrative team at the State Training School.
- (c) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 2., states, "The appropriate individuals shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview student victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."
- (d) The State Training School PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section VIII. A. 3-4., states, "The State Training School shall not terminate an investigation solely because the source of the allegation recants the allegation." The departure of the alleged abuser or student victim from the employment or control of the State Training School shall not provide a basis for terminating an investigation."
- (e) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section VIII. A. 5., states, "When the quality of evidence appears to support criminal prosecution, the State Training School shall conduct compelled interviews only after consulting with law enforcement as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."
- (f) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 6., states, "The credibility of a student victim, alleged abuser, or witness shall be assessed on an individual basis and shall not be determined by the person's status as student or staff. The State Training School will not require a student who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."
- (g) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 7., states, "The State Training School will seek outside assistance if it believes it cannot conduct the investigation according to the guidelines set forth and will cooperate fully with the outside agency authorized to conduct the investigation."
- (h) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 8., states, "In all cases where criminal charges have been substantiated through investigation, the State Training School will inform the local County Attorney of such charges, for their consideration for further legal action."

- (l) The State Training School PAQ states there has been zero sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 9., states, “The alleged abuser shall not be permitted contact with students until the investigation is complete, and the allegations have been determined to be unfounded or unsubstantiated.”
- (j) The State Training School PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 22, section VIII. A. 11., states, “State Training School shall retain all written reports related to criminal and administrative investigations of any incidents of sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the State Training School, plus five years.”
- (k) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 22, section VIII. A. 10., states, “Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to any sexual abuse or sexual harassment and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Through such reviews, the facility meets this standards requirements.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020

Interviews:

1. Facility Investigators

The interview with the facility investigator(s) demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

115.372

- (a) The State Training School PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. State Training School policy 4D-01, page 22, section B. 1., states, “The State Training School shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

Through such reviews, the facility meets this standards requirements.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in the agency’s facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Department of Human Services, Incident Report, dated 9.6.2019 @ 2:15 pm

Interviews:

1. Agency Investigator(s)
2. PREA Coordinator

Interviews with the PREA Coordinator and facility investigators demonstrated notification requirements to victims was given verbally; however, verbal notification was not documented.

115.373

- (a) The State Training School PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the last 12 months there have been zero criminal and or administrative investigations.

State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 22, section C.1., states, "Following an investigation into a student's allegations of sexual abuse suffered in its facility, the State Training School shall inform the student as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded."

- (b) The State Training School PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been seven investigations of alleged resident sexual abuse; however, none were completed by an outside agency.

State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 22, section C.2., states, "If the State Training School did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the student."

- (c) The State Training School PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
- The staff member is no longer posted within the resident's unit;
 - The staff member is no longer employed at the facility;
 - The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by staff against a resident in the last 12 months.

State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 22, section C.3. (a)-(d), states, "Following a student's allegation that a staff member has committed sexual abuse against the student, the State Training School shall subsequently inform the student (unless the allegation was determined to be unfounded) whenever:

- a. The staff member is no longer posted within the student's cottage/housing unit;
- b. The staff member is no longer employed at the State Training School;
- c. The State Training School learns that the staff member has been charged with a crime related to sexual abuse within the facility; or
- d. The State Training School learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The facility could not demonstrate notifications to victims when person(s) were removed from cottages due to an allegation, the outcome of allegations and or when the facility learned a perpetrator had been indicted. This standard required corrective action. Due to COVID 19 and the rescheduling of the on-site audit, the facility had ample time to revise language on investigation reports. On 5.13.2020, language was added to investigation reports to document all requirements in C (1-4) and (4)(d)(-2).

- (d) The State Training School PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 22-23, section C.4. (a)-(b), states, "Following a student's allegation that he or she was sexually abused by another student, the State Training School shall subsequently inform the alleged victim whenever:

- a. The State Training School learns that the alleged abuser has been charged with a crime related to sexual abuse within the facility; or
- b. The State Training School learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

- (e) The State Training School PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been one notification to a resident, pursuant to this standard. Of those motivations, in the past 12 months, one was documented.

State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 23, section C.5-6., state, "All such notification or attempts shall be documented. The State Training School's obligation to report under this section shall terminate if the student is released from the State Training School's custody

Through such reviews, the facility meets this standards requirements.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Iowa Department of Human Services Written Reprimand, dated 6.5.2019

Interviews:

1. PREA Manager
2. Human Resource Manager

Site Observation:

In the last 12 months, the facility had one staff who was disciplined for violation of an agency sexual abuse or sexual harassment policy. The facility provided the written reprimand, dated 6.5.2019. The reprimand provided clear instruction to the staff member on the offense and counseling on how to handle such a situation, moving forward.

115.376

- (a) The State Training School PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 23, section VIII. A. 1., states, "Employees will be subject to disciplinary action up to and including termination of employment for substantiated allegations of 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, shall be reported to law enforcement agencies and any relevant licensing bodies. "
- (b) The State Training School PAQ states in the last 12 months, there has been one staff from the facility that had violated agency sexual abuse or sexual harassment policies.
- (c) The State Training School PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.

State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 23, section A. 2., states, "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 acts committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories." The facility provided a written reprimand for the one employee who violated the sexual harassment policy. This employee made a comment that could have been construed as sexual in nature. The employee was appropriately counseled and sound guidance was provided if such a situation should present, in the future.

(d) The State Training School PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.

State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 23, section A. 3., states, "Termination shall be the presumptive disciplinary sanction for a staff who has engaged in sexual abuse."

Through such reviews, the facility met this standards requirements.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020

Interviews:

1. PREA Manager
2. Human Resource Manager

Site Observation:

During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies. Of the volunteer and contractor files reviewed, none had disciplinary action for violations of sexual abuse or sexual harassment.

115.377

- (a) The State Training School PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.

State Training School policy 4D01, Sexual Assault/Abuse/Harassment, page 23, section B. 1., states, "Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with students and shall be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies."

The State Training School has not experienced an incident where a volunteer or contractor has engaged in sexual abuse or harassment; however, removal from facility premises and restricting access and possible termination of access would be the remedial measures.

- (b) The State Training School PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. State Training School policy 4D01, Sexual Assault/Abuse/Harassment, page 23, section B. 2., states, "The State Training School shall take appropriate remedial measures, and shall consider whether to prohibit further contact with students, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."

Through such reviews, the facility meets this standards requirements.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School Student Handbook/Orientation Handbook, dated 1.25.2020
4. State Training School Psychological Evaluation, Resident Safety Plan, dated 10.15.2019

Interviews:

1. Sexual Abuse Incident Team member

Interviews with sexual abuse incident team members demonstrated students who falsely reported PREA allegations would not earn a good week and possible privileges would be lost. Staff explained students who do not earn good weeks could result in not being allowed privileges in recreation areas of programming, reduction of level, and earlier bedtimes.

115.378

- (a) The State Training School PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there have no criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 23, section VIII, C. 1., states, "A student may be subject to disciplinary sanctions 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."

State Training School utilizes a point system for behavior. State Training School does not sanction youth to confinement as discipline. When a youth commits an incident, it is brought before the Treatment Team comprised of staff and professionals involved in the residents' treatment plan. The sanctions include reduction in the level system, reduction in 'weeks', removing privileges, etc.

- (b) The State Training School PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 24, section C. 2., states, "Any disciplinary sanctions shall 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 State Training School shall not deny the student daily large-muscle exercise or access to any legally required educational programming or special education services. Students in seclusion shall receive daily visits from medical or mental health care personnel. Students shall also have access to other programs and work opportunities to the extent possible.

- (c) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 24, section VIII, C. 3., states, "The disciplinary process shall consider whether a student's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."
- (d) The State Training School PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Although the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not mandate whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 24, section C. 4., states, "The State Training School shall consider whether to offer the offending student participation in such interventions as therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse, The State Training School may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education."

- (e) The State Training School PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 24, section VIII, C. 5., states, “The State 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. “
- (f) The State Training School PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 24, section VIII, C. 6., states, “For the purpose of disciplinary action, 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.”
- (g) The State Training School PAQ states the agency prohibits all sexual activity between residents. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 24, section VIII, C. 7., states, “The State Training School prohibits all sexual activity between students and may discipline students for such activity. However, the State Training School does not deem such activity to constitute sexual abuse if it determines that the activity is not coerced between students who are of legal consenting age.”

Through such reviews, the facility meets this standards requirements.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School Medical and Treatment Services Admission Consent Form (A), dated 6.2019
4. State Training School Disclosure spreadsheet, not dated
5. State Training School Psychological Evaluation, Resident Safety Plan, dated 10.15.2019

Interviews:

1. LPN
2. Mental Health Authority
3. Targeted residents

Interviews with the PREA Coordinator, mental health authority and facility nurse demonstrated disclosure reports are reported to the mental health staff. Documentation of disclosures and follow up appointments are documented in the mental health database.

115.381

- (a) The State Training School PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months there has been two residents who disclosed prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 24, section IX. A.1., states, "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 shall ensure that the student is offered a follow-up meeting with medical or mental health personnel within 14 days of the intake screening."

The facility provided a Resident Safety Plan example, documenting the mental health follow up session with the contracted Psychologist within 72 hours of disclosure. Additionally, the facility provided a spreadsheet documenting disclosure for prior victimization, with the following outcomes:

- 2017 - eight referrals, all students had mental health follow up within 14 days
- 2018 - eight referrals, all students had mental health follow up within 14 days
- 2019 – four referrals, three students had mental health follow up within 14 days and one within 51 days.
- 2020 – no referrals

- (b) The State Training School PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. All residents are allowed a follow-up meeting offered within 14 days of the intake screening. In the past 12 months there have been zero residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section IX. A.2., states, "If the intake screening indicates that a student has previously perpetrated sexual abuse; whether it occurred in an institutional setting or in the community, staff shall ensure that the student is offered a follow-up meeting with mental health personnel within 14 days of the intake screening."

The State Training School provided a psychological evaluation, demonstrating the facility follows up with students who have previously perpetrated sexual abuse, within 14 days of the intake screening. The evaluation documents the student date of evaluation was completed 11 days after admission disclosure.

- (c) The State Training School PAQ states the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section IX. A. 3., states, "Any information related to a sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health personnel and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."
- (d) The State Training School PAQ states, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section IX. A. 4., states, "Medical and mental health personnel shall obtain informed consent from students before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the student is under the age of 18."

The facility did not have a practice in place to obtain reporting consent from youth 18 or older. This standard required corrective action. Due to COVID 19 and the rescheduling of the audit date, the facility had ample time to create a consent policy and revise the consent form to allow for the provision requirements of this standard. In addition, current students 18 and over were made aware of the newly implemented policy and signed the revised consent form. The facility had the five youth 18 years of age and over signed the revised consents on 5.15.2020.

Through such reviews, the facility did not meet this standards requirements.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident 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 practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. LPN
5. Mental Health Authority

Interviews with th LPN and mental health staff, random staff and students demonstrated that students are aware of access to emergency medical and mental health services.

Site Observation:

During the tour of the medical department, the Auditor witnessed pamphlets regarding medical care for residents to include those specifically for sexual assault services, community therapeutic providers, and sexually transmitted diseases.

115.382

- (a) The State Training School PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials used in such occurrences. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25 section B. 1., states, "Student victims of sexual abuse shall 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 no qualified medical or mental health personnel are on duty at the time a report of recent sexual abuse is made, staff first responders shall take preliminary steps to protect the student victim as outlined in this policy and shall immediately notify the appropriate medical and mental health personnel."
- (c) The State Training School PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25 section B. 2., states, "Student victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexual transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."
- (d) The State Training School PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25 section B. 3., states, "Treatment services shall be provided to the student victim without financial cost and regardless of whether the student victim names the abuser or cooperates with any investigation of the incident."

Through such reviews, the facility meets this standards requirements.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such 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? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

3. State Training School PAQ
4. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. LPN
5. Mental Health Authority

Interviews with medical and mental health staff, random staff and students demonstrated that students are aware of access to emergency medical and mental health services. Students who reported sexual abuse reported staff acted immediately, empathetically and addressed their concerns and needs.

Site Observation:

During the tour of the medical department, the Auditor witnessed pamphlets regarding medical care for students to include those specifically for sexual assault services, community therapeutic providers, and sexually transmitted diseases.

115.383

- (a) The State Training School PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section C. 1., states, "The State Training School shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility. "
- (b) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section IX. C. 2., states, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody."
- (c) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section C. 3., states, "The facility shall provide such victims with medical and mental health services consistent with the community level of care."

- (d) The State Training School PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests is not applicable. The State Training School is an all-male facility.
- (e) The State Training School PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services is not applicable. The State Training School is an all-male facility.
- (f) They State Training School PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section IX. C. 4., states, "Student victims of sexual abuse while at the State Training School shall be offered tests for sexually transmitted infections as medically appropriate."
- (g) State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section C. 5., states, "Treatment services shall 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."
- (h) The State Training School PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. "State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 25, section C. 5., states, "The State Training School shall 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."

Through such reviews, the facility meets this standards requirements.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Seven allegations of sexual abuse, Incident Report and Reviews, dated 3.11.2019 through 11.18.2019

Interviews:

1. Superintendent
2. PREA Coordinator – Incident Review Team
3. PREA Manager – Incident Review Team

An interview with the Superintendent PREA Coordinator and PREA Manager demonstrated sexual abuse incident reviews take place after each Administrative Investigation.

115.386

- (a) The State Training School PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been zero criminal and six administrative investigation of alleged sexual abuse completed at the facility,

The facility provided seven Critical Incident Reviews for Administrative Investigations conducted from 3.11.2019 through 11.18.2019. Six investigations were reviewed within 24 hours and one investigation was reviewed within 72 hours. Review team members are inclusive of upper level management names submitted to the Auditor.

- (b) The State Training School PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, no criminal and one administrative investigations of alleged sexual abuse completed at the facility that

were followed by a sexual abuse incident review within 30 days. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 26, section A. 1., states, "All 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."

- (c) The State Training School PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The State Training School PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 26, section A. 2. (a-f), states, "The review team shall consist of upper-level management staff, with input from line supervisors and investigating staff. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent detect, or respond to sexual abuse;
 - b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity-lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics;
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staff levels in that area during different shifts;
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (2)(a)-(2)(e) of this section, and any recommendations for improvement and submit such report to the Superintendent and agency PREA coordinator."

- (e) The State Training School PAQ states the facility implements the recommendations for improvement or documents its reasons for not doing so. State Training School policy 4D-01 Sexual Assault/Abuse/Harassment, page 26, section A. 3., states, "The State Training School shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

Through such reviews, the facility exceeds this standards requirements as investigations are consistently completed and reviewed within a very short time frame.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. State Training School Aggregate data provided for 2016 through 2019

4. State Training School 2019 allegation data
5. State Training School 2020 allegation data, January - March

115.387

(a)/(c)-1,2

The State Training School PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 27, section B. 1., states, "The State Training School shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions."

- (b) The State Training School PAQ states the agency aggregates incident-based sexual abuse data at least annually. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 27, section B. 2., states, "The State Training School shall 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 provided aggregate data for years 2016 through 2019, documenting 25 incidents in the year of 2019.

- (d) The State Training School PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 27, Section. B. 3., states, "The State Training School shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

- (e) The State Training School PAQ states the agency does not contract for the confinement of residents.

- (f) The State Training School PAQ states the Department of Justice has requested agency data for the year 2018 or 2019. The facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standardized instrument includes the format necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV), conducted by the Department of Justice.

The facility provided aggregate and comparison data for 2016 through 2019. The facility also provided spreadsheets of each incident reviewed for 2019 and January through March of 2020. The facility chooses to make this data available upon request through DHS request for information process (RFI) or a Freedom of Information Act (FOIA).

Through such reviews, the facility meets this standards requirements.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. State Training School PAQ
2. State Training School Policy 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. 2019 Agency/Facility Annual Report at https://dhs.iowa.gov/sites/default/files/2019_PREA_Report.pdf?040820200239

Interview/Site Observation:

1. PREA Coordinator

An interview conducted with the PREA Coordinator and review of the 2019 Agency Annual Report demonstrated the report is developed annually with a comparison of annual numbers from previous years.

115.388

- (a) The State Training School PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 27, section C. 1., states, "Data shall 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 an annual report. This report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse."

During the pre-audit the Auditor recognized the facilities annual assessment for the last three years was inclusive of exact language for each year. When reviewing with the PREA Coordinator, the facility made the decision to revise the language in the 2019 annual report to include the following:

- "STS has increased direct supervision staff ratios and continues to hire in that area. STS trained all management staff on the use of Dialectical Behavioral Therapy in July 2019. STS has increased Mental Health staff in 2019 adding several positions to better serve the trauma many of the students have suffered prior to being admitted."

- (b) The State Training School PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.
- (c) The State Training School PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment page 27, section C. 2., states, "The report shall be 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 when publication would present a clear and specific threat to the safety and security of the State Training School, but must indicate the nature of the material redacted. “

- (d) The State Training School PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Through such reviews, the facility meets this standards requirements.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews:

1. PREA Coordinator

Through interviews with the PREA Coordinator he demonstrated the data is secured on the Agency's secure intranet with limited access to Department Supervisory staff. Aggregate, redacted data, is available on the agency website.

115.389

- (a) The State Training School PAQ states the agency ensures that incident-based and aggregate data are securely retained. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 27, section D. 1., states "The State Training School shall ensure that data collected pursuant to this policy is securely retained." During the pre-audit phase, the Auditor spoke with the PREA Coordinator who stated all data is stored on the "Rite Track" electronic database and only upper management, State of Iowa, Department of Human Service staff have access to this data.
- (b) The State Training School PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 27, section D. 2., states "The State Training School shall make all aggregate sexual abuse 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 shall remove all personal identifiers."
- (c) The State Training School PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. State Training School policy 4D-01, Sexual Assault/Abuse/Harassment, page 27, section D. 3., states, "The State Training School shall maintain sexual abuse data collected pursuant to this policy for at least 10 years after the date of the initial collection."

Through such reviews, the facility meets this standards requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401

- (a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.
- (b) This is the third audit cycle for State Training School and the first year of the third audit cycle.
- (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.
- (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).
- (m) The Auditor was permitted to conduct private interviews with residents.
- (n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Through such reviews, the facility meets this standards requirements.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- b. The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403

(b) The agency has posted the current 2017 PREA audit report, on their website.

Through such reviews, the facility meets this standards requirements.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Karen d Murray

5.24.2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.