

# PREA Facility Audit Report: Final

**Name of Facility:** Linn County Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 06/27/2019

**Date Final Report Submitted:** 10/17/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Scott Musel	<b>Date of Signature:</b> 10/17/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Musel, Scott
<b>Address:</b>	
<b>Email:</b>	scott.musel@iowa.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	2019-04-29
<b>End Date of On-Site Audit:</b>	2019-05-01

FACILITY INFORMATION	
<b>Facility name:</b>	Linn County Juvenile Detention Center
<b>Facility physical address:</b>	800 Walford Rd SW, Cedar Rapids, Iowa - 52404
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Dawn Schott
<b>Email Address:</b>	dawn.schott@linncounty.org
<b>Telephone Number:</b>	319-892-5739

Superintendent/Director/Administrator	
<b>Name:</b>	Dawn Schott
<b>Email Address:</b>	dawn.schott@linncounty.org
<b>Telephone Number:</b>	319-892-5739

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	Dawn Schott
<b>Email Address:</b>	dawn.schott@linncounty.org
<b>Telephone Number:</b>	M: 319-892-5736

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Tricia Peckosh-Rudin
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	35
<b>Current population of facility:</b>	7
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	42
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	

AGENCY INFORMATION	
<b>Name of agency:</b>	Linn County Juvenile Detention & Diversion Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	800 Walford Rd SW, Cedar Rapids, Iowa - 52404
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Marcus Wise	<b>Email Address:</b>	marcus.wise@linncounty.org

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

The Prison Rape Elimination Act (PREA) onsite audit of the Linn County Juvenile Detention Center (LCJDC) in Cedar Rapids, Iowa, was conducted on Monday, April 29th, 2019 – Wednesday, May 1st, 2019. This was the first PREA audit completed by the LCJDC, and was completed to evaluate the LCJDC compliance with the PREA standards. Scott Musel of the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP) was the lead auditor. Mr. Musel was the sole auditor during the entirety of the audit process. With his position with CJJP, Mr. Musel is the Juvenile Compliance Monitor for the federal Juvenile Justice and Delinquency Prevention Act (JJDPA) for the State of Iowa. In this capacity as the state's juvenile compliance monitor he is responsible for auditing the LCJDC for compliance with the JJDPA, and has access to data on the residents securely detained at the LCJDC. This detention data includes, demographic information such as name, date of birth, race/ethnicity, and gender; custody information such as date and time of admission, date and time of discharge, delinquent/criminal offense, and court of jurisdiction. As the auditor for the JJDPA, Mr. Musel, has no conflict of interest in the role of PREA auditor for the LCJDC; however, does have a moderate understanding of the functioning of the LCJDC based upon his previous JJDPA audits.

Functionally, the LCJDC is the detention service of Linn County's Juvenile Detention and Diversion Services (JDDS). Operationally, the LCJDC is under the authority of the Linn County Community Services (LCCS) and Linn County Board of Supervisors. David Thielen is the director of LCCS; Dawn Schott is the Director of JDDS, as well as the PREA Coordinator for the LCJDC; Marcus Wise serves as the PREA Compliance Manager for LCJDC, in addition to his role as a Supervisor for both LCJDC and the diversion services program; and, Dan Williams is the Assistant Director of JDDS.

Due to the limited number of staff available at the facility, staff members must cover multiple roles. For example, Mrs. Schott is both the Facility Director (Head), and PREA Coordinator, but also has the roles of Human Resources, Investigative Staff at Facility Level, Incident Review Team, and is the Staff Responsible for Monitoring Retaliation. Mr. Wise is both a Supervisor (intermediate-level supervisor), and PREA Compliance Manager, but is also responsible as Intake Staff, Risk Screening Staff, and is a First Responder. Mr. Williams doesn't hold a specific PREA position within the facility, however, his role as the Assistant Director includes him in all operating functions of the facility, and very knowledgeable on all aspects of PREA within the facility. And finally, all supervisors and security staff (more fully detailed below), are also tasked as Intake Staff, Risk Screening Staff, and are First Responders.

The entire PREA audit process began when the Facility Director contacted the auditor about completing an audit of the LCJDC. Discussions in this pre-contract phase included the necessity that the auditor would have unimpeded access to all facility records and documents, that all staff, contractors, interns, and volunteers would be available for formal interviews and informal discussions, the auditor would be able to perform a site review of the entire facility (e.g. no area would be off-limits to the review), and that secure, confidential work space would be available to the auditor; as well as confidential space to conduct

interviews. In return the auditor would perform a thorough audit of the facility, and produce a comprehensive report. If there were any findings of non-compliance the auditor explained the corrective action timeline, and that he would work with the facility to develop a corrective action plan to provide the facility an opportunity to achieve compliance with all of the standards. After these initial discussions and an understanding of both party's responsibilities, a prospective was agreed upon, and mutually agreeable contract was written and signed by the necessary authorities from Linn County and the Iowa Department of Human Rights. After the contract was signed the Pre-Audit Questionnaire process was entered.

The PAQ was opened on March 11th, 2019, with the auditor completing the review on April 10th, 2019. The pre-audit phase consisted of a review of all documentation and data submitted by the LCJDC via the PAQ. Documentation included facility policies, organizational charts, Coordinated Response Plan, Memorandums of Understanding (MOU), forms, resident handbook, training logs for staff and contractors, summary reports, and the Union contract. On April 10th, 2019, the auditor provided the LCJDC with an Issue Log requesting additional materials to support those provided in the PAQ; and that these documents be available upon arrival at the facility for the on-site audit. The auditor was requesting supplemental documentation to provide further insight when the LCJDC simply referred to their PREA Policy as evidence supporting a provision of a standard; simply having a PREA policy on a provision was not enough to justify compliance. Documents included, a comprehensive list of staff and positions, staff schedules for four weeks previous to the audit (March 16th, 2019 through April 12th, 2019) and four random weeks within the previous year, annual safety review summaries, staff hiring documents (e.g. criminal background checks, child abuse checks, interview questions, sexual abuse disclosure statements), PREA training acknowledgement documentation, resident zero-tolerance policy acknowledgement documentation, and reporting PREA incident at another facility documentation. These documents were available to the auditor upon arrival at the LCJDC on April 29th, 2019. During the on-site audit, the auditor was provided unimpeded access to all parts of the facility, access to staff and residents for interviews, and was provided with all requested documentation.

The auditor contacted the Riverview Center (a sexual assault crisis and care center operating in eastern Iowa), Just Detention International (JDI), and the Linn County Sheriff's Office, regarding any PREA related incidences associated with the LCJDC; none were reported. Additionally, the auditor completed an internet search to determine if the facility was reported in any incidences, or had any findings of inadequacy. Nothing was noted during the internet search. The LCDJC website (<http://www.linncounty.org/141/Juvenile-Detention-Diversion-Services>) provides a link to the facility's zero-tolerance policy, PREA policy, annual summary report, how to report a PREA incident, and responsibilities of the facility and investigators in response to a PREA incident.

In preparation for the onsite audit, the LCJDC posted the required PREA Audit notices on Monday, March 18th, 2019. This met the six-week requirement for posting prior to the first day of the onsite audit. The facility provided documentation of the posted notices through an email to the auditor with attached photos. These photos demonstrated that notices were posted throughout the facility, including in the common area of the living pods, cafeteria, north and south multipurpose areas, visitation hallway, and the staff briefing room. The notices were printed on bright golden rod and pink colored paper to ensure that they were very visible and differentiated from other postings. LCJDC agreed to keep the notices posted for a minimum of 45 days after the conclusion of the onsite audit. The auditor did not receive any correspondence as a result of the posted notices prior to the onsite audit. Prior to the posting of the audit notice, during the contract discussions, the auditor affirmed that the LCJDC was responsible for posting the audit notices in public spaces that can be seen by residents, staff, and visitors. That if a resident wanted to send a letter to the auditor that they would have access to the self-addressed, stamped

envelopes provided by the auditor, and that the letter would be treated confidentially. The Facility Director confirmed if a resident requested to write a letter that they would have the opportunity, an envelope would be provided, and that it would not be screened by staff.

A conference call was conducted on Tuesday, April 16th, 2019 between the auditor, Mrs. Schott, Mr. Williams, and Mr. Wise. This discussion included the auditor's request for additional requested documentation that was identified during the pre-audit review of the PAQ, ensuring that a secure work room for the auditor would be available, that confidential rooms for interviews of staff, contractors and residents would be available, and to ensure the key staff (e.g. agency head, human resources staff, contract administrators) would be available for interviews during the onsite audit. It was noted that the agency head would not be available during the onsite audit, so arrangements were made to conduct this interview via a telephone call prior to the onsite audit; this interview was completed on Friday, April 19th, 2019.

The onsite audit process began with an entrance interview that included the Facility Director, Assistant Director, and PREA Compliance Manager. The audit process was explained, including the timeline for when products would be due from the auditor. Following the entrance interview the auditor completed a site review of the facility in the company of the Director, Assistant Director and PREA Compliance Manager. The site review included the housing units (pods), school, medical unit, kitchen, cafeteria, storage rooms, maintenance and mechanical areas, multipurpose rooms, laundry, time-out rooms, gymnasium, Control Room, intake, sally port, delivery bay, visitation rooms, reception, administrative offices, staff briefing, teacher's office area, exterior courtyards and recreation yard. The auditor noted that all showers and restrooms are designed for single person use, and are locked until a security staff member unlocks the room. Likewise all bedrooms are single occupancy, and only accessible when unlocked by a security staff member. The location of cameras was noted, and any potential blind spots or concerns if a camera would see into a restroom or shower room if the door were opened. While in the Control Room it was explained and demonstrated that the cameras in the Quiet Rooms (time-out rooms) have the area around the toilets blurred out so residents performing bodily functions cannot be viewed.

The auditor was provided with a secure location, the conference room, to work and conduct confidential interviews with staff, contractors, and volunteers. Additionally, for interviews with residents the facility provided a confidential visitation room. Formal interviews were conducted with residents, staff, contractors, and volunteers. The auditor formally interviewed ten of the 16 residents from all three housing units, and 17 staff, including specialized staff, contractors, and volunteers. It should be noted that only ten random staff were interviewed; the auditor misjudged the time allotment for completing tasks, and therefore, was only able to complete interviews with ten random staff. A more detailed listing of the residents and staff interviewed is provided below. Staff from all three shifts (7:00 am – 3:00 pm, 3:00 pm – 11:00 pm, and 11:00 pm – 7:00 am) were interviewed. Residents were randomly selected through a blind name draw, with representation from each of the three occupied living units. The interview protocols developed by the national PREA Resource Center were utilized for staff, contractors, volunteers, and residents. Topics covered with staff, contractors, and volunteers included, but were not limited to the zero tolerance policy on sexual abuse and sexual harassment, PREA related training, reporting requirements, reporting mechanisms for staff and residents, understanding of sexual abuse and harassment dynamics, prevention, detection and response, and first responder protocols and responsibilities. For residents the topics covered, but not limited to, included understanding of zero tolerance policy on sexual abuse and harassment, right to be free of sexual abuse and harassment, PREA related intake questions and risk assessment, PREA related information and education (including when this information was provided), understanding on how to report any concerns, right to be free from

retaliation for reporting, who they could report to outside the facility and how to access, and what services were available outside the facility.

During the on-site audit process the auditor requested access to nine employee personnel files, an intern's file, a contractor's file, a volunteer's file, twelve resident files (including five current residents, and seven previous residents), the unannounced rounds log, facility policy and procedures for time-outs and using the Quiet Room usage, a detailed facility map, and four incident reports. Additionally, each day the auditor requested, and was provided, a copy of the Daily Report; a log of current resident, pod placement, room assignment, date of admission, and number of days at the facility. Employee files contained documentation on criminal history checks, child abuse registry checks, zero-tolerance policy acknowledgement, and PREA training and acknowledgement. Resident files contained documentation on intake date, date of intake screening and any indicators of PREA related risk factors, PREA zero tolerance policy acknowledgment, and date of completion of PREA education.

There were four PREA related incidents examined by the auditor. One related to sexual abuse, two related to potential sexual harassment, and one to an incident reported at the LCDJC that occurred at another facility.

- The single incident related to sexual abuse was immediately determined to be unfounded, as the situation alleged by the resident does not exist at the facility. The report alleged an incident in a multi-occupancy restroom/shower, and all restrooms and showers in the facility are single occupancy rooms, therefore, the incident reported by the resident was not possible.
- In the two cases related to sexual harassment a resident made sexually suggestive and provocative proposal to another resident; who then made a report to a supervisor at their first opportunity. The supervisor then took actions to prevent any further inappropriate proposals, and thus, prevented sexual harassment.
- The allegation of a sexual abuse incident at another facility was taken by LCJDC staff, and then forwarded onto the facility of the allegation, and a report was filed with the Department of Human Services (DHS).

Other than these four incident reports there were no other allegations reported within the previous twelve months, and there had been no hotline calls. So there had been one allegation of sexual abuse determined to be unfounded, and no allegations determined to be unsubstantiated or substantiated. There were no allegations of sexual harassment.

An out-brief was held during the late morning of Wednesday, May 1st, 2019. This out-brief included the auditor, the Facility Director, and Assistant Director. A summary of the facility's strengths and opportunities was shared, along with once more detailing the timeline and expectations of the audit report process.

During the course of the audit there were a components and operations of the facility that were brought to the attention of the auditor that require additional description for understanding throughout the audit report:

- O-Pod/O-Status: A resident is initially placed upon "Orientation Pod" when admitted to the facility. Every resident must start on O-Pod upon admission to the facility; regardless, of whether it is the resident's first admission to the LCJDC or their umpteenth admission. This is not a specific living pod, but rather a status. The concept of the O-Pod was originally part of a grant program where the facility was able to utilize one of the unused living pods as an Orientation Pods where new admissions were separated from



the rest of the residents for the first full day of their time at the facility while they learned the rules and regulations of the facility, and their responsibilities and expectations while at the facility. When the grant expired the facility was unable to maintain the operation of the Orientation Pod; however, the staff had found the functions of the Orientation Pod to be useful in transition residents into the facility, and incorporated the O-Pod status into the functioning of the facility. The result is that upon admission to the facility for the first full day the resident is on O-Pod/O-Status. They are part of the regular milieu and will be assigned to any of the three living pods, but have some specific orientation requirements that they must complete. This includes completing a PREA education program, taking the Massachusetts Youth Screening Instrument (MAYSI-2), completing a math, reading, and writing skills assessment, completing a 'life story' assessment, and completing a 'test-out' exam. As noted, in Standard 115.333, provision (b), the PREA education program used by the facility is Safeguarding Your Sexual Safety: A PREA Orientation Video.

- **EVOLV:** An electronic record system developed for the LCJDC, which allows the storing of resident's files in a digital format. The system is tailored so that staff with different security clearances have access to different items within a resident's files, or have permissions to enter or edit data and forms. A staff's level of security will depend upon if they are an administrator, supervisor, security staff, medical staff, educational staff, or support staff. For example, administrative, supervisory, and security staff all have access to the risk assessments for security, safety, and housing assignment purposes; however, this information would not be accessible to the educational staff or all the support staff. Documents maintained on the system include information such as, but not limited to: a demographic face sheet, court records and documents, medical and mental health records, risk assessments, educational records, release of information forms, daily logs, time-out logs and Quiet Room placement logs, phone calls and visitation records, the resident's care plan, incident logs, daily health logs, and privileges and restrictions notes.

- **SING:** Single Contact Repository provides authorized agencies access to Iowa Criminal History, Sex Offender Registry, Child Abuse Registry, Dependent Adult Abuse Registry, and Professional License information at a single web-based location. This system allows for an immediate response to searches on potential new employees. A hit on any of the lists, it will require a further request from a state agency. A hit on the Criminal History or Sex Offender Registry will require a further query to the Department of Criminal Investigations, a hit on the Child Abuse Registry or Dependent Adult Abuse Registry will require a further query to the Department of Human Services, and a hit on the Professional License will require a further query to the appropriate licensing board.

- **Security Staff:** There are three categories of security staff at the facility – Youth Counselors, Youth Workers, and Youth Leaders. Youth Counselors are full-time or part-time employees with a bachelor's degree that provide direct, on-the-floor supervision of residents. Youth Workers are full-time or part-time employees with an associate's degree, and typically provide supervision through video monitoring in the control room. Youth Leaders are full-time or part-time employees without a bachelor's degree that are working toward a degree, and provide on-the-floor supervision of residents in support of the Youth Counselors. Supervisors are also responsible for security within the facility, but are not included as part of the term Security Staff throughout the document. It should be noted that Supervisors and Security Staff are also responsible for the intake process, and have all been trained on and are expected to be able to complete the intake process; including the initial risk assessment form.

- **Daily Activities:** Scheduled every weekday are two evening activities. One will always be physical activity time in the Gym or East Outside Courtyard. The second will be an educational program that is dependent

upon the day of the week: Monday – varies, Tuesday – yoga, Wednesday – PREA education, Thursday – varies, Friday – video entertainment. The ‘varies’ includes educational activities such as arts & crafts, skill building programming, or guest speakers. On weekends the day shift and evening shift each will have two activities, one will be from the ‘varies’ category, and the other will be the gym/outdoor activity. It should be noted that every Wednesday one of the activities is PREA education. This is a review of the PREA education information that the residents receive while on O-Pod, and is intentionally held every week to ensure residents understand their rights, and how to help protect their sexual safety while at the facility.

#### Resident Interviews:

Ten interviews were initiated, nine were completed. Five males and five females were interviewed; three residents from Birch pod, four from Maple pod, and three from Hickory pod. There were no residents with identified physical disabilities, cognitive disabilities, nor blind, deaf or hard of hearing. There was one resident with limited English proficiency that was interviewed. There were no residents that identified as LGBTI, therefore, the auditor was unable to interview a resident from this category. There were no residents in isolation, see Standard 115.342, provision (b) on the LCJDC use of isolation, therefore, the auditor was unable to interview a resident from this category. There were no residents that identified as sexual abusers, therefore, the auditor was unable to interview a resident from this category. There were three residents that disclosed sexual victimization during the risk assessment screening; however, during their formal interviews were unwilling to acknowledge or discuss what they had disclosed on the risk assessment, therefore, the auditor was unable to interview a resident from the sexual victim category.

#### By Type of Interview:

- Random: 9
- Residents with Physical Disability, Cognitive Disability, Blind, Deaf, Hard of Hearing, LEP: 1
- Residents identify as LGBTI: 0
- Residents Reported Sexual Abuse: 0
- Residents Reported Sexual Victimization: 0

#### Staff Interviews:

The LCJDC does not operate with a large staff. All of the management and security staff have the responsibilities of numerous positions within the facility; for example, all management and security staff are also responsible as first responders, intake staff, and screening for risk of victimization and abusiveness. As noted above, the auditor misjudged the time allotment for completing tasks, and therefore, was only able to complete interviews with ten random staff. There were 17 interviews conducted using the following protocols:

1. Agency Head
2. Facility Head, PREA Coordinator, Human Resources, Investigative Staff at Facility Level, Incident Review Team, and Staff Responsible for Monitoring Retaliation
3. PREA Compliance Manager, Incident Review Team
4. Medical Staff
5. Intake Staff, Risk Screening Staff, and Unannounced Rounds
6. Random Staff
7. Random Staff
8. Random Staff
9. Random Staff
10. Random Staff
11. Random Staff
12. Random Staff

- 13. Random Staff
- 14. Random Staff
- 15. Random Staff
- 16. Contractor and First Responder (Non-Security)
- 17. Volunteer

Due to the limited number of employees, and size of the facility, there are certain interview protocols that there are no corresponding staff at the facility to interview. These include:

- Contract Administrator – the LCJDC does not contract with outside facilities for the detention of its residents;
- Youthful Inmate Staff – the LCJDC is not a jail or prison, so no residents are not classified as Youthful Inmates, including those that have been certified/waived/transferred to the criminal (adult) court for prosecution;
- Mental Health Practitioner – the LCJDC does not provide mental health services;
- Non-Medical Cross-Gender/Visual Search Staff – the LCJDC does not perform cross-gender or visual body-cavity searches;
- SAFE/SANE Staff – the LCJDC does not employ a SAFE or SANE staff; and,
- Segregated Housing Staff – the LCJDC does not utilize segregated housing

By Type:

- Agency Head: 1
- Facility Head: 1
- PREA Coordinator: 1
- PREA Compliance Manager: 1
- Random: 10
- Human Resources: 1
- Investigative Staff at Facility Level: 1
- Incident Review Team: 2
- Responsible for Monitoring Retaliation: 1
- Medical Staff: 1
- Intake Staff: 1
- Screening Staff: 1
- Unannounced Rounds: 1
- Contractor: 1
- Non-Security First Responder: 1
- Volunteer: 1

Mandatory Reporter Laws:

In Iowa all employees of a juvenile detention center are mandatory reporters. Iowa Code §232.69 addresses the reporting requirements, and Iowa Code §232.70 addresses the reporting procedures. Specifically §232.69(1)(b)(8) addresses employees of juvenile detention facilities, §232.69(1)(a) addresses medical health practitioners, and §232.69(1)(b)(4) addresses educators and para-educators. This encompasses all of the staff and high-contact contractors that have contact with residents at the LCJDC.

Note: Throughout the report there will be references to previous standards and provisions. If there is a reference to a provision, without noting a standard, then that is a provision within that standard. For example, if in Standard 115.369, provision (c) there is the reference: “as noted in provision (a)”, this would be referring to Standard 115.369(a). Whereas, if the reference is to a provision in a different standard it will list the standard and provision. For example, if in Standard 115.369, provision (c) there is

the reference: "as noted in Standard 115.339, provision (a)", this would be referring to Standard 115.339(a).

Note: Throughout the report there will be references to where the LCJDC policy does not necessarily comply with the requirements of a provision; however, only a couple of standards (i.e. §115.311(a), §115.313(e), §115.315(d), §115.322(b), §115.322(d), §115.322(e), §115.361(a), §115.361(c), and §115.367(a)) require a policy be in place by the facility. Therefore, having a standard that does not exactly match the requirements of the provision does not immediately indicate that the facility is not in compliance with the provision, and thus the standard. If the facility can demonstrate through other means (e.g. interviews with staff, interviews with residents, records, other documents) that the practice and culture at the facility is compliant with the provision, then the facility may still be found in compliance with a standard.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

The LCJDC is the only facility operated by LCCS. The LCJDC is located at 800 Walford Road SW, Cedar Rapids, Iowa. The facility is located on the south side of Cedar Rapids, in an area that while in the city limits is rural; the facility is surrounded by corn fields, a county maintenance facility, and a couple of industrial facilities. The facility is two buildings, the primary building and a storage garage, with no perimeter fence. The facility serves youth, male and female, under the age of 18 charged or adjudicated with a delinquent offense by the juvenile court system or that have been charged with a criminal offense in the criminal (adult) court system. While the LCJDC can detain juveniles that have been charged with a criminal offense, because, the facility is not a county jail or state prison those residents are not classified as Youthful Inmates. While primarily housing youth from Linn County Iowa, the facility can, and does house youth from other counties. LCJDC opened in 1999, replacing an older facility (now demolished) that had shared a location with the county home. The LCJDC is the only juvenile detention facility operated by the LCCS, and subsequently Linn County; there are no other facilities operated under the authority of the county, nor does the county, agency, or facility contract with any other organizations, private or public, to detain youth for the facility.

The facility has a maximum capacity of 35 youth, divided between five housing units (pods); each pod consists of seven single bed rooms, a single person shower room, a single person restroom/shower room combination, and a common day room. Each resident has their own toilet located in their bedroom. There are no cameras located in the bedrooms or restroom/shower rooms. There is a single camera in each of the common day rooms that has a view of that area, and all of the doors into bedrooms and restroom/shower rooms, but not into those spaces. All living pods at the facility are coed pods, as detailed in Standard 115.315, provision (d), so staff do not announce themselves when entering the pod. Each pod has a telephone that residents can access to make phone calls to family, attorneys, juvenile court officers, interpreter services through the BigWord (as detailed in Standard 115.316, provision (b)), or the Riverview Center; there is no dedicated phone to contact the Riverview Center. Each living pod, the multipurpose rooms, dining hall, hallway, and visitation room had PREA related posters, breaking the silence posters, and PREA audit notifications; this is further detailed in Standard 115.333, provision (f). Additionally, the living pods and visitation rooms had informational brochures from the Riverview Center on their services, pregnancy, and sexual transmitted infections. As noted in the Standard 115.352, provision (a), the LCJDC has a grievance process; however, does not use that system for addressing PREA related issues. The grievance process at the LCJDC is to address when residents are not satisfied with staff decisions. The facility does not maintain any type of box for residents to submit a grievance.

Three of the pods (Maple, Birch, and Pine) are on the north end of the building, and two pods (Walnut and Hickory) are on the south end of the building. The three pods on the north side of the building share a common multipurpose room, and the two pods on the south side of the building share a common multipurpose room. Currently, only three pods (Maple, Birch, and Walnut), two on the north end and one on the south end, are staffed and utilized, for a current maximum capacity of 21 youth. The other two pods (Hickory and Pine) are completely functional and ready to be utilized if necessary, but recently

population numbers does not require the use of these two pods. The common day room on the Pine pod has been arranged to use as a third school classroom when needed to keep residents that require separation from sharing classroom space. The facility was designed that if there were ever a need for additional living spaces that two more pods could be built with no structural changes to the rest of the building other than placement of access doors. One pod would be placed on the north side of the building, sharing the north multipurpose room; and one on the south side of the building, sharing the south multipurpose room.

The facility is primarily a short-term holding facility for youth initially charged with a delinquent or criminal offense, or adjudicated delinquents awaiting placement in a residential treatment facility. For 2018 there had been 436 holds, for a total of 6,046 days, with an average length of stay is 13.9 days, an average daily population of 16.6, and 81.7% of the population being males. During 2018, no resident was held for longer than six months, with the longest hold being 175 days. There were only six holds that exceeded three months; about two-thirds (66.5%) of the residents were held less than the average length of stay.

The pods have no special designation; for example, there is not a female pod, a male pod, a young resident pod, etc. Each pod's population is determined by the current population, and placements are determined to keep all residents safe. Considerations for placement are given to youth that are a higher risk to assault other youth, youth that are potential victims, separating co-conspirators, separating rival gang members, etc. There is no segregation pod; youth needing a time out (maximum time of 24 hours) are confined to their rooms, or one of the four Quiet Rooms (time-out rooms).

In addition to the five living pods and two multipurpose rooms, areas that are accessible to the residents include the school (consisting of two classrooms, a common space, and a small workroom), a medical office, a cafeteria, a gymnasium, four visitation rooms, an outside recreation yard, two small outside courtyards, intake center, sally port, and four Quiet Rooms. The facility also has a number of spaces that are off-limits to residents, including the kitchen, storage rooms, delivery bay, maintenance and mechanical areas, conference/training room, laundry, Control Room, staff briefing, teacher's office area, reception and administrative offices. All areas accessible to residents, except bedrooms, bathrooms, shower rooms, and visitation, are monitored by cameras. Bedrooms, bathrooms, and showers are not monitored by cameras so as to ensure youth are not exposed; however, doorways leading into these areas are covered by video monitoring. Visitation is not monitored by cameras to provide confidentiality; however, there is direct supervision through glass walls into the visitation area from the reception and administrative office area. The facility has lots of direct vision through the facility provided by glass walls. The entirety of the north and south multipurpose rooms, and cafeteria are visible to one another through glass walls. The entirety of the school is visible through glass walls from the cafeteria and main hallway. Similarly the recreation yard is visible from the south multipurpose area and the main hallway. The common area of each living pod is visible from the multipurpose rooms.

The medical office is located off of the dining room. It consists of an exam room, the nurse's office, and a single occupancy restroom. Entrance is directly into the exam room, with the nurse's office and restroom leading off of the exam room. Residents only have access to the exam room and restroom. Similar to the staffs' office and teachers' office, the nurse's office is restricted from residents. Unlike the rest of the facility the medical offices do not have windows that provide direct visual supervision; however, the exam room is monitored by two cameras. There is a screened off area of the exam room that provides residents privacy when they need to disrobe for a medical exam.

Intakes occur in the intake section of the facility. This is located off of the south end of the building,

between the control room and the sally port. The intake area consists of a central processing area, three Quiet Rooms, an interview room, and a single occupancy shower and restroom. During the site review the auditor walked through the intake process with the Facility Director, Assistant Director, and PREA Compliance Manager; including, being brought into the facility via the sally port, a pat-down search in the processing area, an undergarment search (detailed in Section 115.315, provision (a)), showering and changing into facility garments, the risk assessment process (detailed in Section 115.341, provision (a)), including listening to the PREA orientation recording, and then assignment to a living pod and room, and as noted in the Narrative Section placed on 'O-Pod'.

Records are stored in a couple of locations depending upon if the resident is currently in custody or not. If a resident is currently in custody the record will be stored in a file folder in the staff briefing room, a section of the facility prohibited to residents. When a resident is no longer in custody the record will be transferred to a manila envelope, and be stored in file cabinets in the control room. Records are also electronically stored in the EVOLV system, which is detailed in the Narrative Section. As noted in Section 115.341, provision (e), documents with sensitive data are scanned into EVOLV, and the hard copy is destroyed. By having these sensitive documents only available in EVOLV the facility can control who has access to the information, ensuring only those that need the information for security and management have access.

During the onsite audit the population started at 15 youth, ten males and five females, and ended with 16 youth, ten males and six females. Two residents were admitted during the onsite audit, with one of them immediately released. No residents identified as gay, lesbian, bisexual, transgender or intersex, three residents had disclosed sexual victimization, and no residents had disclosed any sexual abusiveness. The average length of stay for the current population on the last day of the audit was 20.0 days, with a range of 2 days to 74 days.

The facility operates with a staff that consists of seven management staff, two facility administrators and five supervisory staff; 30 security staff, including twelve full-time youth counselors (currently two of those positions are unfilled), seven full-time youth workers, three part-time youth counselors, two part-time youth leaders, one part-time youth worker, and five on-call staff; and, five support staff including, a full-time receptionist, a full-time cook, a part-time cook, a full-time nurse, and a part-time medical director. In addition to these staff there are five teaching staff contracted through the local Area Education Agency; three maintenance/janitorial staff provided by the Linn County Maintenance Department; and six volunteers that provide services either on a weekly or monthly basis. The seven management staff, 30 security staff, one support staff (the full-time nurse), and five educational staff have high-levels of contact with residents; three of the support staff (the two cooks and part-time medical director), and six volunteers have low-levels of contact with the residents; and, the final support staff (the receptionist), and three maintenance/janitorial staff have passing to no contact with residents. As noted in the Narrative Section the security staff are classified by their level of education, and level of contact with residents. It was reported that there had been three new hires within the last twelve months, and that two of those hires had been released.

The LCJDC is licensed by the Iowa Department of Human Services (DHS) as a public detention center for juveniles, and is annually audited by the Iowa Department of Inspections and Appeals (DIA) for compliance with the operating requirements established by DHS in the Iowa Administrative Code. LCJDC was last inspected by DIA on January 14th, 2019, and received an operational license from DHS on February 1st, 2019. Currently, the LCJDC is licensed for a maximum capacity of 35 juveniles in custody; however, current staffing capacity is for a maximum 21 juveniles in custody.

Supervision of residents is provided primarily by direct contact supervision, with support through video monitoring. The facility has 32 cameras positioned to monitor areas accessible to residents; including pods, multipurpose rooms, school rooms, cafeteria, gymnasium, hallways, and doorways into areas restricted from residents. Additionally, there are seven cameras on the exterior of the building for security. Cameras are not positioned such that they can see into bedrooms, shower rooms or restrooms. The cameras are monitored 24 hours a day, seven days a week from the Control Room. All recordings are maintained on digital storage in a server room. Recordings of all cameras are maintained for 45 days; however, any specific footage can be downloaded and permanently preserved if required. During the site review the auditor was made aware by the Facility Director, Assistant Director, and PREA Compliance Manager of any concerns with the video monitoring system. The only blind spot noted by the auditor was in the dining hall area next to the entrance to the single occupancy restroom. This was a small area, which could still be viewed from numerous points through the multiple windows in the facility. The primary concerns expressed by the Facility Director, Assistant Director, and PCM was upgrading cameras in the living pods to 'fish-eye' cameras to get a more comprehensive view of the common day room, and self-pixelating cameras in the Quiet Rooms; rather than relying upon the pieces of tape placed on the lens to cover the toilet in those rooms.



## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

Standards Exceeded: 3 (115.311, 115.317, 115.332)

Standards Met: 40 (115.312, 115.313, 115.315, 115.316, 115.318, 115.321, 115.331, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389)

Prevention Planning: 2 exceeds, 5 met

Responsive Planning: 2 met

Training and Education: 1 exceeds, 4 met

Screening for Risk of Sexual Victimization and Abusiveness: 2 met

Reporting: 4 met

Office Response Following a Resident Report: 8 met

Investigations: 3 met

Discipline: 3 met

Medical and Mental Care: 3 met

Data Collection and Review: 4 met

Audits: 2 met

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC Policy, opening policy statement</li> <li>• Formal interviews with two Supervisors, nine Security staff, one Contractor, and one Volunteer</li> <li>• Formal Interviews with nine Residents</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has a written zero-tolerance policy detailed in the LCJDC PREA Policy at the very beginning of the document. This is a comprehensive policy that details the LCJDC prohibition of all sexual abuse or sexual harassment of residents by staff or other residents. This statement indicates that the policy will address, but is not limited to “staff training and education, reporting and investigation standards, detainee victim services and support; and data collection measures related to sexual abuse at the LCJDC.” During formal interviews with two supervisors, nine security staff, one contractor, and one volunteer while discussing the LCJDC’s zero tolerance policy it was affirmed that this zero tolerance policy was understood and part of the culture within the facility.</p> <p>REASONING:</p> <p>The LCJDC has developed a zero-tolerance policy set down in the first couple of paragraphs of the LCJDC PREA Policy. During interviews with staffs, a contractor, a volunteer, and residents it became evident that the zero tolerance policy of the facility was well known and understood. While the policy was not being recited verbatim during the formal interviews, the concept that the LCJDC maintained an absolute prohibition to any sexual activity between staff and residents, and between residents was confirmed. Additionally, it was confirmed during these formal interviews that there was a prohibition on all forms of sexual harassment. While sexual abuse and sexual harassment were both noted during interviews there was a much greater emphasis on the prohibition of sexual abuse. The evidence provided by the LCJDC PREA Policy, and interviews with staffs, a contractor, a volunteer, and residents concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• Formal Interviews with the Agency Director and Facility Director</li> <li>• LCJDC Organizational Chart</li> </ul> <p>ANALYSIS:</p> <p>The Agency Director of LCCS has designated the Facility Director of the LCJDC as the PREA Coordinator. A formal interview with the Agency Director indicated that the daily operations and decisions within the facility are left to the discretion of the Facility Director. This gives the Facility Director the authority to develop, implement, and oversee the facility’s efforts to comply with the PREA standards. The Agency Director indicated that their position is responsible in the larger functional responsibilities of the facility, such as physical modifications and expansion, increasing staff size, budgetary proposals, etc.; essentially anything that required an intermediary between the LCJDC and the County Board of Supervisors. The Facility Director stated during a formal interview that there is enough time in their schedule to</p>

perform required PREA responsibilities. However, the PREA Coordinator has appointed a PREA Compliance Manager from among the supervisory staff to assist with issues such as developing training curriculum, performing training, tracking training of staff, contractors and volunteers, developing on-going updates and refresher information on PREA standards and requirements, and writing policy. The PREA Coordinator position is not listed on the LCJDC Organizational Chart; however, the Facility Director's position is listed.

**REASONING:**

Formal interviews with the Agency Director and the Facility Director indicated that the Facility Director has been given the responsibilities of the PREA Coordinator. The Facility Director is an upper-level administrator with the operational authority to implement any PREA related adjustments required at the LCJDC. The Facility Director affirmed that their schedule has enough time to complete their PREA related duties, but has appointed a PREA Compliance Manager to assist with various PREA related responsibilities. While the PREA Coordinator can make operational changes to the LCJDC for compliance with the PREA standards, the Agency Director would need to be part of the process for budgetary changes. For example, the permanently expanding of the number of security staff available to the facility to ensure staff to resident ratios are maintained. While the Agency Director is essential as an intermediary between the LCJDC and the County Board of Supervisors, their authority is not required by the Facility Director for the daily operations of the LCJDC. For example, the Facility Director is able to enter into contractual agreements with outside organizations and providers. The evidence provided by formal interviews with the Agency Director and Facility Director, and the Organizational Chart concludes that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- Formal Interviews with the Facility Director and PREA Compliance Manager
- LCJDC Organizational Chart

**ANALYSIS:**

LCCS only operates one facility, the LCJDC; therefore the agency and facility are not required under this provision to appoint a PREA Compliance Manager (PCM) at the facility. However, the formal interview with the Facility Director it was affirmed that one of the supervisors has been assigned the tasks of a PCM. The Facility Director affirmed that the PCM assists the PREA Coordinator through the development, implementation, and tracking of annual and on-going PREA training, and policy development. During a formal interview the PCM while discussing work duties confirmed that they had the necessary time and flexibility in their schedule to complete PREA related work; however, did acknowledge that the PREA Coordinator has the final authority on PREA implementation within the facility.

**REASONING:**

There is only a single facility operated by LCCS; therefore the facility is not required to designate a PREA Compliance Manager. However, through formal interviews with the Facility Director and the PCM it was confirmed that the LCJDC has designated a supervisor with the duties of the PCM. The PCM confirms that their positions affords them the necessary time to complete their PREA required duties; however, acknowledges that while they have the authority to develop policies, training curriculum, and PREA training schedules, that the final decision of any PREA related adjustments at the LCJDC is retained by the Facility Director/PREA Coordinator. The evidence provided by the LCJDC PREA Policy, and formal interviews with the Facility Director and PCM, concludes that the requirements of this provision are being exceeded.

**FINDINGS:**

The auditor finds that the LCJDC exceeds Standard 115.311. The facility has meet the requirements of the standard by having a written a zero-tolerance policy to sexual abuse and sexual harassment that outlines prevention, detection, and response, and is provided to and understood by staffs, contractors, volunteers, and residents; and the agency has designated a PREA Coordinator with the authority and time to implement the facility's PREA efforts. The LCJDC has exceeded the requirements of the standard by designating a PREA Compliance Manager, even though with only a single facility this is not required. The PCM confirmed that they have the authority and time to help implement the facility's PREA efforts.

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor finds that the LCJDC meets the requirements of Standard 115.312. The LCJDC does not contract with any outside entities for the secure confinement of youth in its custody; therefore, this standard does not apply to the facility.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 5, Center Staffing Pattern, all four bullets</li> <li>• Formal Interview with Facility Director</li> <li>• Iowa Administrative Code (IAC) Section 441, Chapter 105, Article 5, Paragraph 1</li> <li>• Operational License</li> <li>• Informal Discussions with Facility Director and Assistant Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy, Page 5, Center Staffing Pattern details the staffing plan for the facility. This policy requires the facility to maintain a minimum of one staff to five youth during waking hours, a minimum of one staff to ten youth during the overnight when youth are confined to their bedrooms, that the overall male/female staff ratio will remain consistent with the male/female youth population, and that on every shift there will always be at least one male and one female staff.</p> <p>A formal interview with the Facility Director affirmed, while discussing staff patterns, that staff plans were developed to ensure that there was required coverage based upon licensing requirements, youth gender population, programming, and seasonal variations in youth population. The Facility Director affirmed that the number of staff is regularly reviewed to ensure that all shifts are adequately covered, and that the gender composition of staff is in-line with the recent historical gender composition of the resident population. Additionally, the Facility Director affirmed that there had been no findings of inadequacy at the facility by judicial, Federal investigative, or internal nor external oversight bodies. The auditor confirmed through an internet search that there were no proceedings or findings against the facility. The development and review of these staffing plans was also affirmed during informal discussions with the Facility Director and Assistant Director.</p> <p>The staff to youth ratio required in the LCJDC PREA Policy is compliant with the standards established by the Iowa Department of Human Services (DHS) in the Iowa Administrative Code (IAC). The facility was last inspected by the Iowa Department of Inspections and Appeals (DIA) on January 14th, 2019 and found to be compliant with the licensing standards; the DHS issued an operating license on February 1st, 2019.</p> <p>REASONING:</p> <p>The LCJDC has developed, implemented, and documented a staffing plan that considers the required standards established by the state, are in line with generally accepted juvenile detention practices, consider the facility's physical plant and use of video monitoring technology, and considers the composition of the population at the facility; including, gender, programming, and seasonal variations. An interview with the Facility Director and informal discussions with management staff indicated that the facility's staffing plan considers the facility's needs, and continues to consider a number of factors when reviewing staffing patterns, and the hiring of new staff. There is no evidence that the facility has received any findings of inadequacy regarding the staffing plan, levels, or patterns. The passing of the annual inspection by the DIA, and the issuing of an operating license by the DHS, would both indicate that the staffing plan is adequate to meet the standards established by the state. The evidence provided by the LCJDC PREA Policy, formal interviews and informal discussion with</p>

management staff, and the finding of adequacy by the state inspection and licensing agencies concludes that the requirements of this provision are being achieved.

PROVISION (b)

EVIDENCE:

- Eight weeks of staffing schedules (July 14, 2018; August 18, 2018; September 1, 2018; October 20, 2018; March 16, 2019 – April 12, 2019)
- Formal Interviews with Facility Director, two Supervisors, and nine Security Staff
- Formalized Scheduling Process
- Informal Discussion with Security Staff

ANALYSIS:

Eight weeks of staffing schedules were reviewed by the auditor; the auditor picked a date and requested the following four weeks of schedules, and four random weeks from the previous year to ensure that at least one-tenth of a year's schedules were reviewed. The schedules logged staff vacations, and recorded staff that had called in sick, or were unable to report for work. On the reviewed schedules the staffing plan documented in the LCJDC PREA Policy was maintained. This staffing plan must be maintained as the IAC regulations do not allow for discrete exigent circumstances to vary from the required staffing to youth ratio. Because the licensing standards established by the state do not permit discrepancy from the staffing plan the facility has not developed a form to record or detail why the staffing plan was not maintained on a shift; therefore, there was no documentation to review regarding any deviations.

There were no reported deviations from the staffing plan. The Facility Director, two supervisors, and nine security staff, while discussing staff patterns, all affirmed during formal interviews that there was no incidences of deviation from the staffing plan. The Facility Director affirmed that a plan had been developed in collaboration with representatives of the American Federation of State, County and Municipal Employees (AFSCME) to ensure a standardized process was used when calling in security staff to cover a shift that would be short due to unforeseen illness or other unexpected circumstances. This process requires the facility to offer the extra shift in a prescribed order; if none of the staff want to voluntarily take the extra shift, then there is a process that will mandatorily require staff to cover the shift to ensure that the required staff to resident ratio is maintained. The Facility Director provided a copy of this on-call Formalized Scheduling Process to the auditor. During formal interviews with two shift supervisors it was confirmed that this 'call list' process was utilized for ensuring that all shifts were fully covered whenever a situation arose that may result in a deviation from the PREA Policy staffing plan. An informal discussion with a security staff member did confirm that there was a formalized plan to call-in staff to ensure that all shifts were fully staffed. The staff member confirmed that picking up additional shifts was not as easy as it had been in years past; they didn't know the exact order, but knew that there was a call order for who was first offered the extra shift.

REASONING:

The Facility Director and two supervisors have affirmed that there have been no deviations from the staffing plan detailed in the LCJDC PREA Policy. A review of eight weeks of staff scheduling confirmed that the staffing plan was being maintained, and generally exceeded. Likewise, formal interviews with supervisors affirmed that the staffing plan was being maintained. The Facility Director detailed a formal plan for calling in additional security staff should a situation arise that the staffing plan would not be maintained. This plan was confirmed by documentation and an informal discussion with a security staff member. As

noted in provision (a) the DIA completed their audit on the facility that includes ensuring the facility is meeting the state required staffing ratios, and the DHS issued an operating license based upon that audit. The evidence provided by a review of staffing scheduling, interviews and informal discussion with management and security staff, and the finding of adequacy by the state inspection and licensing agencies concludes that the requirements of this provision are being achieved.

#### PROVISION (c)

##### EVIDENCE:

- LCJDC PREA Policy, Page 5, Center Staffing Patterns, Bullets 1 and 2
- Eight weeks of staffing schedules (July 14, 2018; August 18, 2018; September 1, 2018; October 20, 2018; March 16, 2019 – April 12, 2019)
- Iowa Administrative Code (IAC) Section 441, Chapter 105, Article 5, Paragraph 1, Subparagraph c and d

##### ANALYSIS:

The LCJDC PREA Policy, Page 5, Center Staffing Patterns policy requires that “During waking hours the facility will staff with a minimum ratio of 1 staff per 5 youth.” This same policy requires that “During the overnights when youth are in their respective bedrooms the staff ratio will drop to 1 staff per 10 youth.” This policy is in compliance with the DHS’s requirements set forth in IAC 441-105.5(1)(c) and (d). The IAC requires the facility to maintain a ratio of 1:5 staff to resident during prime time hours, and at least one awake staff on each living unit during night hours.

Eight weeks of schedules were reviewed by the auditor to determine if staffing levels had been maintained. The review also determined if only supervisory and security staff (Youth Counselors, Youth Leaders, and Youth Workers) were included in these ratio calculations. Support staff (receptionist, cooks, and medical), that is non-security staff, were noted on the schedule, but were not included in the ratio calculation.

##### REASONING:

The staffing plan detailed in the LCJDC PREA Policy, a ratio of one staff to five residents during waking hours, and one staff to ten residents during sleeping hours, exceeds the requirements established in this provision. The review of eight weeks of staffing schedules by the auditor confirmed that not only was the LCJDC maintaining its required staffing ratio of one staff to five residents during waking hours, it was often exceeding those ratios. The LCJDC also maintained the required staffing ratio of one staff to ten residents during the night (sleeping) hours of residents. Furthermore, only supervisory staff and security staff were used when calculating the ratios; while, the staff schedule included the non-security staff, they were not included in the ratio calculations. The evidence provided by the LCJDC PREA Policy, a review of staffing schedules, and calculations of security staff to resident ratios concludes that the requirements of this provision are being achieved.

#### PROVISION (d)

##### EVIDENCE:

- LCJDC PREA Policy, Page 6, Review of Policy, Bullet 1
- Formal Interviews with Facility Director, and PREA Compliance Manager
- Annual Safety Review Summaries (March 2018, December 2018, February 2019)
- Site Review
- Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager



**ANALYSIS:**

The LCJDC PREA Policy, Page 6, Review of Policy requires facility administration in collaboration with the PREA Team at minimum to conduct an annual review that requires the assessment of the staffing plan and patterns, deployment of monitoring technology, and allocation of agency resources to ensure compliance with the staffing plan.

Formal interviews with Facility Director and PREA Compliance Manager affirmed that review meetings to assess the staffing and security needs of the facility occurred on at least an annual basis. These meetings were confirmed through documentation from the previous three reviews, March 2018, December 2018, and February 2019; and, was further confirmed by a log of the annual plan reviews recording meetings back to November 2014.

During the site review, locations for expansion and cameras to be updated in the video monitoring system that had been recorded in the review meetings were pointed out to the auditor by the Facility Director, Assistant Director and PCM. This confirmed that the facility had been assessing and determining how to improve the deployment and technologies of the video monitoring system.

**REASONING:**

The LCJDC PREA Policy requires the management team to meet at a minimum on an annual basis to assess, determine, and document where the improvements towards safety can be made in the facility. Documentation provided by the Facility Director confirms that these meetings are occurring at least on an annual basis. Confirmation of these meetings was also reinforced during the site review when changes to the video monitoring system, that had been recorded on the meeting notes were pointed out to the auditor.

During the formal interview with the Facility Director while discussing staffing levels it was noted that additional female staff were needed at the facility. This was to ensure that there were enough female security staff to cover all shifts, and not 'burn-out' female staff by requiring them to work too many shifts. While reviewing the annual review notes one of the items addressed by the management team was the addition of two more female security staff. A later review of the annual safety review summaries noted that these two additional female security staff positions had been approved. This confirmed that the safety needs of the facility were being identified, and steps were being taken to address any areas of concern.

The evidence provided by the LCJDC PREA Policy, a review of annual safety review meetings, informal discussions with management staff during the site review, and formal interviews with the Facility Director concludes that the requirements of this provision are being achieved.

**PROVISION (e)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 6, Unannounced Supervisor Rounds, All Bullets
- Unannounced Rounds Log (January 2019 - July 2019)
- Formal Interviews with one Supervisor
- Eight weeks of staffing schedules (July 14, 2018; August 18, 2018; September 1, 2018; October 20, 2018; March 16, 2019 – April 12, 2019)
- Informal Discussions with Facility Director and Assistant Director

**ANALYSIS:**

The LCJDC PREA Policy, Page 6, Unannounced Supervisor Rounds requires that "Supervisors of the LCJDC periodically conduct unannounced rounds...", and these rounds are documented in a log book maintained in the Control Room.

The Unannounced Log Book includes monthly documentation with a space to record the time of the unannounced round, and space to record the intermediate- or higher-level

management that completed the unannounced round. Each page of the log is for a single month, and provides space for each day to record the unannounced round on the first shift (7:00 am – 3:00 pm) and the second shift (3:00 pm – 11:00 pm), and a single space to record an unannounced round on the graveyard shift (11:00 pm - 7:00 am). The auditor reviewed the Unannounced Log Book, and determined that these rounds are almost occurring on a daily basis during both of the prime time shifts; and, at least once a month during the overnight shift (11:00 pm – 7:00 am). The auditor further noted that there was no predictable pattern of when the unannounced rounds were occurring.

Formal interviews were conducted with one supervisory staff that covered the policy, practice, frequency, logging, and if there was any announcing of the rounds. During this interview it was affirmed that there are no supervisory staff scheduled for the shift (11:00 pm – 7:00 am), and this was confirmed on the staff schedules; however, supervisory staff were scheduled to start prior to the end of the graveyard shift, and to end after the beginning of the graveyard shift. It is during these overlaps that the supervisory staff are able to complete their unannounced rounds. Additionally, this interview also indicated that supervisory staff also completed these unannounced rounds more than once a shift during the two prime time shifts; however, as there was only one place to log an unannounced round on a day, that only one of the rounds was logged. The review of the log book had indicated that there was only one place on each prime time shift to log an unannounced round.

**REASONING:**

The LCJDC is completing unannounced rounds on all three identified shifts. The LCJDC should be commended for performing and logging unannounced rounds on almost a daily basis. The facility could further enhance its current logging system by providing supervisory staff additional places to record multiple unannounced rounds during a shift, and more than a single entry for the graveyard shift during a month. The evidence provided by the LCJDC PREA Policy, a review of Unannounced Log Book, formal interviews with supervisory staff, and informal discussions with administrative staff indicates that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.313. Interviews with supervisory staff and documentation confirm that the facility perform the required unannounced rounds on all three shifts, and log the unannounced rounds.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches, Bullet 1</li> <li>• Site Review</li> <li>• Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager</li> <li>• Formal Interviews with two Supervisors, nine Security Staffs, and nine Residents</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches prohibits cross-gender strip searches, or cross-gender visual body cavity searches under any circumstances.</p> <p>During the site review the Facility Director, Assistant Director, and PCM walked the auditor through the intake process, including how and where pat-down searches were conducted, and how and where undergarment (strip) searches were conducted. In both types of searches, pat-down and undergarment, it was affirmed that a staff of the same gender as the resident would perform the search.</p> <p>The undergarment search involved the resident standing in a shower and disrobing down to their undergarments, then with arms held out turning around in front of a staff member of the same gender. The staff would then hand them a towel, close the curtain to the shower to provide privacy to the resident, and instruct the resident to completely disrobe, put the towel around themselves to cover their genitalia, buttocks, and breasts. After they were covered the shower curtain would be opened, and the resident would be asked to squat. The staff member would then check the disrobed undergarments for any items. After the undergarments were examined the resident would be given a facility uniform (t-shirt and scrub bottoms) to wear along with their undergarments, and to dress after the shower curtain was closed again. This entire undergarment search is performed with a secondary staff visually observing the primary staff performing the search; however, the secondary staff is positioned in the hallway of the intake area in such a way as to be unable to see the resident that is being searched.</p> <p>During formal with two supervisors, and nine security staff interviews while discussing searches the process of the undergarment search was affirmed. These interviews also confirmed that cross-gender strip searches and visual body cavity searches were not performed at the facility. The two supervisors and nine security staffs affirmed that they had never been trained in cross-gender searches, and adamantly confirmed that cross-gender searches of any type were prohibited. Formal interviews with nine residents likewise confirmed that they had never been searched in any manner (pat-down, strip, or visual body cavity) by a staff of the opposite gender.</p> <p>REASONING:</p> <p>The LCJDC has established a policy that prohibits cross-gender searches of any type; pat-down, strip, or visual body-cavity. The process presented during the site review makes efforts to ensure that a resident's genitalia, buttocks, and breasts will remain covered; while maintaining safety at the facility. The detailed strip search attempts to provide the residents with a professional and respectful strip search; a process that provided security to the facility,</p>

while treating the resident with dignity.

Formal interviews with supervisors, and security staff, affirmed the process of the pat-down search and strip search, and that it was always performed by a staff of the same gender as the resident. Residents confirmed that all searches had been performed by a staff member of the same gender; likewise, the residents confirmed that they had never experienced a visual body cavity search while at the facility. The evidence provided by the LCJDC PREA Policy, the site review, and formal interviews with supervisors, security staffs, and residents, concludes that the requirements of this provision are being achieved.

#### PROVISION (b)

##### EVIDENCE:

- LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches, Bullet 1
- Formal Interviews with two Supervisors, nine Security Staffs, and nine Residents

##### ANALYSIS:

Similar to the prohibition to cross-gender strip, or cross-gender visual body cavity searches, The LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches prohibits cross-gender pat-down searches. The policy does not provide for cross-gender pat-down searches, even in exigent circumstances.

During formal interviews with two supervisors, and nine security staff while discussing searches it was affirmed that cross-gender pat-down searches were not conducted at the facility. This prohibition on cross-gender pat-down searches was confirmed by all nine residents that participated in a formal interview.

##### REASONING:

The LCJDC has a policy that prohibits all types of cross-gender searches (pat-down, strip, or visual body cavity). The policy does not provide for exigent circumstances for cross-gender pat-down searches. This practice was affirmed during formal interviews with supervisors and security staffs, and confirmed during formal interviews with residents. The evidence provided by the LCJDC PREA Policy, the site review, and formal interviews with supervisors, security staff, and residents, concludes that the requirements of this provision are being achieved.

#### PROVISION (c)

##### EVIDENCE:

- LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches, Bullet 1
- Informal Discussions with Management Staff
- Formal Interviews with three Supervisors, nine Security Staff, and ten Residents

##### ANALYSIS:

The LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches prohibits all types of cross-gender searches. As was detailed previously in the analysis of provision (a) this prohibition on cross-gender (pat-down, strip, or visual body cavity) searches was first discussed during the site review by three management staff. This was further affirmed during formal interviews with three supervisory staff, and nine security. This practice prohibiting cross-gender searches of any type was confirmed with interviews with residents. Because cross-gender searches are prohibited there are no records to review documenting or justifying a cross-gender search.

##### REASONING:

The LCJDC has a policy that prohibits all types of cross-gender searches (pat-down, strip, or

visual body cavity). The policy does not provide for exigent circumstances for cross-gender pat-down searches. This practice was affirmed during the site review and during formal interviews with supervisors and security staff, and confirmed during formal interviews with residents. With a practice of no cross-gender searches there is no documentation to review, and the evidence provided by the LCJDC PREA Policy, the site review, and formal interviews with supervisors, security staff, and residents, concludes that the requirements of this provision are being achieved.

#### PROVISION (d)

##### EVIDENCE:

- LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches, Bullet 2
- Site review
- Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager
- Resident Handbook, Page 5, Clothing, Second Sentence
- Formal Interviews with two Supervisors, nine Security Staffs, and nine Residents

##### ANALYSIS:

The LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches ensures that residents will have the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing them, except in incidental circumstances such as when completing room checks. During the site review it was noted that all bedroom doors had a large privacy magnet over the security window in bedroom doors. These privacy magnets were over the windows in all pods, even when residents were not in their bedrooms. Additionally, during the site review the auditor discussed with Facility Director, Assistant Director, and PCM the practice to monitor residents in the shower that were on suicide watch. These three staffs affirmed that security staff do not have the shower room door opened, nor do they open the door for a check during the shower. However, the security staff will knock on the shower room door, at the prescribed intervals, expecting a response from the resident for a safety check. These three staffs affirmed that resident's privacy while performing bodily functions in the four Quiet Rooms in the facility was provided by the strategic placement of tape over the lens of the video monitoring camera to obstruct the view of the toilet in those rooms. This was confirmed by the auditor during the site review when the video monitoring of those four Quiet Rooms was observed in the control room.

Formal interviews with two supervisors and nine security staffs affirmed that they did not have opportunities to see any residents while showering, performing bodily functions, or changing clothes; except, when doing routine overnight room checks. To help ensure that security staff do not incidentally see the breast, buttocks, or genitalia of residents, the Resident Handbook does require that "While residents are in their bedrooms (closed door/dorm time) they are required (at a minimum) to wear undergarments as staff conduct routine bed checks." During formal interviews with nine residents, this practice of providing privacy while showering, performing bodily functions, and changing clothes was confirmed. No residents indicated that they were ever aware that any staff had watched them while they were in the shower, performing a bodily function, or changing clothes.

All living pods at the facility are coed pods, so staff do not announce themselves when entering the pod. During formal interviews, while discussing announcing practices, two supervisory and nine security staffs affirmed that when opening the door or moving the privacy magnet of a bedroom during prime time hours that they will knock on the door, and announce

themselves. Formal interviews with nine residents confirmed this practice of staff announcing themselves prior to opening the room door. Residents stated that some staff will wait longer for a response from residents prior to opening the door; however, all staff regardless of gender knock on the door during primetime hours. Security staff did affirm that they do not knock on the door during the overnight shift while performing routine room checks; they simply lift the privacy blind to confirm that the youth is safe. As noted above, staff acknowledged that it is during this time that they are more likely to observe a youth in their undergarments, or while performing a bodily function. Two residents did state that staff had either lifted the privacy magnet, or started to open a bedroom door during the nights when they were performing bodily functions, but staff either immediately put back down the magnet or closed the door as soon as the resident said something.

**REASONING:**

The LCJDC has developed a policy that states that residents will be able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing, except incidental during routine room checks, and the facility has taken measures to provide this required privacy. All showers and restrooms in the facility are for single person occupancy, and the security windows on bedrooms have been covered with a large magnet sheet. The facility has instituted a practice of all staff announcing themselves prior to looking in the security windows, or opening the bedroom doors regardless of the gender of the staff or the gender of resident. Any potential viewing is incidental, and more likely to happen during overnight shifts when the staffs do not announce themselves while completing routine room checks; so as not to wake residents every 10 – 15 minutes. This practice was confirmed during formal interviews with residents. The LCJDC has obscured video monitoring in the four Quiet Rooms to ensure that residents performing bodily functions cannot be seen by the control room staff, and this was confirmed by observations of the auditor. The evidence provided by the LCJDC PREA Policy, the site review, and formal interviews with supervisors, security staff, and residents, concludes that the requirements of this provision are being achieved.

**PROVISION (e)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches, Bullet 3
- Formal Interviews with two Supervisors, nine Security Staff, and one Medical Staff

**ANALYSIS:**

The LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches prohibits the searching of transgender and intersex youth to determine genital status, or if necessary, only by a medical practitioner during a broader medical examination. Formal interviews with two supervisory, nine security staff, and one medical staff affirmed that this procedure is prohibited at the facility, and that they were not aware of any incidents where this was required of a medical practitioner. There were no identified transgender or intersex present at the facility during the audit process to confirm or deny this practice. However, the policies on other types of searches, pat-down, strip, and visual body cavity, and the confirmation by nine residents of these practices, would indicate that this policy prohibiting searching transgender and intersex residents to determine genital status is the practice at the facility.

**REASONING:**

The policy of the LCJDC prohibits the search or physical examination of a transgender or

intersex youth to determine genital status. This practice was affirmed through formal interviews with supervisory, security staff, and medical staff. During the on-site audit process there were no identified transgender or intersex residents to confirm this practice. However, the confirmation of other search policies by residents would provide support that this policy is likewise the practice at the LCJDC. The evidence provided by the LCJDC PREA Policy, and formal interviews with supervisors, security staff, medical staff, and residents, concludes that the requirements of this provision are being achieved.

**PROVISION (f)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches, Bullet 1
- LCJDC Staff Training Manual, Searches of Juveniles
- Formal Interviews with two Supervisors, and nine Security Staff

**ANALYSIS:**

The LCJDC PREA Policy, Page 5, Cross-Gender/Transgender/Intersex Viewing and Searches prohibits cross-gender searches of any type (pat-down, strip, or visual body-cavity) consistent with the security needs of the facility. Since no type of cross-gender searches are permitted at the facility there has been no training provided to the staff on how to perform a cross-gender pat-down search. The facility has no curriculum for this training, nor any documentation of any staff receiving this training. The Staff Training Manual notes that cross-gender pat-down searches, cross-gender undergarment searches, cross-gender strip searches, and cross-gender body cavity searches are prohibited.

**REASONING:**

Consistent with the facility's security needs there is no policy in the LCJDC PREA Policy requiring staff to be trained in how to perform cross-gender. The facility has no curriculum for this type of training, and reinforces that cross-gender searches are prohibited as part of the search training. Therefore, there is no documentation to review regarding staff receiving the training required in this provision.

The auditor finds the LCJDC is in compliance with provision (f) requiring the training of security staff on conducting cross-gender pat-down searches, and searches of transgender and intersex youth consistent with the facility's security needs. The facility maintains a policy that cross-gender pat-down searches are not permitted, and policy that requires a minimum of one male and one female working on every shift so that cross-gender pat-down searches can be avoided.

The LCJDC should be commended for prohibiting cross-gender pat-down searches, and ensuring that there will always be security staff available for the required gender to perform a search of a resident.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.315. Consistent with the facility's security needs the LCJDC prohibits cross-gender searches.

The Staff Training Manual details how to conduct searches in a manner that is professional and respectful.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 7, Residents with Disabilities and Residents who are Limited English Proficient, Bullet 1</li> <li>• Site Review</li> <li>• Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager</li> <li>• Audio recording of Linn County JDC Zero Tolerance Sexual Abuse Policy: Resident</li> <li>• Formal Interviews with nine Residents</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy, Page 7, Residents with Disabilities and Residents who are Limited English Proficient details the facility’s responsibilities to provide resources and materials to ensure resident’s with disabilities have an equal opportunity participate in or benefit from the facility’s zero tolerance policy to sexual abuse and sexual harassment. The Facility Director, Assistant Director, and PCM explained how the facility has produced an audio recording that reads the facility’s Zero Tolerance Sexual Abuse Policy: Resident for youth that need this assistance during the intake process. The auditor was able to listen to the audio recording during the site review, and was affirmed by the staff assisting with the tour that all youth have access to the recording. Formal interviews with nine residents indicated that they were all provided with appropriate PREA information that they understood during their initial intake and designation on the O-Pod. During the formal interviews residents further detailed how this information and education are further expanded upon and reinforced during the required evening educational activity on Wednesday, where the focus is on PREA education; as previously detailed in the Narrative Section. During informal discussions with the Facility Director and Assistant Director it was acknowledged that they continue to search for additional resources, materials, and tools to assist youth with disabilities understand the LCJDC PREA Policies and zero tolerance.</p> <p>REASONING:</p> <p>The LCJDC has made reasonable efforts to assist youth with specific needs understand the PREA Policy and zero tolerance expectations. The facility provides an audio recording to all residents to assist with the understanding, and provides on-going weekly information to residents on PREA related policy and practices at the LCJDC. Formal interviews with residents indicated that they felt well informed and educated on their rights and responsibilities regarding sexual abuse, sexual harassment, and zero tolerance. Residents confirmed that this information was provided during the intake process, while they were on the ‘o-pod’ designation, and during the evening educational activity on Wednesdays. Though it should also be noted that the Facility Director and Assistant Director likewise have acknowledged that they continue to look for additional resources, materials, and tools. The evidence provided by the LCJDC PREA Policy, formal interviews with residents, informal discussion with the Facility Director and Assistant, and the information provided during the site review concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p>



EVIDENCE:

- LCJDC PREA Policy, Page 7, Residents with Disabilities and Residents who are Limited English Proficient, Bullets 2 and 3
- Formal Interviews with Facility Director, one Supervisor, nine Security staff, and one Resident
- TheBigWord Documentation (brochure, service agreement, access codes)

ANALYSIS:

The LCJDC PREA Policy, Page 7, Residents with Disabilities and Residents who are Limited English Proficient details the facility's responsibilities to provide interpreters for residents with Limited English Proficiency. During a formal interview the Facility Director indicated at Linn County has a contract with TheBigWord interpreter services that permits the LCJDC to access these interpreter services. The auditor was provided with a brochure detailing TheBigWord, the service agreement between the county and TheBigWord, and the codes for specific languages when contacting the services. During interviews with nine security staff TheBigWord was never specifically mentioned; however, two staff did remember that there was a 1-800 number that they could access, but not the exact details. One of the security staff did affirm that there was a teacher from a local special education program that had been used to provide interpreter services. Additionally, one of the security staff noted that they had used Google Translate to communicate with youth; however, acknowledged that they understood it was not 100% accurate. Formal interviews with one supervisor and nine security staff indicated that a number of tools had been provided, though there was some variation between the staff as to which services the staff would use when necessary. One interview with a resident revealed that the youth was of limited English proficiency. While the youth was able to communicate in English, there were words and concepts that they struggled to understand. The youth indicated that the facility had provided PREA related information, in addition to other materials, in a language in which the youth was fluent. Additionally, the youth informed the auditor that the facility was working to provide an interpreter for court hearings and similar functions.

REASONING:

The LCJDC has identified a number of resources to provide interpreter services, though there were variations in exactly which resource each staff would utilize. A formal interview with a resident that has limited English proficiency confirmed that the facility is making efforts to ensure the resident is

The facility has access to an international interpreter service in TheBigWord, has identified local interpreters, and identified technology that can provide help when needed. However, this is an opportunity for the facility to identify a single interpreter practice, and ensure that all staff are aware of the process to utilize the service. The facility's ability to access and provide interpreter and translation services was confirmed through an interview with a resident; including being provided with written materials in a language in which the resident is fluent, and providing interpreter services during vital meetings (i.e. court hearings).. The evidence provided by the LCJDC PREA Policy, documentation from TheBigWord, formal interviews with a supervisor, security staffs and a resident concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 7, Residents with Disabilities and Residents who are Limited English Proficient, Bullet 4

- Formal Interviews with one Supervisor, nine Security staff, and nine Residents

#### ANALYSIS:

The LCJDC PREA Policy, Page 7, Residents with Disabilities and Residents who are Limited English Proficient details the facility's restrictions on using residents as interpreters for other residents. Unless a "youth's safety is in danger of being compromised" the facility will refrain from using residents as interpreters. During formal interviews with one supervisor, and nine security staff affirmed that there is no practice of using residents as interpreters. Nine of these formal interviews indicated that there were no circumstances where they could foresee using a resident as an interpreter, and consistent with the policy, there were three formal interviews that stated only in an emergency involving a youth's safety would another resident be used as an interpreter. There were two staff that noted residents would at times try to act like interpreters without being requested. However, this was generally everyday simple requests, such as, "S/he needs a pencil", "S/he wants to go to the restroom", etc. The two staff indicated that these interpretations were never requested from the staff, and staff would immediately remind the resident that while appreciated, that this interpretation is not their responsibility. Formal interviews with nine residents confirmed that residents were not being used as interpreters for other residents.

#### REASONING:

The LCJDC has a policy prohibiting using residents as interpreters for other residents, unless there is imminent danger to the resident. Formal interviews with staff affirmed that residents are not used as interpreters, though there are times an unsolicited resident will try to act as an interpreter. This affirmation of staff was confirmed during a formal interview with residents. There is no evidence that residents are being used by staff as interpreters for other residents. The evidence provided by the LCJDC PREA Policy, formal interviews with staff and residents, concludes that the requirements of this provision are being achieved.

#### FINDINGS:

The auditor finds that the LCJDC does comply with Standard 115.316. Facility policy addresses the three provisions of this standard; a review of the policy, documentation, and tools indicates that the facility is compliant with the three provisions; and, interviews with staff and residents presents evidence that the policy is practice. It should be noted that administrative staff realize that there are always opportunities to expand and improve the tools, and resources available at the LCJDC.

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)  EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions, Bullet 1</li> <li>• Formal Interview with Facility Director</li> <li>• Nine Employee Files, one Volunteer File, one Intern File, and one Contractor File</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions details the facility’s prohibitions regarding the hiring, promotion, or enlisting the services of a contractor that have engaged in, be convicted of, or administratively adjudicated of sexual abuse respectively in a confinement facility, in the public, or other organization. The Facility Director’s duties include the responsibilities of the human resources director at the facility; therefore, the Facility Director was able to answer questions regarding the hiring and promoting of staff, and enlisting the services of contractors and volunteers. The Facility Director affirmed during their formal interview that anyone applying for a position with the facility would not be considered if there was any evidence of sexual abuse within their history, nor would a contractor be enlisted. Additionally, the Facility Director affirmed that the Iowa Single Contact Repository (SING), previously detailed in the Narrative Section, was used to check the criminal history background, child abuse registry, and sex offender registry of potential hires and enlistments. The auditor’s review of nine employee records revealed the SING report had been used in the more recent hires, five of the files. The remaining four files reviewed included the required criminal history background checks either from the local sheriff’s office or the Iowa Department of Criminal Investigation (dependent upon the date of hire), and child abuse registry checks from the Iowa Department of Human Services. The auditor’s review of an intern’s file, a volunteer’s file, and a contractor’s file resulted in similar background checks using either the SING or the local sheriff’s office. The local Area Education Agency (AEA), Grantwood AEA, that provides the teachers and teacher’s aides, in the facility completes the criminal history background checks and child abuse registry checks on the teaching staff, and provides the results to the facility. In addition, all of the teachers and teacher’s aides must be licensed through the Iowa Board of Educational Examiners (BoEE); this license is also subject to a background check by the BoEE. A review of the contract with the local Union representing the facility’s employees did not indicate anything in the contract that would contradict the policy and practice established by the LCJDC.</p> <p>REASONING:</p> <p>The LCJDC has a policy that prohibits the hiring, promoting, or enlisting the services of a contractor that have engaged in, been convicted of, or administratively adjudicated of a sexual abuse. This policy was affirmed by the Facility director, and confirmed by the auditor’s review of personnel files of staff, contractors, and volunteers. The file review confirmed that background checks were being completed that included criminal history background, child abuse registry, and potentially sex offender registry checks. There were no indications of any staff or contractor that had been engaged in, convicted of, or administratively adjudicated on sexual abuse. The Facility Director’s affirmation that the facility was now using the SING system on all new hires and enlisting of contractors and volunteers was confirmed by this record review. The evidence provided by the LCJDC PREA Policy, and personnel files</p>

concludes that the requirements of this provision are being achieved.

PROVISION (b)

EVIDENCE:

- LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions, Bullet 2
- Formal Interview with Facility Director
- Informal Discussion with Facility Director and Assistant Director
- Nine Employee Files, one Volunteer File, one Intern File, and one Contractor File

ANALYSIS:

The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions details the facility's responsibility to consider any incidents of sexual harassment when determining to hire or promote a staff, or enlist the services of a contractor. During the formal interview with the Facility Director, and informal discussions with the Facility Director and Assistant Director it was noted that any founded cases of sexual harassment would be a factor when considering hiring a staff, promoting a staff, or enlisting a contractor. There were no reported incidents of sexual harassment by a staff member or contractor; therefore, there was nothing to review in any files regarding hiring, promoting, or enlisting with regards to a sexual harassment issue.

REASONING:

The LCJDC has established a policy requiring the consideration of sexual harassment when determining to hire or promote a staff, or enlist the services of a contractor. During the formal interview with the Facility Director the practice of this policy was affirmed. A review of the personnel files did not provide any suggestion or evidence that this policy was being disregarded. The evidence provided by the LCJDC PREA Policy, formal interviews with the Facility Director, informal discussions with the Facility Director and Assistant Director, and review of personnel files concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions, Bullet 3
- Formal Interview with Facility Director
- Nine Employee Files, one Volunteer File, one Intern File, and one Contractor File

ANALYSIS:

The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions details the facility's responsibility to perform a criminal history background check, consult the State's child abuse registry, and attempt to contact previous institutional employers for information on substantiated allegations or any resignations during a pending investigation related to sexual abuse. As has been previously noted, during a formal interview the Facility Director affirmed that the facility has been using for the last couple of years the Iowa SING system for criminal history background, sex offender registry, and child abuse registry checks; this initial SING system check is for new hires and enlistments. A review of by the auditor of nine employee files indicated that the SING system checks started as early as 2014. Prior to using the SING system the facility completed criminal history checks, and child abuse registry checks through the sheriff's office and Iowa DHS. In addition to providing a single contact for the criminal background check and child abuse registry, the SING system also includes a check of the sex offender registry. Facility management does contact previous employers to try and determine if there were any concerns with a potential employee that would prohibit their employment; however, during the formal interview the Facility Director did note that most institutions/businesses remain reluctant to provide the reason why, if an individual was

terminated. There is a form the facility uses when contacting the previous employer that includes questions that try to determine whether there should be any concerns with hiring a potential employee; this form was provided to the auditor.

REASONING:

The LCJDC has a policy that requires criminal history checks, consult the child abuse registry, and attempt to contact previous institutional employees prior to hiring an employee. This process was affirmed by the Facility Director during a formal interview, and the results were confirmed through the review of personnel files. The evidence provided by the LCJDC PREA Policy, formal interviews with the Facility Director, and review of personnel files concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions
- Formal Interview with Facility Director
- Iowa Administrative Code (IAC) Section 441, Chapter 105, Paragraph 5, Article 5

ANALYSIS:

The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions does not address the requirements of this provision; however, the practice of the facility is to perform a SING system check on contractors, volunteers, and interns. The facility is provided with the background check information from the Grantwood AEA for the teachers and teacher aides that provide educational services in the facility. As was previously noted all of the teachers and teacher aides are required to have these checks from both the AEA and by their licensing board; the BoEE. A review of files by the auditor indicated that these background checks were being completed. This included a review of an intern's file, a volunteer's file, and a teaching staff's file. These files all included documentation regarding the completion of the criminal history background and child abuse registry checks. During the formal interview with the Facility Director it was indicated that these background checks needed to be completed prior to an individual having contact with residents not only for this provision, but also to maintain compliance the operating rules and regulations regarding staff requirements/qualifications developed by the state.

REASONING:

While the LCJDC does not have a policy requiring a criminal history background check, and child abuse registry check on contractors prior to enlisting their services; the Facility Director affirmed that these checks are completed prior to enlisting the services of the contractor or volunteer. Additionally, the Facility Director indicated that these checks need to be completed to maintain compliance with the state's licensing requirements. The completion of these checks was confirmed through the file review of contractors and volunteers. The evidence provided by formal interviews with the Facility Director, and review of personnel files concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions, Bullet 4
- Bi-annual criminal background checks
- Informal Discussions with Facility Director and Assistant Director

ANALYSIS:

The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions details the facility's

responsibility to perform a criminal history background check at least every five years on current employees and contractors that may have contact with residents. Through informal discussions with administrative staff it was indicated that this has become the responsibility of the Assistant Director, and that these criminal background checks were completed every two years through the local sheriff's office. The Assistant Director provided the auditor with the documentation from the background checks performed by the sheriff's office from 2016 and 2018. During informal discussions with administrative staff it was indicated that these bi-annual criminal background checks are completed through the sheriff's office as there is no cost to the facility to use the sheriff's office for this services; whereas, the SING system has a cost for each requested record check. Further discussion indicated that the facility prefers the SING system for the initial background check during the hiring process as it includes the criminal background check, child abuse registry check, and sex offender registry check, but for the once every five year criminal background check the facility administration preferred using the sheriff's office to manage the cost.

**REASONING:**

The current practice of the LCJDC is to complete criminal history background checks every two years; this exceeds the provision's requirement of a check once every five years. This practice was affirmed by the Facility Director and Assistant Director during informal discussions, and was confirmed by the documentation provided by the Linn County Sheriff's Office. The evidence provided by the LCJDC PREA Policy, informal discussions with administrative staff, and documentation from the sheriff's office concludes that the requirements of this provision are being exceeded.

**PROVISION (f)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions, Bullet 5 and 6
- Formal Interview with Facility Director
- JDDS Youth Counselor Interview Questions Form
- Linn County Juvenile Detention & Diversion Services Disclosure Statements Form
- Review of nine Employee Files

**ANALYSIS:**

The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions details the facility's responsibility to question all employees whom have contact with residents to disclose any previous misconduct detailed in provision (a). During the formal interview the Facility Director affirmed that these questions are part of the interview process, and are included on the interviewers questions form. Additionally, the Facility Director affirmed that staff are required to sign a self-disclosure form certifying that they have "never been in any substantiated instance of child abuse, neglect or sexual abuse." In addition to the requirements of this provision, this is also a requirement of licensing standards as established by the state. These forms are maintained in the employees file, and were confirmed by the auditor during the employee file record review. Additionally, during the formal interview with the Facility Director it was acknowledged that there is a continuing affirmative duty for all employees to disclose any such misconduct; this requirement of employees was detailed in the LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions. The facility did not report any such instances of disclosure; therefore, there was not documentation to review regarding such disclosure.

**REASONING:**

The LCJDC has developed a policy requiring employees to disclose any previous misconduct detailed in provision (a); this disclosure is documented on a form and is maintained in the

employee's file. Additionally, the facility maintains a continuing affirmative duty for all employees to disclose any such misconduct. There are also a set of standard questions that are part of the interview process, and included in these questions are the concerns outlined in provision (a). The use of these disclosure documents and interview questions was affirmed by the Facility Director during a formal interview, and confirmed by during the review of employee files. The evidence provided by the LCJDC PREA Policy, formal interviews with the Facility Director, disclosure form, interview form, and review of personnel files concludes that the requirements of this provision are being achieved.

PROVISION (g)

EVIDENCE:

- LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions, Bullet 7
- Union Contract, Agreement Between Linn County, Iowa and AFSCME, Article 14, Discipline, Page 19

ANALYSIS:

The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions details the requirement that material omissions regarding such misconduct will be grounds for termination. This policy was affirmed by the Facility Director during the formal interview, and a review of disciplinary actions in the Union Contract would not prohibit termination for such omissions. The facility did not report the termination of any employees for such omission; therefore, there was no documentation to review.

REASONING:

The LCJDC PREA Policy establishes that any material omissions by an employee of such misconduct is grounds for termination. A review of the Union contract did not prohibit termination for such material omissions. The evidence provided by the LCJDC PREA Policy, and a review of the Union contract concludes the requirements of this provision are being achieved.

PROVISION (h)

EVIDENCE:

- LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions, Bullet 7, Sub-bullet 1
- Formal Interview with Facility Director

ANALYSIS:

The LCJDC PREA Policy, Page 5, Hiring and Promotion Decisions details the requirement that unless prohibited by law the LCJDC will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer. The Facility Director affirmed that this was the policy; however, did note that if the facility were ever to receive such a request that first clearance from the county would need to be obtained prior to releasing the information, to ensure that the facility was not violating any laws. It was affirmed by the Facility Director during this interview that the facility had never received such a request; therefore, there was no documentation to review.

REASONING:

The LCJDC has developed policy requiring the disclosure of substantiated sexual abuse or sexual harassment by a former employee upon receiving a request of such information from an institutional facility, unless prohibited by law. The Facility Director affirmed this policy during a formal interview; however, also noted that this situation had yet to occur at the facility. The evidence provided by the LCJDC PREA Policy, and formal interview with the Facility Director concludes the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC exceeds Standard 115.317. Facility policy addresses the provisions of this standard; interviews with administrative staff affirms that the policy is practice within the facility; and a review of the documentation, and employee records confirms that the facility is compliant with the provisions. Additionally, the facility has taken it upon itself to complete employee, contractor, and volunteer criminal background checks every two years, instead of the required five years. The evidence suggests that the facility is not only meeting all the requirements, but exceeding on some.



115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• Formal Interviews with Agency Director and Facility Director</li> <li>• Site Review</li> <li>• Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager</li> </ul> <p>ANALYSIS:</p> <p>As noted in the Narrative Section the current location and building of the LCJDC was opened in 1999. Since the opening of this building there have been no major modifications or expansions to the building. The agency has not expanded by acquiring any new buildings or locations. It should be noted that the building was originally designed so that two additional pods could be easily added to the structure. One on the north end of the building, out into the north outside courtyard, and the other on the south end of the building, out into the east outside courtyard. However, in the 20 years of operation the facility has never consistently maintained a resident population that would warrant the construction of these additional pods; as has been previously noted, the facility is currently only operating three of the five residential pods. Formal interviews with the Agency Head, and the Facility Director affirmed that if there ever was any expansion or major modifications at the facility, that the ability to protect residents from sexual abuse would be a considered factor. It should be noted that the LCJDC PREA Policy does not specifically this provision; however, there have been no expansions, major modifications, or additional acquisitions of new facilities in the last 20 years since the opening of the current facility. During the site review the Facility Director, Assistant Director, and PCM noted a number of enhancements and improvements they would like to see to the video monitoring system. This attention to current concerns confirmed that the administrative and management staffs are concerned with the safety of residents at the facility, and that safety factors would be considered in the event of future expansion, major modifications, or new acquisitions.</p> <p>REASONING:</p> <p>Formal interviews with the Agency Director and Facility Director affirmed that if there ever were going to be discussions regarding expansion, major modifications, or new acquisitions to the LCJDC that the sexual safety of residents would be a consideration. The evidence provided by the formal interviews with Facility Director, Assistant Director, and PCM, site review, and informal discussions with management staff concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 6, Use of Monitoring Technology, Bullet 3</li> <li>• Site Review</li> <li>• Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager</li> <li>• Formal Interviews with Facility Director and PREA Compliance Manager</li> <li>• Annual Safety Review Summaries (March 2018, December 2018, February 2019)</li> </ul>

**ANALYSIS:**

The LCJDC PREA Policy, Page 6, Use of Monitoring Technology details the responsibility to consider when installing or updating video monitoring equipment, that the LCJDC will consider how the technology may enhance the ability to protect residents from sexual abuse. During the tour of the facility the Facility Director, Assistant Director, and PCM explained to the auditor where they would like to enhance the existing video monitoring technology. This included, increasing the number of monitoring cameras to ensure that there are no blind spots, updating specific cameras to fish-eye lens cameras to get a boarder view of a room, for example in the common space of the pods, and updating cameras in the time-out rooms with self-pixelating capacity to ensure that when a resident was performing bodily functions in the time-out rooms that they were afforded the privacy they deserve and required, while maintaining safety. Currently the cameras in the time-out rooms have small pieces of tape over the lens to cover the toilet area; however, this could be improved upon with an upgrade to the video technology. Formal interviews with the Facility Director and PCM indicated that these improvements and expansions to the video monitoring system were restricted by budgetary constraints. The management staff would need to assess the highest priorities of these identified expansions and upgrades to determine the order in which each could be completed. The concern with this enhancements was confirmed when they were discussed during the annual safety review in March 2018.

**REASONING:**

The LCJDC PREA Policy details the need to consider how technology can be used to enhance the sexual safety of residents. These considerations were explained in detail during the site review by management staff, and further affirmed during formal interviews with the Facility Director and PCM. The annual safety review confirmed that the management staff was considering how, where, and when to enhance the video monitoring system. The evidence provided by the formal interviews with Facility Director and PCM, site review, informal discussions with Facility Director, Assistant Director, and PCM, and annual safety review summaries concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.318. While there have been no expansions, major modifications, or new acquisitions to document, the attention by management staff on how to improve sexual safety in the facility in relation to improving video monitoring technology would suggest that the sexual safety of residents is a consideration for all provisions of this standard.

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• Formal Interview with Facility Director and PREA Compliance Manager</li> <li>• Linn County Sexual Abuse Allegation – Coordinated Response Plan</li> <li>• LCJDC PREA Policy, Page 10, Staff First Responder Duties, All Bullets</li> <li>• MOU between Linn County Juvenile Detention Center and the Linn County Sheriff</li> </ul> <p>ANALYSIS:</p> <p>During formal interviews with the Facility Director and PCM it was affirmed that the LCJDC is not responsible for investigating allegations of sexual abuse at the facility. A memorandum of understanding (MOU) between the LCJDC and the Linn County Sheriff’s Office (LCSO) confirms that investigative responsibility is the sheriff’s office. However, as the sheriff’s office will not be the first on the scene of an alleged sexual abuse at the LCJDC a policy, Staff First Responder Duties, and Coordinated Response Plan have been developed that identifies the responsibilities of the first responders. Responsibilities #4 through #6 of the coordinated response plan detail the protocol of the first responders to protect any evidence that can be collected by the investigators. Bullet (a) of the MOU details the investigator’s responsibility to gather and preserve direct and circumstantial evidence.</p> <p>REASONING:</p> <p>While the LCJDC is not responsible for the investigation of alleged sexual abuse at the facility, a protocol has been developed for the first responders regarding the preservation of evidence that can be collected by the investigators from the sheriff’s office. The evidence provided by the formal interviews with the Facility Director and PCM, coordinated response plan, and MOU between LCJDC and LCSO concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• Formal Interview with Facility Director and PREA Compliance Manager</li> <li>• MOU between Linn County Juvenile Detention Center and the Linn County Sheriff</li> </ul> <p>ANALYSIS:</p> <p>During the formal interviews with the Facility Director and PCM it was affirmed that the LCSO is responsible for investigations of alleged sexual abuse at the LCJDC; therefore, the requirements of this provision are not applicable.</p> <p>REASONING:</p> <p>As the LCJDC is not responsible for the requirements of this provision, the requirements of this provision are being achieved.</p> <p>PROVISION (c)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim</li> <li>• Formal Interview with Facility Director and one Medical Staff</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy addresses access to forensic medical examinations for residents</p>

who are victims of sexual abuse. The Treatment of the Alleged Victim policy notes “Staff members will work with Juvenile Court and the Linn County Sheriff's Department to arrange medical treatment/examination of the alleged victim by the SANE nursing team at Mercy Hospital.” This was confirmed by the medical director of the LCJDC, an emergency doctor at Mercy Hospital in Cedar Rapids, Iowa. There have not been any reported cases of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The LCJDC has identified a hospital, Mercy, in Cedar Rapids as the facility a resident would be taken to for an examination for an alleged sexual abuse, and has confirmation from the facility's medical director, an emergency physician at Mercy Hospital, that alleged victims would be examined by a SANE team. The evidence provided by the LCJDC PREA Policy, and confirmation by the medical director indicates that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim, Bullet 5
- MOU between Riverview Center and Linn County Juvenile Detention Center
- Riverview Center website (<https://riverviewcenter.org>)
- Contact with Riverview Center

ANALYSIS:

The LCJDC has entered a MOU with the Riverview Center; an agency that provides sexual assault services in fourteen Iowa counties. The Riverview Center provides a 24-hour a day, 365 days a year crisis hotline; legal, medical, and general advocacy; therapy and counseling; and, prevention services and training. The MOU details that all of these services are all provided to the residents of the LCJDC; as well, as the responsibility of the LCJDC to contact the Riverview Center for advocacy services, to provide prevention and informational information and brochures to residents, and encourage residents that may be the victims of sexual abuse to contact the Riverview Center for services. The auditor contacted the Riverview Center to see if there had been any referrals for any services from the LCJDC, and the Riverview Center reported no requests for services.

REASONING:

The LCJDC has a MOU with a sexual assault center to provide advocacy and counseling services to residents that have been victims of sexual assault either at the facility or previously. The evidence provided by the LCJDC PREA Policy, MOU, and Riverview Center website concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim, Bullet 9
- MOU between Riverview Center and Linn County Juvenile Detention Center
- Formal Interview with Facility Director and one Medical Staff
- Contact with Riverview Center

ANALYSIS:

The LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim requires LCJDC staff will work with the alleged victim and advocate to ensure that they are treated with dignity, and receive all of the counseling and medical services deemed appropriate. The MOU with

Riverview Center confirms that an advocate will be available upon request of the resident. During formal interviews with the Facility Director and one medical staff it was affirmed that any alleged victims of sexual abuse at the LCJDC would be provided with any support or advocacy that they requested. There have been no reported instances of sexual abuse at the LCJDC; therefore, there are no documents or records to review to confirm this practice. Additionally, the Riverview Center did not report any requests for advocacy or treatment services from the LCJDC.

**REASONING:**

The LCJDC has made a commitment to provide support and advocacy services to alleged victims of sexual abuse at the facility. The evidence provided by the LCJDC PREA Policy, MOU, and formal interviews with the Facility Director and medical staff concludes that the requirements of this provision are being achieved.

**PROVISION (f)**

**EVIDENCE:**

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff

**ANALYSIS:**

The MOU between the LCJDC and the LCSO details the responsibilities of the investigators; requiring the sheriff's office to use investigators specially trained in sexual abuse investigations involving juvenile victims, and to gather and preserve direct and circumstantial evidence. This MOU holds the LCSO to the requirements set forth in provisions (a) and (b) of the standard; whereas, the LCJDC is responsible for the requirements set forth in provisions (c) through (e) of the standard.

**REASONING:**

Under the terms of the MOU the LCSO is responsible for the investigative provisions of this standard, while leaving the LCJDC responsible for the ensuring requirements of the forensic medical exam and advocacy provisions of the standard. The evidence provided by the MOU concludes that the requirements of this provision are being achieved.

**PROVISION (g)**

This provision is not required by this audit.

**PROVISION (h)**

**EVIDENCE:**

- MOU between Riverview Center and Linn County Juvenile Detention Center

**ANALYSIS:**

The LCJDC is not responsible for this provision as they have a MOU with a sexual assault crisis center to provide these advocacy services.

**REASONING:**

The evidence provided by the MOU concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.321.

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 12, Global Investigation</li> <li>• Formal Interview with Facility Director</li> <li>• Review of three Sexual Abuse and Sexual Harassment Incidents</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has policy requiring the director to ensure that all reports of sexual abuse and sexual harassment are investigated. During the formal interview with the Facility Director it was affirmed that in the event of a sexual abuse allegation that the incident would be investigated by the LCSO. There was one reported allegation of sexual abuse at the facility, made through a third party. As detailed in the Narrative Section, a preliminary review of the alleged incident concluded that the allegation was false, as policy and practice, nor described circumstances supported the basis of the allegation. Because the allegation was determined to be false, no report was made to the LCSO; therefore, there is no further documentation to review. In addition, during the formal interview the Facility Director did indicate that there had been two incidents of sexual harassment between residents. A review of the two incident reports indicate both had been investigated, and the response from supervisory and security staff had been appropriate to protect the residents from further sexual harassment or potential sexual abuse. Documentation from the three incidents would suggest that the LCJDC is following through with investigating and responding to reports of sexual abuse and sexual harassment.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring that all allegations of sexual abuse are investigated. Additionally, assertions from the Facility Director and incident documentation indicate that allegations of sexual abuse and sexual harassment are being investigated. The evidence provided by the LCJDC PREA policy, formal interview with the Facility Director, and incident documentation concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 12, Global Investigation</li> <li>• LCJDC Website (<a href="http://www.linncounty.org/DocumentCenter/View/11626/How-to-report-PRE-A-form?bidId=">http://www.linncounty.org/DocumentCenter/View/11626/How-to-report-PRE-A-form?bidId=</a>)</li> <li>• Formal Interview with Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has a policy requiring the reporting of sexual abuse and sexual harassment allegations are promptly investigated. The LCJDC publishes its entire PREA Policy on its website, including the requirement to refer sexual abuse to the LCSO for investigation. The LCJDC website notes that allegations of sexual abuse and sexual harassment can be reported to the LCJDC, the LCSO, the Linn County Attorney's Office, Foundation 2 Mobile Crisis Center, and Riverview Sexual Assault/Rape Crisis Line. As described in provision (a) during the formal interview with the Facility Director it was noted in there was an allegation of sexual abuse. Upon preliminary review of the incident it was determined to be a false allegation;</p>

therefore, this incident was not reported to the LCSO, and there is no documentation for the report to review.

**REASONING:**

The LCJDC PREA policy covers the requirements for reporting and investigating sexual abuse and sexual harassment. The evidence provided by the LCJDC PREA policy, LCJDC website, and formal interview with the Facility Director indicates that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 12, Global Investigation
- LCJDC Website (<http://www.linncounty.org/1341/Prison-Rape-Elimination-Act-PREA>)
- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff

**ANALYSIS:**

The LCJDC PREA policy addresses the responsibilities of the facility by requiring that all "... staff shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." However, the policy does not address the responsibilities of the investigating entity; that is, the LCSO. The responsibilities of the LCSO are detailed in the MOU, and have been publicly posted on the facility's website. The evidence provided by the LCJDC PREA policy, LCJDC website, and MOU indicates that the requirements of this provision are being achieved.

**PROVISION (d)**

This provision is not required by this audit.

**PROVISION (e)**

This provision is not required by this audit.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.322. This standard requires that the published PREA policy must include the responsibilities of both facility staff, and the investigative entity. These responsibilities are detailed in the facility's PREA policy, MOU with the LCSO, and published on the facility's website.

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)  EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 1, Zero Tolerance Policy</li> <li>• LCJDC PREA Policy, Page 7, Training and Education, All Bullets</li> <li>• Linn County JDC PREA Training for Employees PowerPoint Slides</li> <li>• Annual Staff PREA Training Log</li> <li>• PREA Standards &amp; Compliance Training Acknowledgement Form</li> <li>• Linn County JDC Zero Tolerance Sexual Abuse Policy: Staff Acknowledgement Form</li> <li>• Formal Interviews with PREA Compliance Manager, two Supervisors, nine Security Staffs</li> <li>• Review of nine Staffs' Personnel Files</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed a policy requiring all employees that may have contact with residents to be trained on the requirements of this provision. To accomplish this education a PowerPoint presentation has been developed that is presented by the PCM at required training sessions. Additionally, the LCJDC has a two acknowledgement forms that staff are required to sign; the first is a form acknowledging their participation and understanding of the PREA training, and the second is a form acknowledging their understanding of the facility's zero tolerance policy related to sexual abuse. The Linn County JDC Zero Tolerance Sexual Abuse Policy form only addresses sexual abuse, and does not address sexual harassment. Likewise, this lack of addressing sexual harassment is evident on slide #4, LCJDC Policy Statement, of the PowerPoint presentation; it is noted that "All forms of sexual activity between staff and juveniles...", "...has a zero tolerance policy for all forms for sexual abuse...", and "... is at risk of imminent sexual abuse.". Neither the acknowledgement form nor the training policy statement mention sexual harassment. However, both the PREA policy published at the beginning of the LCJDC PREA Policy, and the training requirements on page 7 of the LCJDC PREA Policy, Training and Education, both note a zero tolerance towards sexual harassment in addition to sexual abuse. Formal interviews with the PCM, two supervisors, and nine security staff confirmed that they understood that there was a zero tolerance for sexual harassment in the facility, and had received training on the policy; however, it was evident during the interviews that there had been a greater emphasis on sexual abuse. While it is evident that sexual harassment is understood by the facility staff, there is also evidence that a greater emphasis could be placed upon it during training and in policies. The training does include slides on the ten of the eleven elements of this provision. Element #1 is addressed on slide #4; element #2 on slides #10 through #12; element #3 on slide #4; element #4 on slide #29; element #5 on slides #39 and #40; element #6 on slide #41; element #7 on slides #39 and #40; element #8 on slides #32 and #33; element #9 on slides #34 and #35; and, element #11 on slide #36. The element that was not addressed on the training slides was #10; mandatory reporting to outside authorities. While this training did not have a slide that specifically addressed the mandatory reporting laws, the two supervisors and nine security staffs were able to explain their responsibilities as mandatory reporters, and affirmed that they had completed mandatory reporter training while at the facility as required by the Code of Iowa. The auditor was able to confirm that staff were completing the PREA training through signed copies of the PREA Standards &amp; Compliance Training Acknowledgement forms present</p>



in personnel files.

**REASONING:**

The LCJDC has been training staff that may have contact with residents on the eleven elements required by this provision. Documentation signed by staff acknowledging participation and understanding of the PREA materials was present in personnel files, and a comprehensive understanding by interviewed supervisory and security staffs of the numerous components and requirements of the PREA standards. The evidence provided by the LCJDC PREA Policy, PREA training documentations, acknowledgement forms, formal interviews with supervisors and security staff, and a review of personnel files concludes that the requirements of this provision are being achieved.

**PROVISION (b)**

**EVIDENCE:**

- Linn County JDC PREA Training for Employees PowerPoint Slides

**ANALYSIS:**

As detailed in the Narrative Section the LCJDC is a coed facility; therefore, the PREA training is not gender specific, and is tailored to all residents at the facility. Additionally, as detailed in the Narrative Section the LCJDC is the only facility operated by the LCCS; therefore, there are no other facilities from which, or to which a staff could be reassigned. Without the possibility of reassignment, there is no necessity to provide additional gender specific training.

**REASONING:**

The PREA training has been tailored to meet the needs of all residents, male and female, at the LCJDC. As only one facility is operated by the LCCS there is no necessity for additional training modules. The evidence provided by the LCJDC PREA training concludes that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 7, Training and Education: Staff, Bullets 9 and 10
- PREA Training Log
- Review of nine Employee Personnel Files
- Prison Rape Elimination Act Standards & Compliance Training Acknowledgement Forms
- Formal Interview with the PREA Compliance Manager
- Formal Interviews with two Supervisors, nine Security Staff, and one Medical Staff

**ANALYSIS:**

During the formal interview with the PCM it was affirmed that PREA training is their responsibility, and is completed with all staff bi-annually with a refresher information provided during the year without the full training. The PCM affirmed that PREA information is provided to staff on a regular basis throughout every year during staff meetings. The auditor was able to confirm the bi-annual trainings through the staff training log, and during the review of nine employee personnel files and completed PREA Standards & Compliance Training Acknowledgement Forms. The occurrence of the bi-annual trainings, refresher courses, and on-going PREA information was further confirmed during formal interviews with two supervisors, nine security staffs, and one medical staff. While these staffs were not able to name the exact date of their trainings during the interviews they were able to provide the general time frame of the training, and the materials and information presented during the trainings. Likewise, these staffs confirmed that PREA information was regularly shared with staff during staff meetings.

**REASONING:**

The LCJDC has a policy requiring training of all staff, and the training is being completed as documented through training logs and completed PREA Standards & Compliance Training Acknowledgement forms. The training, and regular, on-going distribution of PREA information was confirmed by supervisory and security staff during formal interviews. The evidence provided by the LCJDC PREA policy, records maintained in employee personnel files, and formal interviews with the PCM, supervisors, security staff and medical staff concludes that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 7, Training and Education: Staff, Bullets 10
- Review of nine Employee Personnel Files
- Prison Rape Elimination Act Standards & Compliance Training Acknowledgement Forms

**ANALYSIS:**

The LCJDC has a policy requiring that the facility will document, through employee signatures that the employees understand the training that they receive. As was detailed in the analysis of provision (c) the auditor confirmed that signed forms of the LCJDC PREA Standards & Compliance Training Acknowledgement Forms were being maintained in the employees' personnel records.

**REASONING:**

The nine employee personnel files that were reviewed all had signed copies of the required PREA Standards & Compliance Training Acknowledgement Forms, confirming the LCJDC was complying with its PREA policy. The evidence provided by the LCJDC PREA policy, and records maintained in employee personnel files concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC meets the Standard 115.331. The facility has meet the requirements of the standard by developing and providing training that is appropriate and tailored to the residents of the facility, that covers the eleven required elements. The training, refresher training, and additional PREA information is provided on a regular basis to employees, and the LCJDC documents the employee's understanding of the training and information through signed acknowledgement forms maintain in the employee's personnel file.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 7, Training and Education: Educators Training</li> <li>• LCJDC PREA Policy, Page 8, Training and Education: Interns, Low-Contact Contractors Training</li> <li>• Linn County JDC PREA Training for Employees PowerPoint Slides</li> <li>• Linn County JDC PREA Training for Low-Contact Contractors and Volunteers PowerPoint Slides</li> <li>• PREA Training Log</li> <li>• Review of one Contractor's, one Volunteer's, and , one Intern's Files</li> <li>• Prison Rape Elimination Act Standards &amp; Compliance Training Acknowledgement Forms</li> <li>• Formal Interviews with one Educational Staff (Contractor)</li> <li>• Formal Interview with one Volunteer</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy on Educators Training requires that the teachers and para-educators receive the same PREA training, and refresher training as staff due to their high level of contact with residents; whereas, the PREA policy for low-contact contractors, volunteers, and interns requires a comprehensive, but less-extensive PREA training prior to contact with residents. While a review of the PREA training log did not include the teachers, para-educators, volunteers, or interns, a personnel file review of one contractor, one volunteer, and one intern confirmed that a signed copy of the PREA Standards &amp; Compliance Training Acknowledgement form was present in these files. There is an opportunity for the LCJDC to improve its tracking of trained individuals by including contractors, volunteers, and interns on the PREA training log. Formal interviews with a teacher, and a volunteer confirmed that they had received training on the PREA related requirements and issues at the LCJDC, and understood the zero tolerance policy.</p> <p>REASONING:</p> <p>The LCJDC requires that contractor that have high amounts of contact with residents; that is, teachers and para-educators, to receive the same level of training as employees. Whereas, low-contact contractors, volunteers, and interns are provided with a less-extensive PREA training prior to contact with residents. This requirement that contractors that have a high amount of contact with residents exceeds the requirements of this provision. The evidence provided by the LCJDC PREA Policy, PREA training documentations, acknowledgement forms, formal interviews with a contractor and a volunteer, and a review of personnel files concludes that the requirements of this provision are being exceeded.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 7, Training and Education: Educators Training</li> <li>• LCJDC PREA Policy, Page 8, Training and Education: Interns, Low-Contact Contractors Training</li> <li>• Linn County JDC PREA Training for Employees PowerPoint Slides</li> <li>• Linn County JDC PREA Training for Low-Contact Contractors and Volunteers PowerPoint</li> </ul>

Slides

- Formal Interviews with one Educational Staff (Contractor)
- Formal Interview with one Volunteer

ANALYSIS:

The LCJDC PREA policy requires that as part of the training, the requirements detailed in provision (b) are provided to contractors, volunteers, and interns. As noted in provision (a), the training that the teachers and para-educators receive is the same as employees; the elements covered in that training was detailed in 115.331, provision (a). The auditor's review of the PowerPoint used for the training for low-contact contractors, volunteers, and interns confirmed that it contained the two elements required by this provision; zero tolerance policy on slide #4, and how to report such incidents on slides #25 - #26. Formal interviews with one educational staff, and one volunteer confirmed that they had been presented the required information, and understood the policy, procedures, and concepts.

REASONING:

The training requirements for contractors, volunteers, and interns covered by this provision are required by the LCJDC PREA training and education policy, and are covered in the two trainings developed for staff and high-contact contractors, and low-contact contractors, volunteers and interns. Interviews with contractors and a volunteer confirm that the required information is being presented during the trainings. The evidence provided by the LCJDC PREA Policy, PREA training documentations, and formal interviews with a contractor and a volunteer concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- Review of one Contractor's, one Volunteer's, and , one Intern's Files
- Prison Rape Elimination Act Standards & Compliance Training Acknowledgement Forms

ANALYSIS:

The auditor's review of a contractor's, a volunteer's, and an intern's personnel file validated that the LCJDC was maintaining documentation, signed copies of the PREA Standards & Compliance Training Acknowledgement forms, that confirmed their understanding of the training that they received.

REASONING:

A personnel file review confirmed that the LCJDC was maintaining required documentation of understanding of PREA training for contractors, volunteers, and interns. The evidence provided by the personnel file review concludes that the requirements of this provision are being achieved.

FINDINGS:

The auditor finds that the LCJDC exceeds the Standard 115.332. The facility has meet the requirements of providing PREA training to contractors, volunteers, and interns; and ensuring the required training subjects are covered and understood during the training. The facility maintains documentation, and acknowledgement that the contractors, volunteers, and interns understood the materials, policies, and procedures. The facility has exceeded the requirements of the standard by distinguishing between high-contact and low-contact contractors, and requiring more extensive training for those contractors that will have significantly more contact with the residents; that is, teachers and para-educators. The LCJDC has set the standard of PREA training for high-contact contractors to be the same as employees.



115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 8, Resident Education and Training</li> <li>• Linn County JDC Zero Tolerance Sexual Abuse Policy: Resident</li> <li>• Site Review</li> <li>• Informal Discussion with Facility Director, Assistant Director and PREA Compliance Manager</li> <li>• Formal Interviews with a Supervisor</li> <li>• Formal Interviews with nine Residents</li> <li>• Review of twelve Resident Files</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC requires that all residents will be educated, in an age appropriate fashion, on the facility's zero tolerance policy on sexual abuse and sexual harassment. During the site review it was affirmed by the Facility Director, Assistant Director, and PCM that the zero tolerance was explained and provided to residents during the intake process, and that they were given a LCJDC Zero Tolerance Sexual Abuse Policy form to sign once they acknowledged understanding the policy. During formal interviews with one supervisor it was affirmed that during the intake process that residents being admitted to the facility were provided with and explained the facility's zero tolerance policy. This was confirmed by nine residents during formal interviews. Each resident acknowledged being present with and explained the zero tolerance policy, and understood that both sexual abuse and sexual harassment were prohibited at the facility. Formal interviews with residents confirmed that residents were aware of the zero tolerance towards sexual abuse and sexual harassment. A review of nine resident files confirmed that the LCJDC Zero Tolerance Sexual Abuse Policy had been signed and documented.</p> <p>REASONING:</p> <p>The LCJDC has a policy and practice to inform residents during intake of the facility's zero tolerance policy. Residents confirmed learning about the zero tolerance policy during the intake process, and this was confirmed by the presence of the signed LCJDC Zero Tolerance Sexual Abuse Policy forms in the resident's files. The evidence provided by the LCJDC PREA Policy, LCJDC Zero Tolerance Sexual Abuse Policy form, informal discussions with the Facility Director, Assistant Director and PCM, formal interviews with a supervisor, formal interviews with residents, and a review of resident files indicates that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 8, Resident Education and Training, Bullet 3</li> <li>• Safeguarding Your Sexual Safety: A PREA Orientation Video</li> <li>• PREA: Safeguarding Your Sexual Safety – Resident Education</li> <li>• PREA Resident Education Activity</li> <li>• Formal Interview with one Supervisor</li> <li>• Formal Interviews with nine Residents</li> <li>• Informal Discussion with Facility Director</li> </ul>

- Review of twelve Resident Files

ANALYSIS:

As detailed in the Narrative Section upon admission to the LCJDC all residents are placed upon O-Pod. During a formal interview with one of the supervisors it was affirmed that on the first full day while on O-Pod residents must complete the PREA education program. This process was further detailed during informal discussions with the Facility Director; this involves watching the video “Safeguarding Your Sexual Safety: A PREA Orientation Video” and then completing an eight question test (PREA: Safeguarding Youth Sexual Safety). A copy of this test is maintained in either or both the resident’s hardcopy file or on the EVOLV system. The auditor was able to confirm the presence of these tests during a review of twelve resident’s files. As was also noted in the Narrative Section every Wednesday evening the education activity is a refresher presentation on PREA. This refresher presentation is completed with a second short exam of six questions (PREA Resident Education Activity). The Facility Director affirmed that regardless of how long a resident’s stay is at the facility they must participate every Wednesday in this PREA education activity. During formal interviews with nine residents the Wednesday night PREA education activity was confirmed; including the mandatory participation every Wednesday evening regardless of the length of stay or the number of times that a resident had previously been at the facility.

REASONING:

The LCJDC has developed a PREA educational activity that is completed within 48 hours of admission, and generally within the first 24-hours; additional, a mandatory educational activity is repeated every Wednesday evening. The evidence provided by the LCJDC PREA Policy, a review of the video and tests, a formal interview with a supervisor, informal discussions with the Facility Director, and a review of resident files concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 8, Resident Education and Training

ANALYSIS:

As noted in the Facility Characteristics Section the LCJDC is primarily a short term facility, and is the only facility operated by the LCCS. There are no residents at the facility that have been residing at the facility since the effective date of the PREA standards. As the LCJDC is the only juvenile detention facility within the Linn County organization there is no necessity to receive education based upon a transfer and difference in the policies and practices. Additionally, as noted in provision (b) all residents receive the mandatory PREA education within 48 hours of admission, regardless of where they were residing prior to admission or the number of times that they have previously been admitted to the facility, and all residents are required to participate every Wednesday in the evening activity that includes the PREA refresher education, regardless of how long they have resided at the facility.

REASONING:

The LCJDC does not have any residents that have resided at the facility since the effective date of the PREA standards. LCJDC does not have any other facilities within the organizational structure to transfer residents to or from; therefore, has no necessity to educate transfer residents. However, the LCJDC has a policy and practice to place all admissions on the O-Pod; regardless, of where the resident previously resided prior to placement at the LCJDC, or the number of previous times a resident may have been admitted to the facility. This ensures that all residents will receive the PREA education every time they are admitted to

the facility. The evidence provided by the LCJDC PREA Policy, and practices described in provisions (a) and (b) concludes that the requirements of this provision are being achieved.

#### PROVISION (d)

##### EVIDENCE:

- LCJDC PREA Policy, Page 7, Residents with Disabilities and Residents who are Limited English Proficient, Bullets 1 and 2
- Audio recording of Linn County JDC Zero Tolerance Sexual Abuse Policy: Resident
- TheBigWord Documentation (brochure, service agreement, access codes)
- Informal Discussion with Facility Director and Assistant Director
- Formal Interviews with nine Residents

##### ANALYSIS:

As noted in Standard 115.316 the LCJDC has developed a PREA educational audio tape to assist residents that have trouble reading the Linn County JDC Zero Tolerance Sexual Abuse Policy. Similarly, as detailed in provision (b), the facility utilizes a video and audio recording for the PREA educational program on O-Pod. This is used to provide education to residents with both visual and auditory disabilities. For residents with limited English proficiency the LCJDC has access to TheBigWord interpreter services when required to help with understanding the PREA education. The Facility Director and Assistant Director affirmed during an informal discussion that residents that struggle with understanding the PREA educational components are provided extra help from staff to ensure they understand the materials. The understanding of the PREA educational material was confirmed during the formal interviews with nine residents. There is an opportunity for the LCJDC to find additional PREA education resources for youth that have limited English proficiency by finding videos in languages other than English; for example, PREA educational videos have been developed in Spanish.

##### REASONING:

The LCJDC has taken steps to provide resources for residents to ensure that they understand the PREA educational materials provided by the facility. There is always opportunities to continue to improve these tools and materials, and expand the library of resources available to the facility. The evidence provided by the LCJDC PREA policy, audio recording, access to interpreter services, informal discussions with the Facility Director and Assistant Director, and interviews with residents concludes that the requirements of this provision are being achieved.

#### PROVISION (e)

##### EVIDENCE:

- PREA: Safeguarding Your Sexual Safety – Resident Education
- PREA Resident Education Activity
- Review of twelve Resident Files

##### ANALYSIS:

The LCJDC has developed two exams for residents to complete after PREA education; PREA: Safeguarding Your Sexual Safety, and PREA Resident Education Activity. PREA: Safeguarding Your Sexual Safety is for after the resident has completed the PREA education while on O-Pod, and PREA Resident Education Activity to be completed every Wednesday after the evening education activity. Completed copies of these exams are maintained in the resident's file and on the EVOLV system. The PREA auditor was able to confirm copies of these exams during a review of twelve resident's files.

##### REASONING:

The LCJDC maintains documentation that residents are completing the PREA education



presented during O-Pod, and during the Wednesday evening education activity. The evidence provided by the documentation present in resident's files concludes that the requirements of this provision are being achieved.

PROVISION (f)

EVIDENCE:

- Site Review
- PREA Education Posters
- Sexual Abuse Brochures
- Resident Handbook, Page 10, PREA
- Formal Interviews with nine Residents

ANALYSIS:

During the site review the auditor noted a number of different PREA related education posters, sexual abuse victim/survivor aid posters, and sexual abuse prevention posters posted throughout the facility. Locations around the facility included visitation, the dining hall, medical station, north and south multi-purpose rooms, living pods, and the intake center. Posters ranged from 'Breaking the Silence' about sexual abuse, what constitutes consent or lack of consent, to where to get help for sexual abuse and what services were available. Additionally, in the visitation room and on the living pods there were brochures available on sexual abuse and victimization services that were available. Additionally, in the Resident Handbook there is a description of the PREA zero tolerance, right to be free of sexual abuse/harassment, and free from retaliation for reporting sexual abuse/harassment. The access to information was further confirmed during interviews with the nine residents. All residents were very aware of the zero tolerance policy, their rights to be free from sexual abuse and sexual harassment, and their rights to be free from retaliation for reporting sexual abuse or sexual harassment. During formal interviews the residents were able to express that they were aware of the many posters and brochures located throughout the facility.

REASONING:

The LCJDC has posted numerous posters throughout the facility, and made brochures available to residents in a number of locations. The residents were able to identify the presence of the posters, and the locations that they could access the brochures. The evidence provided during the site review that confirmed the presence of additional informational sources, and the confirmation provided during formal interviews with residents concludes that the requirements of this provision are being achieved.

FINDINGS:

The auditor finds that the LCJDC does comply with Standard 115.333.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISIONS (a) – (d)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 11, Investigation of the Incident, Bullet 4</li> <li>• LCJDC PREA Policy, Page 12, Global Investigation Policy</li> <li>• MOU between Linn County Juvenile Detention Center and the Linn County Sheriff</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy states that law enforcement will be responsible for investigation of any alleged sexual abuse incidences. This is confirmed by the MOU between the LCSO and the LCJDC. Therefore, the LCJDC is not responsible to provide specialized training to investigators.</p> <p>REASONING:</p> <p>As the LCJDC is not responsible for criminal investigations at the facility there is no responsibility to provide specialized training for investigators. The evidence provided by the LCJDC PREA Policy, and the MOU between the LCSO and LCJDC concludes that the requirements of this provision are being achieved.</p> <p>FINDINGS:</p> <p>The auditor finds that the LCJDC meets the Standard 115.334. As the LCJDC is not responsible for the criminal investigations of sexual abuse, or potential criminal sexual harassment at the facility there is no responsibility to provide investigators with specialized training.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 7, Training and Education: Staff, All Bullets</li> <li>• Linn County JDC PREA Training for Employees PowerPoint Slides</li> <li>• Annual Staff PREA Training Log</li> <li>• PREA Standards &amp; Compliance Training Acknowledgement Form</li> <li>• Linn County JDC Zero Tolerance Sexual Abuse Policy: Staff Acknowledgement Form</li> <li>• Informal Discussion with Facility Director and Assistant Director</li> <li>• Formal Interview with one Medical Staff</li> <li>• Review of one Staff's Personnel File</li> </ul> <p>ANALYSIS:</p> <p>During an informal discussion with the Facility Director and Assistant Director it was affirmed that the facility employed one full-time nurse, and a part-time medical director, a medical doctor. During the formal interview with the full-time medical staff it was affirmed that the medical director is only part-time, and only is at the facility once or twice a month; however, is accessible via the telephone when needed. The medical staff affirmed that they had received training on PREA with other employees, and was able to confirm elements that were included in the training. The elements required by this provision were present in the LCJDC PREA Training for Employees PowerPoint slides as detailed in Standard 115.331, provision (a). The participation of the medical staff in this comprehensive training was confirmed by the PREA training log, and by the auditor's review of the staff's personnel file where a copy of the signed PREA Standards &amp; Compliance Training Acknowledgement form was present.</p> <p>REASONING:</p> <p>The LCJDC has one full-time medical staff that works regularly in the facility, and one part-time medical staff that occasionally will be at the facility. The full-time medical staff has received the training required by this provision, and documentation of their participation in the training and acknowledgement of understanding are maintained by the facility. The evidence provided by the LCJDC PREA Policy, PREA training documentations, acknowledgement forms, formal interviews with medical staff, and a review of a personnel file concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• Formal Interview with Facility Director</li> <li>• Formal Interview with one Medical Staff</li> </ul> <p>ANALYSIS:</p> <p>During the formal interview with the Facility Director it was affirmed that any forensic examination of a resident for an alleged sexual abuse would be conducted at Mercy Hospital in Cedar Rapids, Iowa. This was confirmed by the medical staff during a formal interview when they acknowledged that they were not responsible for conducting forensic examinations. Since the medical staff at the facility is not responsible for conducting forensic examinations the conditions of this provision for specialized training on how to conduct such an examination are not required.</p>

REASONING:

The medical staff at the LCJDC is not responsible for forensic examinations; therefore, there is no requirement for this staff to receive specialized training in forensic examinations. The evidence provided by formal interviews with the Facility Director and one medical staff concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- Annual Staff PREA Training Log
- PREA Standards & Compliance Training Acknowledgement Form
- Review of one Staff's Personnel File

ANALYSIS:

As was noted in provision (a) the staff training log lists the presence of the medical staff at the PREA training, and a review by the auditor of the personnel file confirmed the presence of a signed PREA Standards & Compliance Training Acknowledgement form.

REASONING:

The medical staff is listed on the training logs and has a signed acknowledgement form from the required PREA training. The evidence provided by the training log and signed acknowledgement form in the personnel file concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 7, Training and Education: Staff, All Bullets
- Linn County JDC PREA Training for Employees PowerPoint Slides
- Annual Staff PREA Training Log
- Formal Interview with Medical Staff

ANALYSIS:

The LCJDC PREA policy on Training and Education: Staff requires all employees who have contact with residents have the PREA training detailed in Standard 115.331. As was noted in provision (a) the staff training log lists the presence of the medical staff at the PREA training, and this was confirmed during the formal interview with the medical staff when they were able to define the required training elements.

REASONING:

The LCJDC requires all staff, including the full-time medical staff, to receive the training detailed in Standard 115.331. The participation of the medical staff at this PREA training was listed on the training log, and was confirmed during the formal interview with the medical staff. The evidence provided by the LCJDC PREA policy, training log, and formal interview with the medical staff concludes that the requirements of this provision are being achieved.

FINDINGS:

The auditor finds that the LCJDC meets the Standard 115.335. The facility has meet the requirement by requiring the full-time medical staff to receive the same training as other staff that have contact with residents. This is the training detailed in Standard 115.331. The presence of the medical staff at this training is logged, a signed acknowledgement form is maintained, and the medical staff confirmed their participation in the training. The LCJDC is not responsible for providing or ensuring specialized training for medical staff on forensic examinations, as the medical staff are not responsible for these types of examinations.



115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>STANDARD 115.341  PROVISION (a)  EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 1</li> <li>• Linn County JDC Resident PREA Risk Assessment</li> <li>• Site Review</li> <li>• Informal discussions with Facility Director</li> <li>• Formal Interviews with one Supervisors</li> <li>• Formal Interviews with nine Residents</li> <li>• File Review of twelve Residents</li> <li>• File Review on two Resident's files on Evolv</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness details the requirement to administer a risk assessment screen within 72 hours of admission to the facility, and to re-administer the risk assessment "again every 90 consecutive days of detainment". During the site review the Facility Director, Assistant Director, and PCM explained that the risk assessment is actually completed as part of the intake process. After the resident has been brought into the facility, searched, showered and changed into facility clothes they proceed with the intake process. During the intake process the resident must complete the risk assessment; the management team affirmed that this is generally completed within the first hour of being admitted to the facility. Likewise, a formal interview with a supervisor affirmed that the risk assessment is completed during the initial intake process, and that this was generally within the first hour of being inside the facility. However, the supervisor also noted that the risk assessment may not be completed within the first hour if the resident was under the influence of alcohol or an illicit substance, or the resident was initially noncompliant and disruptive. In these situations the intake process must wait until the resident has either become sober or compliant before the intake process, including the risk assessment, can be completed. During formal interviews with nine residents, each confirmed that the risk assessment screens were being completed during the intake process; additionally, seven of the residents indicated that this was not their first time at the facility, and all confirmed that they remember going through the risk assessments during their previous intakes. However, one resident did state that at least once during a previous assessment the intake staff had simply used the answers from a previous intake at the facility. This using of a previous assessment was only noted the one time, by a single resident. The evidence would support that this was an isolated incident. A review of five current resident files (three of which the residents were formally interviewed, and two which were not), and seven past resident files confirmed that the risk assessments were being completed; in all twelve files the date on the risk assessment was either identical to the admission date, or the following day. One of the current files contained risk assessments from previous placements, and similarly the admission dates and dates on the risk assessments on these earlier placements were identical or within a day of one another; indicating that the risk assessment was completed within the required 72 hours.</p>

The LCJDC PREA Policy requires that re-administering of the risk assessment after 90 continuous days of confinement. A review of the Evolv system indicates that the system automatically flags residents that are due for a reassessment at 80 continuous days of confinement, and will automatically notify a supervisor if the re-assessment is not completed by the 90th continuous day. A review of two resident files indicated that the system created the review notice, and filed the re-assessment after it was completed. As was noted in the facility characteristics the average length of stay for a resident is only 13.9 days, there will not be many opportunities for reassessments.

**REASONING:**

The LCJDC has a policy, and an affirmed practice by the Facility Director, Assistant Director, PCM, and a supervisor of completing risk assessments within 72 hours of a resident's admission to the facility, and a reassessment at 90 days of continuous confinement. This practice was confirmed through formal interviews with residents and by the documentation in twelve residents' files, and a review of two resident's files did provide evidence that these reassessments were planned and one was completed. The evidence provided by the LCJDC PREA Policy, formal interviews and informal discussion with management staff, formal interviews with residents, and a review of residents' files does support that the requirements of this provision are being achieved.

**PROVISION (b)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 2
- Linn County JDC Resident PREA Risk Assessment

**ANALYSIS:**

The LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness details that assessments will be conducted using an objective screening tool. The auditor's review of the risk assessment tool confirms that the LCJDC has implemented a screening tool that is objective in nature, and considers the eleven elements of provision (c). The tool is based upon responses from the resident (e.g. whether they had been the victim of sexual abuse, whether they had ever perpetrated sexual abuse, whether they identified as being gay, lesbian, bisexual, transgender, or intersex, whether they had any disabilities, or whether they felt at risk of sexual abuse while at the facility), observations of the staff completing the assessment (e.g. height of the resident, weight of the resident, age of the resident), and information that the case manager is responsible for attaining (e.g recent delinquent charges, offense history, verified physical or cognitive disabilities, verified mental disabilities or mental illnesses).

**REASONING:**

The LCJDC has implemented an objective screening tool that is being used on all residents, during every admission, generally within the first hour of admission. The evidence provided by the LCJDC PREA Policy, and the Linn County JDC Resident PREA Risk Assessment tool concludes that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 3
- Linn County JDC Resident PREA Risk Assessment

**ANALYSIS:**

The LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness requires that the risk assessment tool to collect information on the eleven factors required by this provision. The auditor's review of the risk assessment tool confirms that all eleven factors are present on the LCJDC risk assessment tool. These factors are determined by responses from the resident, observations of the staff completing the assessment, and information obtained by the case manager. Element #1, prior sexual victimization or abusiveness, is addressed by resident interview questions #1 and #5; element #2, gender nonconforming appearance or manner, and LGBTI status, is addressed by resident interview questions #7 and #8; element #3, current charges and offense history, is addressed by case manager questions #1 and #2; element #4, resident's age, is addressed by resident interview question #12; element #5, emotional and cognitive development, is addressed by case manager question #3; element #6, physical size and stature, is addressed by resident interview question #11; element #7, mental illness or mental disability, is addressed by resident interview question #10 and case manager question #4; elements #8 and #9, intellectual, developmental, and physical disabilities, are addressed by resident interview question #10 and case manager question #5; element #10, resident's own perception of vulnerability, by resident interview questions #8 and #9; and, element #11, any additional information that may indicate heightened needs for supervision, additional safety precautions, or need to separate from other residents, by the scoring key and additional narrative section.

**REASONING:**

The LCJDC has implemented a screening tool that is collecting information on all required eleven factors. The evidence provided by the LCJDC PREA Policy, and the Linn County JDC Resident PREA Risk Assessment tool concludes that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 4
- Linn County JDC Resident PREA Risk Assessment
- Formal Interviews with one Supervisor
- Audio recording of Linn County JDC Zero Tolerance Sexual Abuse Policy: Resident
- Formal Interviews with nine Residents
- File review of twelve Resident in the EVOLV system

**ANALYSIS:**

The LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness indicates that information related to this standard will be gathered from the resident during the intake process, and medical and mental health screenings, during classification assessments, and reviewing relevant court and file records of the resident. A formal interview with a supervisor responsible for intakes, affirmed that the resident questionnaire section of the risk assessment tool is completed during the intake process. Residents are provided with the questions, given clarification if they don't comprehend a question, and offered the audio recording if they are unable or struggling to read the questions; this audio recording was reviewed by the auditor during the site review. A review of the Linn County JDC Resident PREA Risk Assessment tool confirms that there are two sections to be completed; the first during the intake interview with the resident (elements #1, #2, #4, #6, #7, #8, #9, and #10), and the second by the case manager (#3, #5, #7, #8, #9, and #11) during a review of court and other relevant documents. Formal interviews with nine



residents confirmed that the questions from the Resident Interview section of the risk assessment tool were being completed during the intake process. Residents were not able to remember the questions that they were asked verbatim; however, did remember questions dealing with the elements #1, #2, #7, #8, #9, and #10 that were previously detailed in provision (c).

**REASONING:**

The LCJDC has policy requiring the gathering of the required information, and has implemented a risk assessment tool to gather the information. It was affirmed by a supervisor that the information was being gathered during the intake process, and this was confirmed by residents. The evidence provided by the LCJDC PREA Policy, a formal interviews with a supervisor, formal interviews with residents, and a review of resident files in the EVOLV file system concludes that the requirements of this provision are being achieved.

**PROVISION (e)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 4
- Formal interview with the Facility Director and the PREA Compliance Manager
- Informal discussions with the Facility Director and Assistant Director
- File Review of twelve Residents – including from EVOLV

**ANALYSIS:**

The LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness requires that appropriate controls are implemented to prevent sensitive information regarding residents will not be exploited by staff or other residents. During formal interviews with the Facility Director and PCM it was affirmed that controls were in place through the EVOLV system that restricted which staff had access to the information collected by the Linn County JDC Resident PREA Risk Assessment tool. Informal discussions with the Facility Director and Assistant Director likewise affirmed that controls have been implemented to protect any sensitive data ascertained from the risk assessment tool. These controls include scanning the hard copies of the risk assessment tool into the EVOLV file system; previously detailed in the Narrative Section, and then shredding the hard copies. As was detailed in the Narrative Section the EVOLV system has controls to limit which staff have access to specific documents; this restricts staff (i.e. educational contractors) from information that is not relevant to their duties at the facility. A file review confirmed that the risk assessment tools were not be stored in the resident's files, and a review of EVOLV confirmed that the risk assessment tools were being electronically stored in the resident's file within that system. By removing this sensitive information from the resident's hard copy files, the facility has taken measures of protection.

**REASONING:**

The LCJDC has implemented a system to limit which staff in the facility has access to sensitive information obtained on the risk assessment tool, and thus protect the resident from exploitation of this information. The evidence provided by the LCJDC PREA Policy, a formal interview with the Facility Director, informal discussions with the Facility Director and Assistant Director, and a review of the hard copy resident files and EVOLV file system concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.341. There is a policy in

place that addresses the provisions of the standard, and evidence provided by formal interviews with the Facility Director and a supervisory staff member, formal interviews with residents, the risk assessment tool, and reviews of resident files, both hard copies and electronic copies in the EVOLV system would support that the provisions of this standard are being achieved.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 9, Placement of Residents in Pod and Classroom Assignments, Bullet 1</li> <li>• Linn County JDC Resident PREA Risk Assessment</li> <li>• Formal Interview with PREA Compliance Manager, and one Supervisor</li> <li>• Site Review</li> <li>• Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has a policy requiring the use of information obtained in standard 115.341 to make pod and classroom assignments. The LCJDC Resident PREA Risk Assessment has a scoring section that evaluates the number of elements considered, see Standard 115.341, provision (c), had a positive response. The scoring indicates that if there were zero positive responses that the resident is low risk and the “Resident does not need to be separated from group”; whereas, a score of one to two positive responses indicates moderate risk, and “Staff will discuss possibility of placing youth in a smaller populated unit”. A resident was scored high risk for three to six positive responses, and “Staff will discuss possible placement in o-pod separated from large group during prime time”; see the Narrative Section for an explanation of O-pod and Daily Activities. Finally, a resident that scored more than six positives resulted in an extremely high risk, and “Resident may require sleeping on camera in a confinement room and staff will discuss isolation based upon narrative information provided or possible placement in o-pod separated from large group during prime time”. The use of this information from these risk assessment for living pod assignments was affirmed during formal interviews with the PCM, and a supervisor responsible for the administering the risk assessment. Additionally, during the site review the Facility Director, Assistant Director and PCM affirmed that the sexual safety of residents was increased by every cell being a single occupancy, and likewise, all rest rooms and showers being single occupancy. These three staff did note during the site review that with only three living pods and two classrooms there were circumstances that it was difficult to separate particular residents. However, this was predominately an issue when there were three or more co-defendants that need to be kept separate from one another. As was noted in the Facility Characteristics, the day room space of the unused Pine pod has been setup to use as a third classroom for these types of situations to ensure the safety of all residents. These three staff affirmed that with three living pods, two classrooms, and 24-hour a day, seven days a week constant supervision, including both direct supervision and video monitoring, they were able to affectively separate, monitor, and manage any concerns with the sexual safety between residents.</p> <p>REASONING:</p> <p>The placement of residents in appropriate pods based upon information obtained from the risk assessment tool was affirmed by staff responsible for intake and risk screening, as well as the management staff. With no specific designation on any of the three pods, each placement of a resident on a pod is based upon the resident and the current population to ensure all residents will be physically and sexually safe. The evidence provided by the LCJDC PREA</p>

Policy, formal interviews with the PCM, a supervisor and security staff, and informal discussion with the Facility Director, Assistant Director, and PCM concludes that the requirements of this provision are being achieved.

#### PROVISION (b)

##### EVIDENCE:

- LCJDC PREA Policy, Page 9, Placement of Residents in Pod and Classroom Assignments, Bullet 2
- Linn County JDC Resident PREA Risk Assessment
- LCJDC Employee Handbook
- Iowa Administrative Code (IAC) Section 441, Chapter 105, Paragraph 10, Article 3
- Informal Discussions with Facility Director and Assistant Director
- Formal Interview with Medical Staff
- Review of seven Time-Out Logs

##### ANALYSIS:

The LCJDC has a policy on the use of isolation in both the PREA Policy and in the Employee Handbook; these policies were written to ensure compliance with PREA Standards, and the requirements established by the Iowa Department of Human Rights for juvenile detention centers in Iowa Administrative Code. The auditor did note that the two policies on use of the Quiet Room/Isolation of the LCJDC were each developed to address either a state regulation or federal law, and while these two policies do not contradict one another, nor do they complement one another. The state regulation requires only one resident at a time, provisions for visual supervision regardless of location in room, check room prior to placement for contraband, removal of all potential injurious objects from the resident, cannot have all clothing removed, staff shall always be within hearing distance and complete minimum 15 minute safety checks, room use is limited to 1 hour without approval from supervisor (12 hour max) or judge/JCO (24 hour max), and the resident's parents, JCO, and attorney will be notified if used more than 30 minutes in any 24 hour period. Whereas, the federal law requires last resort when less restrictive measures are inadequate, only until alternative means of safety can be arranged, must have daily large-muscle exercise, legally required educational programming, daily visits from a medical or mental health practitioner, and access to other programs to the extent possible. The state regulation is designed to address short term placements in a Quiet Room to address disruptive behavior; whereas, the federal law is designed to address potential long term isolation to ensure safety of the resident or other residents.

The LCJDC PREA policy notes that residents in isolation shall not be denied daily large-muscle exercise, and any legally required educational programming; and the Employee Handbook details the reasons to use isolation, the circumstances that will determine how long a resident is removed from the standard milieu programming, and the requirement for medical staff to visit and document the visit with a resident serving a 24 hour time out. During informal discussions with the Facility Director and Assistant Director it was affirmed that the behavior of a resident while in the Quiet Room would determine what level of programming could be provided; that is, a resident that was actively aggressive, destructive, or suicidal could not be given materials for educational purposes or removed from the Quiet Room for large muscle exercise. Counter to that, a resident that had regained control of their behavior and was compliant with security staff directions could be returned to the normal milieu. As with all programming the safety of the resident, other residents, staff, and the facility were paramount to what was permissible. During a formal interview with the medical staff it was affirmed that

their ability to visit residents placed in the Quiet Room is based upon when the resident placed, how long the resident is in the Quiet Room, and if the resident is displaying any self-harm behavior. If a resident is placed and removed from the Quiet Room while the medical staff is not scheduled to work then they are unable to make a visit; if the placement in the Quiet Room is for a short period of time they may not be able to make it to the room prior to the release of the resident; or if the resident is not displaying any self-harming behavior they do not necessarily make it to the Quiet Room. The relatively short amount of time that a resident may spend in time-out can limit the medical staff's ability to make a visit with the resident while they are in the Quiet Room.

The auditor reviewed seven logs of Quiet Room placements, and the length of time never exceeded the 24-hour maximum time limit requirement. There was no documentation that in any of the seven placements that the resident was visited by medical staff during the placement in isolation; however, five of the placements either occurred on a weekend or were only over night when the medical staff was not on duty.

#### REASONING:

The LCJDC has two policies regarding the use of its Quiet Room; one developed for the requirements of state licensing, and the other for compliance with the PREA. These two policies do not conflict with one another, nor do they facilitate one another; however, a staff member working to comply with one set of policies may fail to meet the requirements of the other policy. The facility has policy to provide a daily visit from a medical or mental health care clinician while the residents are in isolation for a 24 hour time out. Most uses of the Quiet Room by the LCJDC do not last 24 hours, and do not require a visit from a medical or mental health care clinician, and a review of time out records indicated that they were not long enough, or did not occur when the medical staff was on duty. The evidence provided by the LCJDC PREA Policy, Employee Handbook, IAC, informal discussions with the Facility Director and Assistant Director, formal interview with medical staff, and a review of Quiet Room placement logs indicates that the requirements of this provision are being achieved.

#### PROVISION (c)

##### EVIDENCE:

- LCJDC PREA Policy, Page 9, Placement of Residents in Pod and Classroom Assignments, Bullet 3
- Formal interview with Facility Director
- Formal Interviews with two Supervisors, and nine Security Staff
- Formal Interviews with two Residents
- Site Review
- Review of five Resident Files
- Informal Discussions with the Facility Director, Assistant Director, and PREA Compliance Manager

##### ANALYSIS:

The LCJDC has a policy restricting the placement of residents in a specific pod based solely upon their identification or status of being gay, lesbian, bisexual, transgender, or intersex. During the site review the Facility Director, Assistant Director, and PCM affirmed that none of the three living pods had any specific designation for any type of classification; every pod is used for any resident. That is, there is no specific pod based upon gender, age, sexual orientation, etc. The Facility Director reaffirmed this lack of pod designation during the formal interview. According the LCJDC PREA Risk Assessments there were no residents at the facility during the audit that were identified as gay, lesbian, bisexual, transgender, or intersex to

confirm whether they felt they had been placed upon a specific pod based upon this identification or status. The auditor confirmed by reviewing the risk assessment forms in five of the current residents' files that none had confirmed being LGBTI. During formal interviews with the two supervisors and nine security staff there was an overall sense of the residents' safety, including emotional, physical and sexual, being a primary concern as part of the culture within the facility. This overall sense of concern with the residents' safety was confirmed during formal interviews with two residents when they both indicated that they felt safe while at the facility.

**REASONING:**

There is no evidence that placement of residents in living pods is based upon their identification or status as gay, lesbian, bisexual, transgender, or intersex; the resident's safety while at the facility is one of the primary concerns of placement in a living pod. The evidence provided by the LCJDC PREA Policy, formal interviews with the Facility Director, two supervisors, nine security staff and two residents, and informal discussions with the Facility Director, Assistant Director and PCM concludes that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- Formal Interviews with the Agency Director and Facility Director

**ANALYSIS:**

As was noted in the Narrative Section, the LCCS only operates a single facility the LCJDC. The LCJDC is a coed facility that is responsible for the housing of all detained youth. There is no considerations for transgender or intersex residents to a facility for male or female residents; all youth go to the LCJDC, regardless of identification or status. As was noted in the Facility Characteristics all housing pods are likewise coed. Residents are not assigned to a specific pod based upon their gender; however, residents are based upon the current population, and to maintain safety and security in the facility.

**REASONING:**

There is no need to consider each resident on a case-by-case basis, all residents go to the LCJDC. The evidence that all youth detained are at the LCJDC concludes that the requirements for this provision are being achieved.

**PROVISION (e)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 9, Placement of Residents in Pod and Classroom Assignments
- Formal Interviews with one Supervisor
- Informal discussion with Facility Director

**ANALYSIS:**

The LCJDC PREA policy does address this provision of the standard. During a formal interviews with a supervisor it was indicated that each intake of any new resident triggers a formal assessment of that resident's placement on a pod, and an informal reassessment of all residents already on the pod. This formal assessment of the new resident, and informal reassessments of the current residents may result in a change of pod assignments for residents to ensure all resident's safety. As was noted in the Narrative Section the average length of stay is only 13.9 days, and no residents in 2018 were at the facility for more than half a year; with such a short average length of stay there is little time available for a formal reassessment of transgender and intersex residents. However, the constant formal

assessment of every new placement and informal reassessment of current residents provides a practice of reassessing transgender and intersex youth during the placement of every youth to determine any threats to a resident's safety.

REASONING:

There are these constant informal reassessments of all residents to ensure their safety while at the facility, This constant reassessment practice ensures transgender or intersex youth at the facility are constantly reassessed over the duration of their confinement. The evidence provided by the PREA policy, during formal interview with a supervisor, and informal discussion with the Facility Director indicates that the requirements of this provision are being achieved.

PROVISION (f)

EVIDENCE:

- LCJDC PREA Policy, Page 9, Placement of Residents in Pod and Classroom Assignments, Bullet 4
- Linn County JDC Resident PREA Risk Assessment, question 8
- Formal Interviews with one Supervisor
- Formal Interviews with nine Residents

ANALYSIS:

The LCJDC has a policy that requires the view of a transgender or intersex resident towards their own safety be considered. This is one of the questions, #8, asked of residents during the Resident Interview section on the risk assessment tool during the intake process. Formal interviews with a supervisor affirmed that any concerns to personal safety presented by a transgender or intersex resident would be given serious consideration. While there were no transgender or intersex residents to confirm this assertion, as noted in provision (c) the overall sense of concern with the safety of any and all residents was confirmed during interviews with two residents.

REASONING:

The LCJDC policy was unable to be confirmed by a transgender or intersex resident, due to a lack of such a resident at the facility during the audit process. However, there is evidence all youth are being asked this question during the intake process, and this overall sense of concern for their safety was confirmed during formal interviews with two residents. The evidence provided by the LCJDC PREA Policy, risk assessment tool, and formal interview with a supervisor, and nine residents concludes that the requirements of this provision are being achieved.

PROVISION (g)

EVIDENCE:

- Site Review
- Informal Discussions with Facility Director, Assistant Director, and PREA Compliance Manager
- Formal Interviews with one Security Staff
- Formal Interviews with nine Residents

ANALYSIS:

During the site review the Facility Director, Assistant Director, and PCM affirmed that all shower closets in the facility were for a single occupancy. The auditor was able to confirm that all shower closets throughout the facility were designed for a single person; therefore, all residents are able to shower separately of one another. During an interview with a security

staff while discussing showering policy in the facility it was affirmed that if a transgender or intersex resident were to request even more privacy, the resident would be able to shower back in the shower closet in the intake area. During formal interviews with the nine residents while discussing showering and whether they had ever been seen in a state of undress by other residents or staff it was confirmed that none of them were ever aware of anyone watching or seeing them while they were showering, and that they showered separately of other residents.

**REASONING:**

The design of the LCJDC, single occupancy showers, provides that all residents will shower separately. Transgender and intersex residents are not required to go to a special shower closet to shower separately; they are able to shower separately on their living pod. The evidence provided by the site review, informal discussions with Facility Director, Assistant Director and PCM, and formal interviews with security staff and residents concludes that the requirements of this provision are being achieved.

**PROVISION (h)**

**EVIDENCE:**

- LCJDC Employee Handbook
- Iowa Administrative Code (IAC) Section 441, Chapter 105, Paragraph 10, Article 3
- Review of seven Quiet Room Placement Logs

**ANALYSIS:**

As detailed in provision (b) the LCJDC Employee Handbook, in compliance with IAC, details the requirements for staff to utilize the Quiet Room, and which staff can use and authorize the use of the Quiet Room. A review of seven logs provided precise details leading up to the placement in the Quiet Room, the behavior of the resident and reasons for the placement, and what other options were utilized prior to placement. The reviewed logs consisted of Quiet Room placements in 2019, and ranged in duration from eleven hours to the maximum of 24 hours, of which three made it the full 24 hours. Five of the seven uses of the Quiet Room were for resident's refusal to follow staff directions that then escalated into a time-out for the resident, then physical aggression from the resident, and ultimately placement in the Quiet Room; the last two resulted from an exchange with another resident that lead to physical aggression with the resident, and ultimately placement in the Quiet Room. For each use of the Quiet Room there was concern for the safety of the resident, other residents, and staff. The reports include the staff involved, the supervisors approving the placement, the narrative of the actions and situation prior to the placement, the time placed, the time released, the 15 minute required checks and residents behaviors, and internal and external notifications of the placement. The details provided would support that all seven uses of the Quiet Room were properly documented and justified as the most appropriate placement to ensure the safety of the resident, other residents, staff, and the facility.

**REASONING:**

The LCJDC requires a complete and comprehensive detail documentation of the reasoning for, and the use of the Quiet Room. The process and requirements for use are well detailed in the Employee Handbook, and a review of seven logs details that these steps were followed. The evidence provided by LCJDC Employee Handbook, IAC, and a review of logs concludes that the requirements of this provision are being achieved.

**PROVISION (i)**

**EVIDENCE:**



- LCJDC Employee Handbook
- Iowa Administrative Code (IAC) Section 441, Chapter 105, Paragraph 10, Article 3
- Review of seven Quiet Room Placement Logs

**ANALYSIS:**

The LCJDC Employee Handbook, in compliance with IAC, prohibits the isolation of residents at the facility for more than 24 hours; therefore, there is no necessity for a 30 day review to determine if isolation is still required. A review by the auditor of seven Quiet Room Placement logs confirmed that none of the uses of the time-out room had exceeded 24-hours.

**REASONING:**

The LCJDC does not place residents in periods of isolation over 24-hours, in order to maintain compliance with licensing standards established by the state. Because of these more restrictive standards the facility there will never be the necessity for a 30 day review of isolation. The evidence provided by LCJDC Employee Handbook, IAC, and a review of Quiet Room placement logs concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.342.

**OPPORTUNITIES:**

As noted in provision (b) there is an opportunity for the LCJDC to merge the two policies addressing the use of the Quiet Room (isolation) so that both the state regulation and federal law are met while clarifying the responsibilities of security and medical staff.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 12, Resident Reports of Sexual Abuse</li> <li>• Linn County JDC Zero Tolerance Sexual Abuse Policy: Resident</li> <li>• PREA Resident Education Activity</li> <li>• Formal Interviews with Facility Director and PREA Compliance Manager</li> <li>• Formal Interviews with one Supervisors and nine Security Staff</li> <li>• Formal Interviews with nine Residents</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy states that the facility “provides multiple internal ways for the residents to report easily, privately, and securely; sexual abuse, retaliation by other residents or staff for reporting abuse, and staff neglect or violation of responsibilities that may have contributed to sexual abuse.” The zero tolerance policy that residents are provided with during the intake process details the process residents can make internal verbal or written reports, and how to make an external report. This process is further reinforced during the Wednesday evening PREA education activity, detailed in Standard 115.333, where the PREA Resident Education Activity details the process to make internal and external reports. During a formal interview with the Facility Director it was affirmed that the residents are able to make reports by directly telling any staff in the facility, including the director, assistant director, supervisors, security staff, nurse, teachers or teacher’s aides. The Facility Director also affirmed that all residents have access to paper and pencil to write a letter to the director, supervisor, or security staff reporting any PREA related concerns and incidents. Formal interviews with the PCM, one supervisor, and nine security staff reaffirmed that there were multiple individuals in the facility for a resident to make an oral report or a written report. This process described in the LCJDC PREA policy, and affirmed by staff was confirmed during formal interviews with nine residents. The residents were consistently able to verbalize that they could make PREA related reports either by directly reporting to any staff member (administrative, supervisor, security, medical, or educational) at the facility, or by writing a report that they could submit to a staff member.</p> <p>It should be noted that the LCJDC PREA policy does not mention sexual harassment as a reason to make a report; however, both facility staff and residents were able to verbalize this as a reason to make a report. There is an opportunity for the facility to edit the policy to ensure that it matches the practice in the facility, and is in line with the provisions of this standard.</p> <p>REASONING:</p> <p>The LCJDC has provided multiple internal ways for residents to make a report regarding sexual abuse, sexual harassment, retaliation, or staff violation of responsibilities. These avenues for reporting were understood by staff and residents. The evidence provided by the LCJDC PREA Policy, formal interviews with the Facility Director, the PCM, two supervisors, nine security staff, and nine residents concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p>

EVIDENCE:

- LCJDC PREA Policy, Page 12, Resident Reports of Sexual Abuse
- LCJDC PREA Policy, Page 13, Residents Access to Outside Support Services and Legal Representation
- PREA: Safeguarding Your Sexual Safety Resident Education
- Formal Interviews with Facility Director and PREA Compliance Manager
- Formal Interviews with one Supervisors and nine Security Staff
- Formal Interviews with nine Residents
- Iowa Code §232.22(1)

ANALYSIS:

The LCJDC PREA policy states that to make a report to an outside agency “they [residents] are informed they may make a report to their Juvenile Court Officer (JCO) at any time.” Similar to provision (a) the Facility Director affirmed this as one of the avenues that residents could make reports of PREA related incidents. This external way to make a report was reaffirmed by the PCM, one supervisor, and nine security staff, and then confirmed by nine residents. In addition, to making a report to their JCO the PCM affirmed during their formal interview that residents were able to make a report to the sexual assault crisis center, Riverview Center, with which the LCJDC has an MOU. There were two residents that confirmed during formal interviews that they would also be able to make a report to the Riverview Center.

The LCJDC PREA policy does state that residents are able to make reports anonymously, and this right is included in the education program that residents must complete while on O-Pod, and during the Wednesday evening PREA education activity. Eight of the residents confirmed during their formal interviews that they knew they were able to make an anonymous report for themselves or someone else.

Residents are not detained at the LCJDC solely for the purposes of civil immigration purposes. As is noted in the Facility Characteristics Section the facility is licensed by the Iowa Department of Human Services as a juvenile detention center; youth that may be legally detained at a juvenile detention center in Iowa are defined in Iowa Code §232.22. This code section requires that the youth be charged with a delinquent offense for placement in a detention center, and civil immigration purposes do not meet this requirement.

REASONING:

The LCJDC has identified the resident’s JCO as the external location to make a report regarding a PREA related incident. The residents are receiving this information upon admission to the facility, and it is being reinforced regularly during the Wednesday evening PREA education activity. Residents confirmed that they knew where to make an external report, and that the report could be made anonymously. The evidence provided by the LCJDC PREA Policy, formal interviews with the Facility Director, the PCM, one supervisor, nine security staff, and nine residents concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 12, Resident Reports of Sexual Abuse
- Formal Interviews with Supervisor and nine Security Staff
- Review of three Reported Incidents

ANALYSIS:

The LCJDC PREA policy requires that “All verbal reports and third party reports will be immediately put into writing...” During formal interviews with one supervisor and nine security

staff it was affirmed that if they were to receive a verbal report for a resident, or from an external source (e.g. JCO, attorney, parent) that they would immediately log the report and inform the Facility Director. As detailed in the Narrative Section, within the last year there were three verbal reports of potential PREA related incidents at the facility reported to facility staff. A review of the EVOLV system confirmed that all three incidents had been documented by staff in writing. Two of the incidents were reported from residents and one from a JCO; a third party.

**REASONING:**

The LCJDC has a policy requiring the documentation of any PREA related incidents reported to staff from any resident or external source. The EVOLV system has a template designated for these reports, and a review of the system confirmed that three reports to staff had been documented in the system. The evidence provided by the LCJDC PREA Policy, formal interviews with one supervisor and nine security staff, and a review of the three reported incidents concludes that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 12, Resident Reports of Sexual Abuse
- Site Review
- Informal Discussion with Facility Director, Assistant Director, and PREA Compliance Manager
- Formal Interviews with nine Residents

**ANALYSIS:**

The LCJDC PREA policy states “Residents will be provided the tools necessary to write a report at any time (pencil, papers).” During the site review, while on the Maple Pod the Facility Director, Assistant Director and PCM affirmed that residents were able to request and obtain writing materials; that is a pencil, papers and an envelope. These items are kept under the control of security staff to maintain facility safety, and provided to residents upon request. Formal interviews with the nine residents confirmed that they were able to access required writing materials upon a request to staff.

**REASONING:**

The LCJDC has writing materials available for residents, and a process for residents to access these materials. The evidence provided by the LCJDC PREA Policy, informal discussions with the Facility Director, Assistant Director and PCM, and formal interviews with nine residents concludes that the requirements of this provision are being achieved.

**PROVISION (e)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 13, Staff Reports of Sexual Abuse
- Formal Interview with the Facility Director
- Formal Interviews with one Supervisors and nine Security Staff

**ANALYSIS:**

The LCJDC PREA policy details the requirements for staff to report any PREA related incidents, and how to privately make a report to a supervisor or the facility director. The Facility Director affirmed during their formal interview that staff could approach them directly, or write a report and slip it under their door to make a report of any PREA incidents; they also stated that these reports could also be made to the Assistant Director in their absence. During formal interviews with one supervisor they affirmed that they could take a private report from a security staff, and that they would then be responsible to report the incident to either the

Facility Director or Assistant Director; depending upon which one was available. This process of making private reports was confirmed during the formal interviews with the nine security staff.

**REASONING:**

The LCJDC has a process defined for staff to privately make a report of a PREA related incident, which is understood by the staff. The evidence provided by the LCJDC PREA Policy, formal interviews with the Facility Director, one supervisor, and nine security staff concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC meets the Standard 115.351. The facility has provided for numerous avenues for residents to make internal reports, and an avenue for external reports. Residents understand that the reports can be made anonymously. Staff understand that any report they accept must immediately be documented and provided to the Facility Director. Residents are provided with the tools necessary to make a written report, and staff have a process to privately report any incidents.

115.352	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISIONS (a) – (g)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has a grievance procedure; however, does not use that system for the addressing sexual abuse and sexual harassment allegations. Therefore, the facility is exempt from this Standard.</p> <p>REASONING:</p> <p>The evidence provided by the LCJDC PREA Policy concludes that the requirements of these provisions are being achieved.</p> <p>FINDINGS:</p> <p>The auditor finds that the LCJDC meets the Standard 115.352. As the LCJDC does not use a grievance system to address sexual abuse the facility is exempt from this Standard.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)  EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Resident Access to Outside Support Services and Legal Representation</li> <li>• MOU between Riverview Center and Linn County Juvenile Detention Center</li> <li>• Site Review</li> <li>• “Break the Silence” Posters</li> <li>• Linn County JDC Zero Tolerance Sexual Abuse Policy: Resident</li> <li>• PREA Resident Education Activity</li> <li>• Formal Interviews with the Facility Director and PREA Compliance Manager</li> <li>• Resident Handbook, Page 4, Phone Calls</li> <li>• Formal Interviews with nine Residents</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy states that residents will be provided with contact information to outside victim advocates for emotional support, counseling, and advocacy services. The LCJDC has entered into an MOU with the Riverview Center for services for sexual abuse victims at the facility. The MOU requires the Riverview Center to provide free and confidential services to all victims of sexual assault who are residing at the LCJDC, and to provide advocacy and counseling services for residents who have been identified as survivors of sexual assault. Posters placed throughout the facility included contact telephone number for the Riverview Center; additionally, this telephone number is provided on the LCJDC Zero Tolerance Sexual Abuse policy that residents are required to sign during admission, and on the PREA Resident Education Activity completed every Wednesday during the evening educational activity. During formal interviews with the Facility Director and with the PCM it was affirmed that residents could make a phone call to the Riverview Center whenever they made the request of staff. Both the Facility Director and the PCM affirmed that a phone call to the Riverview Center could be made at any time, not just during the time frame detailed in the Resident Handbook between 9:00 am and 9:30 pm; this is further detailed on the LCJDC Zero Tolerance Sexual Abuse policy and PREA Resident Education Activity that these phone calls can be made at any time. The LCJDC PREA policy states that “Staff will inform them [residents] that their call will not be monitored...” Formal interviews with five residents confirmed that they were aware that support and counseling services were available for them outside the facility, and that they could contact the support services whenever they needed; however, there were four residents weren’t able to recall any information on services available outside the facility.</p> <p>REASONING:</p> <p>The LCJDC has entered into an MOU with a sexual assault crisis center that has agreed to provide services for residents at the facility. The facility has provided the contact information to residents for the Riverview Center through a number of avenues. While not all residents were able to recall these services, the evidence from the remaining residents and the postings around the facility suggest that the LCJDC is taking efforts to inform and educate the</p>

residents. The evidence provided by the LCJDC PREA Policy, MOU with Riverview Center, site review and evidence of posted information, zero tolerance and PREA education documents, formal interviews with the Facility Director, the PCM, and nine residents concludes that the requirements of this provision are being achieved.

PROVISION (b)

EVIDENCE:

- LCJDC PREA Policy, Page 13, Resident Access to Outside Support Services and Legal Representation
- Linn County JDC Zero Tolerance Sexual Abuse Policy: Resident
- PREA Resident Education Activity
- Formal Interviews with five Residents

ANALYSIS:

As noted in provision (a) the LCJDC PREA policy states that phone calls to the sexual assault crisis number will be confidential, and will not be monitored. This right to a confidential phone call is confirmed in the LCJDC Zero Tolerance Sexual Abuse policy and on the PREA Resident Education Activity. The LCJDC Zero Tolerance Sexual Abuse Policy: Resident and PREA Resident Education Activity state that the "counselors are also mandatory child abuse reporters and are bound to make reports under child abuse laws." As noted in provision (a) only five of the residents could recall the outside services available to them; of those all five were able to confirm that any conversations with the crisis center would be confidential, and four of those residents were able to confirm that if what they reported indicated that someone (themselves, another resident, or staff) were in imminent danger then the counselor they were speaking with would need to make a report.

REASONING:

The LCJDC has a policy to inform residents that any phone conversations with the Riverview Center will be confidential, and publish this right to confidentiality in a couple of locations for the residents. The evidence provided by the LCJDC PREA Policy, educational information provided to residents, and formal interviews with five residents indicates that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- MOU between Riverview Center and Linn County Juvenile Detention Center

ANALYSIS:

The LCJDC has entered into an MOU with Riverview Center, and maintains documentation of the MOU. The MOU details the responsibilities of the LCJDC and the Riverview Center. The Riverview Center is a sexual assault crisis center with the mission statement of: Riverview Center is a nonprofit agency committed to providing compassionate, client-centered care for individuals affected by sexual assault in Iowa, and for individuals affected by sexual and domestic violence in Illinois.

REASONING:

LCJDC has entered into a MOU with a sexual assault crisis center to provide confidential emotional support services. The evidence provided by the MOU with Riverview Center concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- Resident Handbook, Page 4, Phone Calls
- Resident Handbook, Page 4, Visitors
- Resident Handbook, Page 4, Mail
- Formal Interviews with nine Residents
- Informal Discussion with the Facility Director and Assistant Director

**ANALYSIS:**

The Resident Handbook provides details regarding whom a resident may call. The list includes a resident's social worker, probation officer, lawyer, psychiatrist, psychologist, pastor, and parents. The information provided about phone calls states "A staff person may be present during phone calls.", and "All phone calls with your attorney will be confidential, unless the attorney requests otherwise." During formal interviews with nine residents there was a mixed message presented; seven of the residents indicated affirmed that their phone conversations with attorneys were confidential, while two residents were very emphatic that staff were always sitting next to them listening in on their conversations with their attorney. The requirements of this provision is that residents will have "...reasonable and confidential access to their attorneys or other legal representation...". This would suggest that there is some difference in the practice of providing confidential access to residents' attorneys potentially based upon the resident and the staff on duty.

During an informal discussion with the Facility Director and Assistant Director it was affirmed that attorney visits with residents took place in the visitation rooms, and could be visually monitored, but were not monitored through audio. This was confirmed during one formal interview with a resident when they stated that meetings with their attorney took place in the visitation rooms. However, the Resident Handbook states that visits can be with parents or guardians, and siblings and grandparents when accompanied by parents; there is no mention of attorneys, JCO's, pastors, etc. There is an opportunity for the LCJDC to ensure that documentation and practice are aligned by editing the Resident Handbook to include professionals on the potential visitation list. The LCJDC has designated a total of 16 hours every week as visitation hours from parents, guardians, grandparents, and siblings; Monday – Friday, 2:30 pm – 4:30 pm; Wednesday, 5 pm – 7 pm; and, Saturday and Sunday, 1:30 pm – 3:30 pm. Additionally, phone calls to family members are limited to 5 minutes per day, unless the resident's parents live separately from one another, then it is 5 minutes for each parent. These familial phone calls must take place between the hours of 9 am and 9:30 pm on any day of the week.

**REASONING:**

The LCJDC has implemented a reasonable system of on-site visitations and telephone calls for residents to contact their families and legal representation. There is an opportunity to ensure that staff understand that all calls between residents and attorneys must be confidential, unless otherwise requested by the attorney. The evidence provided by the Resident Handbook, and formal interviews with nine residents indicates that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.353. The Resident Handbook states that unless otherwise requested by the attorney, that phone conversations between the resident and attorney will be confidential. There is an opportunity for the LCJDC e, and two residents empathetic that staff were present during phone conversations with their attorney. To achieve compliance with this provision the LCJDC must ensure that phone conversations between residents and their attorneys are confidential.



115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Third Party Reports</li> <li>• LCJDC Website PREA Policy (<a href="http://www.linncounty.org/DocumentCenter/View/5345/Linn-County-Juvenile-Detention-Center-PREA-Policy?bidId=">http://www.linncounty.org/DocumentCenter/View/5345/Linn-County-Juvenile-Detention-Center-PREA-Policy?bidId=</a>)</li> <li>• Review of one Incident Report</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy states “All third party verbal or written reports of sexual abuse or sexual harassment shall be directed or forwarded confidentially to the facility director or designee.” This policy is posted on the LCJDC website; however, this policy does not inform the public on how to actually make a report. It does not provide a mailing address, nor a telephone number to call. This information is available on the front page of the website, but is not part of the policy. The public would need to already be knowledgeable of the LCJDC PREA policy to know where to look for the information. There is an opportunity here for the facility to enhance their distribution of this information. This could include publishing the policy on the website, instead of simply having it within the entirety of the published PREA policy, and include the telephone number and address where the reports could be made. There is an opportunity to explain what constitutes sexual abuse and sexual harassment, the facility’s zero tolerance toward sexual abuse and sexual harassment. This information could also be published on a poster in the visitation room.</p> <p>As noted in the Narrative Section the LCJDC did receive a report of a sexual abuse allegation from a third party. This allegation was unfounded; however, a review of the incident report did confirm that the facility had a method to receive a third party report, and took appropriate actions to respond, report, and make internal and external notifications about and regarding the results of the allegation.</p> <p>REASONING:</p> <p>There is an opportunity for the facility to be more transparent about the process for making a third party report; however, the LCJDC has developed a policy and method to receive third party reports of sexual abuse and sexual harassment, and has included it as part of the published facility PREA policy. The evidence provided by the LCJDC PREA Policy, publishing the policy on the facility’s website, and review of an incident report concludes that the requirements of this provision are being achieved.</p> <p>FINDINGS:</p> <p>The auditor finds that the LCJDC meets Standard 115.354. The facility has meet the requirements of the developing a method to receive third party reports on sexual abuse and sexual harassment, and publicly distributing them; however, the LCJDC also has the opportunity to enhance the distribution of this information.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Staff Reports of Sexual Abuse</li> <li>• Formal Interviews with one Supervisor, nine Security Staff, one Contractor, and one Medical Staff</li> <li>• Review of three PREA Related Incident Reports</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy requires all staff to report any knowledge, suspicion, or information that they have regarding an incident of sexual abuse or sexual harassment that occurred in the facility, any retaliation against residents or staffs for having reported such an incident, and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Throughout formal interviews with the one supervisor, nine security staff, one contractor, and one medical staff it was evident that all the staff understood their responsibility to report the requirements of this provision. All the staff emphatically affirmed that they would be responsible for reporting to either a supervisor or facility administration, that is the Facility Director or Assistant Director, and that they would be required to document what they were reporting. It was understood that even if their initial report was to a supervisor, that either they or the supervisor would also make a report to the facility administration. The auditor reviewed the reports submitted by supervisors on three PREA related incidents. All three reports confirm that staff reported the incident upon receiving information, and responded in appropriate manners to ensure that all residents and staff were safe.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring staff to report any information or suspicions they have regarding a potential PREA related incident. Formal interviews with staffs and a contractor confirms that this policy is understood, and that they would report to the appropriate supervisor or facility administration. During the report review of three incidents this was further confirmed that staff immediately reported, and appropriately responded when they became aware of a PREA related incident. The evidence provided by the LCJDC PREA Policy, formal interviews with staff and contractors, and a review of PREA related incidents concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Staff Reports of Sexual Abuse</li> <li>• Formal Interviews with one Supervisor, nine Security Staff, one Contractor, and one Medical Staff</li> <li>• Iowa Code Section §232.69(1)</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy requires all staff to comply with Mandatory Reporter laws as detailed in the Narrative Section. In Iowa the operator or employee of a juvenile detention center is classified as a mandatory reporter; this includes all administrative, management, security, and support staff. This Iowa Code section also includes all medical practitioners, licensed school employees and para-educators as mandatory reporters. Therefore, the LCJDC PREA policy</p>

requires the facility staff comply with the State Code as mandatory reporters. Formal interviews with one supervisor, nine security staff, one contractor, and one medical staff confirmed that they understood their obligations as mandatory reporters.

REASONING:

The LCJDC has a PREA policy that is understood by staff and contractors that requires they comply with the State Code as mandatory reporters. The evidence provided by the LCJDC PREA Policy, formal interviews with staff and contractors, and the Iowa Code concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 13, Staff Reports of Sexual Abuse
- Linn County JDC PREA Training for Employees PowerPoint Slide #27
- PREA Standards & Compliance Training Acknowledgement Form
- Review of nine Staffs' Personnel Files

ANALYSIS:

The LCJDC PREA policy prohibits staff from revealing information about a sexual abuse report outside of what is necessary for reporting for security and management decisions, treatment, and investigations, including administrative, criminal/investigative, and designated State and local officials. This PREA policy is presented to staff as part of the staff training on PREA, and is acknowledged by staff when they sign the PREA Standards & Compliance Training Acknowledgement form. As was detailed in Standard 115.331, provision (a), the auditor's review of nine staff personnel's files confirmed the presence of these signed acknowledgement forms.

REASONING:

The LCJDC has developed policy that prohibits staff from revealing information outside of official and required reports or investigations. This policy is presented during required PREA trainings, and acknowledged by staff through the training acknowledgement form. The evidence provided by the LCJDC PREA Policy, LCJDC PREA Training, acknowledgement forms, and review of six personnel files concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 13, Medical and Mental Health Care Professionals Reporting
- Formal Interview with Medical Staff

ANALYSIS:

The LCJDC PREA policy addresses the requirements of this provision for the medical staff at the facility. As stated in provision (a), during a formal interview with the medical staff it was affirmed that they understood their responsibility to report an incidents of sexual abuse that they may become aware of during their medical duties. The medical staff affirmed that they would immediately notify a supervisor, the Facility Director, or the Assistant Director. As stated in provision (b), the medical staff are also mandatory reporters as defined by the Iowa Code, and the medical staff affirmed they were aware of their mandatory reporter responsibilities. Likewise, the medical staff affirmed that they understood their responsibility to inform residents of their obligations as a mandatory reporter at the beginning of services.

REASONING:

The LCJDC has developed policy requiring the medical staff to report incidents of sexual

abuse to the facility and to the designated State officials as a mandatory reporter. This policy requires the medical staff to disclose this requirement to report to residents prior to initiating services. The medical staff confirmed that they understood these responsibilities during a formal interview. The evidence provided by the LCJDC PREA Policy, and a formal interview with medical staff concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 10, Staff First Responder Duties
- Linn County Sexual Abuse Allegation – Coordinated Response Plan
- Linn County Iowa Website (<http://www.linncounty.org/1190/Offices-Departments>)
- Informal Discussions with Facility Director

ANALYSIS:

The LCJDC PREA policy has two sections that deal with notifying required individuals. One section is based upon resident on resident sexual abuse, and the other on staff member on resident sexual abuse. Both sections require that the LCJDC Facility Director contact both the Executive Director of the LCCS and Linn County Risk Manager. Likewise, both sections require that Juvenile Court Services be notified, along with the victim's parents. Neither section addresses contacting the child welfare system, in Iowa this would be the DHS, in place of a parent or guardian should DHS have guardianship. However, the Coordinated Response Plan does indicate that in the case of a resident being under the guardianship of the DHS that the caseworker would be notified in place of parents. Finally, only the section focusing on resident on resident sexual abuse addresses notifying the resident's attorney. During an informal discussion with the Facility Director it was affirmed that notifications of sexual abuse would be made to law enforcement, the resident's parents/guardians, the resident's JCO, and the resident's attorney or other legal representation; for example, a court appointed advocate.

REASONING:

The LCJDC has an opportunity to ensure that there is consistency between the various policies in the LCJDC PREA Policy, along with the Coordinated Response Plan. The facility must consistently ensure that all listed parties are properly notified after a sexual abuse allegation. However, the facility should be commended for setting a standard of notifying the resident's attorney within seven days; this exceeds the 14 days established by this provision. The evidence provided by the LCJDC PREA Policy, Coordinated Response Plan, Linn County website, and an informal discussion with the Facility Director indicates that the requirements of this provision are being achieved.

PROVISION (f)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Investigations of the Incident: Staff Member on Resident Assault
- Informal Discussions with Facility Director

ANALYSIS:

The LCJDC PREA policy only addresses investigations of sexual abuse of staff members on residents. It would appear to be an oversight that there is no section addressing investigations of sexual abuse of residents on residents. The section included in the PREA policy states that the Facility Director will contact law enforcement, and Child Protective Services to initiate an investigation. As noted in provision (e) the Facility Director affirmed that the LCSO, the law enforcement agency, would be notified during an allegation of sexual abuse. During this

discussion the Facility Director noted that allegations of sexual harassment would first be administratively reviewed to determine if they were criminal in nature, and required law enforcement notification.

**REASONING:**

The LCJDC has a PREA policy addressing the notification and investigation of sexual abuse from a staff member on a resident. There is an opportunity to ensure that similar policy regarding resident on resident sexual abuse is included in the PREA policy. The PREA policy states that law enforcement will be notified of alleged sexual abuse, and this was confirmed by the Facility Director during an informal discussion. The evidence provided by the LCJDC PREA Policy, and an informal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does not comply with Standard 115.361. To achieve compliance with this standard the facility must ensure that all required parties are being notified of alleged sexual abuse; this includes the agency, potentially a DHS caseworker, and the resident's attorney.

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>EVIDENCE:</b></p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 4, Agency Protection Duties</li> <li>• Informal Discussions with Facility Director and Assistant Director</li> <li>• Formal Interviews with one Supervisor, nine Security Staff, and one contractor</li> </ul> <p><b>ANALYSIS:</b></p> <p>The LCJDC Policy requires that upon learning of imminent risk of sexual abuse to a resident that the facility shall take immediate action to ensure the resident’s safety. During an informal discussion with the Facility Director and the Assistant Director it was affirmed that all staff in the facility were held to the expectation that if they became aware of a resident ever being in any type of risk from another resident or staff, whether it was regarding the resident’s sexual safety or physical safety, there needed to be an immediate response to ensure the safety of all residents. This expectation of immediate response was confirmed during formal interviews with one supervisor, nine security staff, and one contractor; each empathically affirmed that they would need to immediately respond to ensure the safety and security of the facility.</p> <p><b>REASONING:</b></p> <p>The emphatic response of all the staff on the expectation for immediate action regarding the imminent risk of sexual abuse toward a resident indicated that there is an awareness and understanding of their duties. The evidence provided by the LCJDC PREA Policy, informal discussion with Facility Director and Assistant Director, and formal interviews with a supervisor, staffs and a contractor concludes that the requirements of this provision are being achieved.</p> <p><b>FINDINGS:</b></p> <p>The auditor finds that the LCJDC complies with Standard 115.362. Informal and formal discussions with staffs confirmed that this standard is understood, and staff were ready to respond to ensure the safety of residents.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Reporting to Other Confinement Facilities</li> <li>• Formal Interview with Facility Director</li> <li>• Review of Incident Report</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy requires that the facility notify another agency upon receiving a report of a PREA related incident at the other agency, and that a report also be filed with the appropriate investigative agency. During the formal interview with the Facility Director it was reported that the LCJDC had a resident during the intake process reported an incident at another facility, as previously detailed in the Narrative Section. The auditor reviewed the incident report that was logged in the EVOLV system. The report noted the details of the incident, when the report was received by LCJDC and when a report to the other agency was made, who was notified at the other agency, and that a report was filed with the Iowa DHS.</p> <p>REASONING:</p> <p>The LCJDC PREA policy requires that the facility report to another agency any allegations received at the LCJDC regarding that agency. This policy was affirmed by the Facility Director, and confirmed by the documentation review of such a report at the LCJDC. The evidence provided by the LCJDC PREA Policy, formal interview with Facility Director, and documentation review concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Reporting to Other Confinement Facilities</li> <li>• Review of Incident Report</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy requires that the report be made to the other agency within 72 hours. The review of the incident noted in provision (a) confirmed that the report to the other agency was completed with 72 hours. The incident was reported late on a Friday evening, and reported to the other agency on Monday morning; within the required 72 hours.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring the reporting of an allegation within another agency within 72 hours to the agency, and this policy was supported by the documentation of such an allegation received by the LCJDC. The evidence provided by the LCJDC PREA Policy, and documentation review concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (c)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Reporting to Other Confinement Facilities</li> <li>• Review of Incident Report</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy requires that the report made to the other agency be documented. The review of the incident noted in provision (a) confirmed that the report to the other agency</p>

was completed documented; including the time that the allegation was reported the LCJDC, the time the LCJDC notified the other agency, who at the other agency was notified, and that the appropriate investigative agency was notified.

**REASONING:**

The LCJDC has a policy requiring the documentation of reporting of an allegation while the resident was at another agency, and this policy was supported by the documentation of such an allegation received by the LCJDC. The evidence provided by the LCJDC PREA Policy, and documentation review concludes that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 13, Reporting to Other Confinement Facilities
- Formal Interview with Facility Director

**ANALYSIS:**

The LCJDC PREA policy requires that if the LCJDC receives a report of an allegation that occurred in the facility from another agency that the facility director would ensure that the allegation was investigated in accordance with the LCJDC PREA policy. During a formal interview with the Facility Director it was affirmed that the LCJDC had not received any such reports from another agency. Therefore, there was no documentation to review regarding this provision.

**REASONING:**

The LCJDC has a policy requiring the investigation of any allegation received from another agency; this policy was affirmed by the Facility Director. While there are no reported allegations, and therefore, no documentation to review, the overall dedication to sexual safety perceived by the auditor at the LCJDC would suggest that any such allegation reports to the LCJDC would be thoroughly investigated. The evidence provided by the LCJDC PREA Policy, and formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC complies with Standard 115.363. The LCJDC has a policy requiring the reporting of any allegations of sexual abuse that the facility receives to other agencies and to the appropriate investigative agency. The policy covers the 72 hour reporting requirements of this provision, and the documentation of any reported allegations.



115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 10, Staff First Responder Duties</li> <li>• Linn County Sexual Abuse Allegation – Coordinated Response Plan</li> <li>• Linn County JDC PREA Training for Employees PowerPoint Slides, Slide #20</li> <li>• Formal Interviews with one Supervisor, and nine Security Staff</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has a policy detailing the responsibilities of a first responder; including, separating the alleged victim and abuser, preserving and protecting the crime scene until evidence can be collected, requesting the victim not take any actions that could destroy evidence (i.e. washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating), and ensuring the alleged abuser does not take any actions that could destroy evidence. These first responder responsibilities are likewise, detailed in the Coordinated Response Plan, and the LCJDC PREA training for employees. During formal interviews with one supervisor and nine security staff, the primary first responders in the LCJDC, only two staff affirmed that they would preserve any physical evidence on the alleged abuser. Other staff affirmed the preserving of evidence from the alleged victim, but did not mention preserving evidence from the alleged abuser. It should be noted that the requirements for this provision are to "... request that the alleged victim not take any actions that could destroy physical evidence...", and "...ensure that the alleged abuser not take any actions that could destroy physical evidence..." The provision places a higher standard of preserving evidence when comparing the alleged victim, request, and the alleged abuse.</p> <p>REASONING:</p> <p>There is an opportunity to ensure that the requirement to preserve evidence on an alleged abuser is understood by all staff. While the policy, action plan, and PREA training addresses this requirement staff focused more on the preservation of evidence on the alleged victim. The evidence provided by the LCJDC PREA Policy, the Coordinated Response Plan, the PREA Training PowerPoint slides, and formal interviews with staff indicates that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 10, Staff First Responder Duties</li> <li>• Linn County Sexual Abuse Allegation – Coordinated Response Plan</li> <li>• Linn County JDC PREA Training for Low-Contact Contractors PowerPoint Slides, Slide #18</li> <li>• Informal Discussions with the Facility Director, Assistant Director and PREA Compliance Manager</li> <li>• Formal Interview with one Contractor</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA Policy does not differentiate between the responsibilities of security staff from non-security staff. The responsibilities of all staff include separating the alleged victim and abuser, preserving and protecting the crime scene until evidence can be collected, and requesting the victim not take any actions that could destroy evidence (i.e. washing, brushing</p>

teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). During an informal discussion with the Facility Director, Assistant Director, and PCM it was affirmed that residents are always supervised by a supervisor or security staff. While non-security staff (e.g. medical staff) may be interacting with a resident, there will also be a security staff present for direct care supervision. This includes while residents are in school, the security staff are present in the classrooms providing direct care supervision. The security staff supervising the residents would be responsible for the first responder duties. During a formal interview with a contractor, educational staff, they indicated that as a first responder their responsibility would be to separate the alleged victim and alleged abuser, request that they preserve any evidence, and then immediately notify a security staff.

**REASONING:**

The LCJDC requires the responsibilities of all staff when responding as a First Responder. This includes separating the alleged victim and alleged abuser, securing the location, and preserving evidence on the alleged victim, and then there is a process of notifying supervisors, facility administration, investigators, etc. The evidence provided by the LCJDC PREA Policy, the Coordinated Response Plan, the PREA Training PowerPoint slides, informal discussions with the Facility Director, Assistant Director, and PCM, and a formal interview with a contractor concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.364. The LCJDC has the opportunity to ensure that staff understand the necessity to preserve potential evidence on the alleged abuser.

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>EVIDENCE:</b></p> <ul style="list-style-type: none"> <li>• Linn County Sexual Abuse Allegation – Coordinated Response Plan</li> </ul> <p><b>ANALYSIS:</b></p> <p>The LCJDC has developed a coordinated plan detailing the responsibilities of First Responders, Center Director/Supervisors, Victim Advocates, and Investigators in response to an allegation of sexual abuse at the facility. This plan addresses the required sections for "... first responders, medical and mental health practitioners, investigators, and facility leadership."</p> <p><b>REASONING:</b></p> <p>The facility has developed a coordinated response plan; however, there is an opportunity for the facility to align the plan with the first responder policy detailed in the LCJDC PREA Policy and the LCJDC PREA training PowerPoint. The evidence provided by the Coordinated Response Plan concludes that the requirements of this provision are being achieved.</p> <p><b>FINDINGS:</b></p> <p>The auditor finds that the LCJDC complies with Standard 115.365. The LCJDC has developed a "...written institutional plan to coordinate actions taken in response to an incident of sexual abuse..."</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim: Staff Member on Resident, Bullet 3</li> <li>• Union Contract, Agreement Between Linn County, Iowa and AFSCME, Article 14, Discipline, Page 19</li> <li>• Formal Interview with the Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy requires the placement of staff on administrative leave pending the investigation of an alleged incident of sexual abuse from a staff member on a resident, and prohibits contact between the alleged victim and alleged abuser. The contract signed between Linn County and AFSCME does not prohibit this use of administrative leave, nor does it impede the policy to prohibit contact between the alleged victim and alleged abuser. Nor does the contract restrict the extent of the discipline that the LCJDC may exercise; the contract, does require that disciplinary actions only be taken for just cause, be subject to the grievance procedure, use a progressive system where appropriate, and shall be applied in such a manner as to not embarrass the employee before another employee or the public. During the formal interview with the Facility Director it was affirmed that the response from the facility would be to place a staff on leave pending the outcome of an investigation, and would prohibit any type of contact between the staff and alleged victim.</p> <p>REASONING:</p> <p>The LCJDC has a policy that prohibits the contact of staff member alleged of sexual abuse to a resident, from contact with the resident, and requires the staff to be place on administrative leave pending the results of the investigation. The contract between the county and the union does not prohibit just, and appropriate discipline, up to and including termination. The evidence provided by the LCJDC PREA Policy, a review of the Union contract, and formal interview with the Facility Director concludes the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim: Staff Member on Resident, Bullet 3</li> <li>• Union Contract, Agreement Between Linn County, Iowa and AFSCME, Article 14, Discipline, Page 19</li> </ul> <p>ANALYSIS:</p> <p>A review of the LCJDC PREA policy, and the contract between Linn County and the union, indicate that they are consistent with the provisions of Standards 115.372 and 115.376. Neither the LCJDC PREA policy, nor the contract address the expunging or retention of a no-contact assignment imposed pending the investigation of an alleged sexual abuse.</p> <p>REASONING:</p> <p>The PREA policy, nor contract with the union contradicts the requirements of this provision. The evidence provided by the LCJDC PREA Policy, and a review of the Union contract</p>

concludes the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC complies with Standard 115.366. The PREA policy requires that staff alleged of sexual abuse of a resident are placed on administrative leave and prohibited from contact with alleged victim pending the outcome of an investigation. The PREA policy and contract with the union are consistent with disciplinary requirements set forth in the PREA Standards.

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 14, Agency Protection Against Retaliation</li> <li>• Formal Interview with Facility Director (Staff Responsible for Monitoring Retaliation)</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy that ensures “All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff.” This policy goes on to identify that “LCJDC Director shall be charged with monitoring retaliation.” This responsibility of monitoring for retaliation was confirmed by the Facility Director during a formal interview.</p> <p>REASONING:</p> <p>The LCJDC has developed the required policy detailed in this provision, and has identified the facility director as the staff member responsible for monitoring. The Facility Director confirmed that they were responsible for these duties. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 14, Agency Protection Against Retaliation, Bullet 2</li> <li>• Formal Interview with Facility Director (Staff Responsible for Monitoring Retaliation)</li> <li>• Review of two Incident Reports</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy identifies a number of options for ensuring the protection of residents; including, reassignment to a living pod for the victim or a resident abuser, removal of alleged staff or resident abusers from contact with victim, and emotional support services for residents or staff who fear retaliation. These actions were confirmed by the Facility Director during a formal interview. The Facility Director affirmed that additionally they would inform residents that they were free to approach the director with any concerns, the director would monitor daily logs for any suspicious behavior, monitor time-out reports, and review video footage. During the formal interview, the Facility Director did affirm that there have been two cases of a PREA related incidents at the facility; both of these cases were detailed in the Narrative Section. A review of the incident reports by the auditor confirmed that in both cases the alleged harasser had been moved to a new living pod and was placed in a different classroom to separate them from the alleged victim.</p> <p>REASONING:</p> <p>The LCJDC has a policy detailing a number of potential actions that can be taken to ensure the safety of residents from retaliation for having reported sexual abuse or sexual harassment, or for cooperating with an investigation of sexual abuse or sexual harassment. This policy was affirmed by the Facility Director, in addition to further steps they would use to monitor for retaliation. A review of PREA related incidents indicates that staff took appropriate protective actions when a report was made. The evidence provided by the PREA policy, a formal interview with the Facility Director, and a review of PREA related incident reports concludes</p>

that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 14, Agency Protection Against Retaliation, Bullet 3
- Formal Interview with Facility Director (Staff Responsible for Monitoring Retaliation)

ANALYSIS:

The LCJDC PREA policy states that the treatment of residents or staff that reported sexual abuse, or residents that were the victims of sexual abuse will be monitored for at least 90 days. The PREA policy lists a number of elements that can be monitored, including, disciplinary reports, living pod or program changes, or for staff performance reviews or reassignments. The PREA policy additionally states that the LCJDC will promptly take actions to remedy any retaliation, and that if necessary the monitoring will continue beyond the initial 90 days. During the formal interview with the Facility Director there was a concern that the initial monitoring will rarely be able to be carried out for the initial 90 day period, as the average length of stay is under 14 days; however, they did affirm that if necessary that the monitoring would resume should the resident be readmitted to the facility. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding the monitoring for retaliation.

REASONING:

The LCJDC has a policy detailing the requirements of the facility to monitor for retaliation for reports of, or cooperation with the investigation of sexual abuse. The policy complies with the requirements of this provision, and the Facility Director affirmed that this policy would be adhered to; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 14, Agency Protection Against Retaliation, Bullet 4
- Formal Interview with Facility Director (Staff Responsible for Monitoring Retaliation)

ANALYSIS:

The LCJDC PREA policy states that periodic status checks will be taken to monitor for retaliation. As noted in provision (b), the Facility Director affirmed that in addition to these periodic status checks that residents and staff would be notified that they are free to approach the director with any concerns that they might have. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding the monitoring for retaliation.

REASONING:

The LCJDC has a policy requiring periodic status checks from the retaliation monitoring staff. The policy complies with the requirements of this provision, and the Facility Director affirmed that these periodic status checks would be completed; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 14, Agency Protection Against Retaliation, Bullet 5
- Formal Interview with Facility Director (Staff Responsible for Monitoring Retaliation)

**ANALYSIS:**

The LCJDC PREA policy states that the LCJDC will provide appropriate safety measures to any other individual who cooperated with an investigation whom expresses fear of retaliation. During their formal interview the Facility Director affirmed that the facility would ensure the safety of all individuals that cooperated with an investigation of sexual abuse. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding the monitoring for retaliation.

**REASONING:**

The LCJDC has a policy requiring the facility take actions to protect all individuals that cooperated with an investigation of sexual abuse that are concerned about retaliation. The policy complies with the requirements of this provision, and the Facility Director affirmed that all individuals involved with the sexual abuse investigation would be monitored for and protected from retaliation; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**PROVISION (f)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 14, Agency Protection Against Retaliation, Bullet 6

**ANALYSIS:**

The LCJDC PREA policy states that the facility's obligation to monitor shall terminate if the allegation of sexual abuse is unfounded. As there have been no reported cases, founded or unfounded, there is no documentation to review.

**REASONING:**

The LCJDC has a policy relieving the facility of the obligation to monitor should an allegation of sexual abuse be unfounded; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC complies with Standard 115.367. The LCJDC has developed a PREA policy that address all the provisions of this standard. The Facility Director, is the identified retaliation monitoring staff, and affirmed during a formal interview that the facility would comply with the requirements of the standard and the facility's PREA policy.



115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>EVIDENCE:</b></p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 9, Placement of Residents in Pod and Classroom Assignments</li> <li>• Site Review</li> <li>• Informal Discussion with Facility Director, Assistant Director, and PREA Compliance Manager</li> </ul> <p><b>ANALYSIS:</b></p> <p>The LCJDC PREA policy states that residents are placed on living pods and classroom assignments with the goal of keeping all residents safe and free from sexual abuse. During the site review it was affirmed by the Facility Director, Assistant Director, and PCM that the LCJDC does not use segregated housing for any residents; as noted in Standard 115.342, residents can only be placed in isolation for a maximum of 24 hours. Residents may be separated between living pods to maintain safety, and to ensure that residents that require separation (e.g. co-defendants, rival gangs) are placed on different pods; but, residents are not segregated to a specific living pod based upon allegations of being sexually abused, or any other specific standard. All residents separated due to alleged victimization and alleged abuse would continue to participate in the normal daily milieu.</p> <p><b>REASONING:</b></p> <p>Residents are placed on living pods to best ensure the safety off all residents, and promote security. Residents are not specifically segregated due to an allegation of sexual victimization, but rather they are separated from an alleged abuser, while remaining in the daily milieu. The evidence provided by the site review, and informal discussions with the Facility Director, Assistant Director, and PCM concludes the requirements of this provision are being achieved.</p> <p><b>FINDINGS:</b></p> <p>The auditor finds that the LCJDC complies with Standard 115.368. The LCJDC does not use a segregation unit for any residents. Residents are separated from one another for safety and security reasons, but are not placed on a special segregation unit for a specific reason (e.g. alleged victim of sexual abuse).</p>

**115.371 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

PROVISION (a)

EVIDENCE:

- LCJDC PREA Policy, Page 12, Global Investigation Policy
- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff
- Linn County Sexual Abuse Allegation – Coordinated Response Plan: Investigators Responsibilities
- Formal Interview with Facility Director (Administrative Investigator)

ANALYSIS:

The LCJDC PREA policy states that reports of sexual abuse will be reported to the LCSO for criminal investigation, as detailed in the MOU between the LCJDC and LCSO. This requirement for the LCSO to provide an investigator for a sexual abuse allegation is further affirmed by the Coordinated Response Plan. However, during a formal interview with the Facility Director it was affirmed that LCJDC is responsible for non-criminal investigations of allegations of sexual harassment; however, if it became evident that a sexual harassment allegation was criminal in nature the investigation would then be handed over to the LCSO. Additionally, the Facility Director affirmed that it would be their responsibility to complete an administrative investigation in for the non-criminal allegation of sexual harassment. The LCJDC PREA policy requires that all allegations, including those from anonymous and third-party reports, will be investigated promptly, thoroughly, and objectively. The Facility Director affirmed that the facility would follow through with the requirements of the policy and this provision should a sexual abuse or sexual harassment report be given to the facility. However, there have been no reports of sexual abuse to review any documentation.

REASONING:

The LCJDC has a policy detailing the responsibilities of the facility to complete investigations on allegations of sexual abuse, conducted by the LCSO, and sexual harassment, conducted by LCJDC. The policy complies with the requirements of this provision, and the Facility Director affirmed that this policy would be adhered to; however, there is no documentation to review because of no reported cases of sexual abuse or sexual harassment. The evidence provided by the PREA policy, an MOU between LCJDC and LCSO, the Coordinated Response Plan, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

PROVISION (b)

EVIDENCE:

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff

ANALYSIS:

The MOU states that “Where sexual abuse is alleged, Linn County Juvenile Detention Center shall use investigators from the Linn County Sheriff Office who have receive special training in sexual abuse investigations involving juvenile victims.” There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The MOU between the LCJDC and LCSO details the responsibility of the sheriff’s office to assign investigators with specialized training for any alleged sexual abuse investigations at the

facility. The MOU complies with the requirements of this provision; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the MOU concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff, Paragraph (a)
- Linn County Sexual Abuse Allegation – Coordinated Response Plan: Investigators Responsibilities

ANALYSIS:

The MOU details the LCSO investigators responsibilities to gather and preserve evidence; interview the alleged victim, alleged abuser, and witnesses; and, to review prior complaints of sexual abuse involving the alleged abuser. This responsibility of the LCSO investigators to collect evidence and interview interested parties is further confirmed in the Coordinated Response Plan. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The MOU between the LCJDC and LCSO details the responsibilities of the sheriff's office to gather and preserve vital information relevant to the alleged sexual abuse case. The MOU complies with the requirements of this provision; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the MOU, and Coordinated Response Plan concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff, Paragraph (a)

ANALYSIS:

The MOU details the responsibility to continue an investigation of an alleged sexual abuse even if the alleged victim recants the allegation. There have been no reported incidents of sexual abuse, and even more specifically any allegations where the victim has recanted their allegation; therefore, there are no records or documents to review.

REASONING:

The MOU between the LCJDC and LCSO requires the sheriff's office to continue an investigation even should the alleged victim of sexual abuse recant their allegation. The MOU complies with the requirements of this provision; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the MOU concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff, Paragraph (b)

ANALYSIS:

The MOU details that the sheriff's office may only conduct compelled interviews when such interviews will not be an obstacle for subsequent criminal prosecution after consulting with

prosecutors.

REASONING:

The MOU between the LCJDC and LCSO only permits the use of compelled interviews after consulting with prosecutors to determine that they won't interfere with any subsequent criminal prosecution. The evidence provided by the MOU indicates that the requirements of this provision are being achieved.

PROVISION (f)

EVIDENCE:

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff, Paragraph (c)

ANALYSIS:

The MOU details that the credibility of interested parties shall be weighed individually, and shall not be determined because an individual is a staff or resident. The MOU further requires that a resident that alleges sexual abuse shall not be the subject to a polygraph or other truth-telling device as a condition of proceeding with an investigation. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The MOU between the LCJDC and the LCSO requires each individual's credibility be weighed on its own merits, and prohibits the use of a polygraph or similar device as the basis to initiate an investigation. The MOU complies with the requirements of this provision; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the MOU concludes that the requirements of this provision are being achieved.

PROVISION (g)

EVIDENCE:

- LCJDC PREA Policy, Page 12, Administrative Investigations
- Formal Interview with the Facility Director

ANALYSIS:

The Facility Director affirmed during their formal interview that in addition to any criminal investigation by the LCSO for alleged sexual abuse, or administrative investigation by the facility for alleged sexual harassment, that there would always be an administrative investigation to determine whether any staff actions, or failure to act contributed to the alleged sexual abuse or alleged sexual harassment. The requirements of this provision are detailed in the LCJDC PREA policy. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The LCJDC has a policy requiring an administrative investigation to determine if staff actions or lack of actions contributed to any alleged sexual abuse or sexual harassment. The policy complies with the requirements of this provision, and the Facility Director affirmed that should an allegation be made that an administrative review would be conducted and documented; however, there is no documentation to review because of no reported cases of sexual abuse or sexual harassment. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

PROVISION (h)

EVIDENCE:

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff,

Paragraph (d)

ANALYSIS:

The MOU details the requirement for the LCSO to provide the LCJDC with a detailed written report containing a thorough description of physical, testimonial, and documentary evidence. There have been no reported incidents of sexual abuse or sexual harassment at the facility, therefore, there are no reports to review.

REASONING:

The MOU requires the LCSO to provide a detailed written report to the LCJDC. While there have been no investigations of sexual abuse or sexual harassment, and consequently no reports, that does not indicate non-compliance with the requirements of this provision. The overall attention by the LCJDC to ensuring required documentation by the LCJDC supports that the requirements of this provision are being achieved.

PROVISION (i)

EVIDENCE:

- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff, Paragraph (e)

ANALYSIS:

The MOU between LCJDC and LCSO establishes the sheriff's office as the agency responsible for criminal investigations of sexual abuse and sexual harassment at the facility. By default of the authority to refer substantiated allegations for prosecution is the responsibility of the LCSO, and this responsibility is detailed in paragraph (e) of the MOU. There have been no reported incidents of sexual abuse or sexual harassment at the facility, therefore, there is no documentation to review.

REASONING:

The MOU requires the LCSO to refer substantiated allegations for prosecution. While there have been no investigations of sexual abuse or sexual harassment, and consequently no reports, that does not indicate non-compliance with the requirements of this provision. The overall attention by the LCJDC to ensuring required documentation by the LCJDC supports that the requirements of this provision are being achieved.

With no PREA policy and no documentation to support that the requirements of this provision are being met there is no evidence to support that this provision is being achieved. This provision does not require a policy; however, the responsibility of referring a substantiated allegation of sexual abuse or criminal sexual harassment would be the responsibility of the LCSO. The LCJDC needs to provide evidence that the requirements of this provision will be met if there is a substantiated criminal investigation of alleged sexual abuse or alleged sexual harassment. A lack of evidence related to the requirements of this provision indicates that the requirements of this provision are not being achieved.

PROVISION (j)

EVIDENCE:

- LCJDC PREA Policy, Page 12, Administrative Investigations

ANALYSIS:

The LCJDC PREA policy requires that written reports for administrative investigations to determine if a staff's actions or lack of actions contributed to an allegation of sexual abuse or sexual harassment, provision (g), will be maintained for the duration that the alleged abuser is either detained at the facility or employed by the facility plus five years. However, the

requirements for this provision also include the retention of reports from criminal investigations conducted by the LCSO. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The LCJDC has developed a policy addressing the retention of reports detailed in provision (g) and provision (h). Because there have been no allegations, and investigations of sexual abuse or sexual harassment in the facility there is no documentation to demonstrate compliance with the requirements of this provision. However, the LCJDC commitment to maintaining documentation of reports would support that any reports detailed in provision (g) and provision (h) would be maintained for the required time. The evidence provided by the LCJDC PREA policy indicates that the requirements of this provision are being achieved.

PROVISION (k)

EVIDENCE:

- LCJDC PREA Policy, Page 12, Administrative Investigations
- MOU between Linn County Juvenile Detention Center and the Linn County Sheriff, Paragraph (f)

ANALYSIS:

The LCJDC PREA policy and MOU, paragraph (f) requires that the departure of an alleged abuser or alleged victim from the control of the facility, or employment at the facility does not provide a basis for a termination of an administrative investigations by the LCJDC, nor criminal investigations by the LCSO. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The LCJDC has developed a policy addressing continuing administrative investigations after an alleged victim or alleged abuser has left either the custody of the facility or employment, provision (g). Additionally, the MOU addresses continuing criminal investigations after an alleged victim or alleged abuser has left either the custody of the facility or employment, provision (h). As there have been no allegations, and investigations of sexual abuse or sexual harassment in the facility there is no documentation to demonstrate compliance with the requirements of this provision. To achieve compliance with this provision the LCJDC will need to ensure that criminal investigations of alleged sexual abuse and alleged sexual harassment are continued even after the departure of an alleged abuser or alleged victim from the facility. The evidence provided by the LCJDC PREA policy and MOU indicates that the requirements of this provision are being achieved.

PROVISION (l)

ANALYSIS:

This provision does not apply to the LCJDC.

REASONING:

Since this provision does not apply to the LCJDC, the requirements of this provision are being achieved.

PROVISION (m)

EVIDENCE:

- LCJDC PREA Policy, Page 12, Global Investigation Policy
- Linn County Sexual Abuse Allegation – Coordinated Response Plan: Investigators Responsibilities

**ANALYSIS:**

The LCJDC PREA policy requires that all LCJDC staff shall cooperate with investigators from the LCSO, and shall endeavor to remain informed on the progress of the investigation. The Coordinated Response Plan states that LCSO investigators are responsible for reporting progress on the investigation directly to the LCJDC director. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

**REASONING:**

The LCJDC has developed policy requiring staff to cooperate with outside investigators and attempt to stay informed on the progress of an investigation. This policy complies with the requirements of this provision; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the LCJDC PREA policy, and Coordinated Response Plan concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.371. The PREA Policy and MOU with the LCSO would support that the provisions of this standard are being achieved.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 12, Evidentiary Standards</li> <li>• Review of two Incident Reports</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy states that the facility shall set no standard higher than a preponderance of the evidence when determining whether an allegation of sexual abuse or sexual harassment is substantiated. A review of the two incident reports related to sexual harassment, detailed in the Narrative Section, confirm that no standard higher than a preponderance of evidence was applied to these incidents.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring the facility to set no standard higher than a preponderance of the evidence for substantiating investigations of sexual abuse and sexual harassment. A review of two sexual harassment related incidents indicates that no higher standard was utilized. The evidence provided by the PREA policy, and a review of PREA related incident reports concludes that the requirements of this provision are being achieved.</p> <p>FINDINGS:</p> <p>The auditor finds that the LCJDC complies with Standard 115.367. The LCJDC has developed a PREA policy that addresses the requirement of this standard. While there has not been a formal investigation at the facility, the records of the two incidents reviewed by the auditor support that the facility is complying with this standard and its policy.</p>



115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Reporting Investigation Findings to Residents</li> <li>• Formal Interview with the Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy states that upon completion of an investigation into an allegation of sexual abuse the facility is responsible for informing the resident if the allegation was substantiated, unsubstantiated, or unfounded. During the formal interview with the Facility Director it was stated that the facility had never been required to inform a resident, as there have been no allegations of sexual abuse; however, affirmed the facility would comply with its policy if an allegation and subsequent investigation of sexual abuse were made. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding notification of investigation findings.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring the notifying of residents of the outcomes of an investigation into a sexual abuse allegation. The policy complies with the requirements of this provision, and the Facility Director affirmed that this policy would be adhered to; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 13, Reporting Investigation Findings to Residents</li> <li>• Formal Interview with the Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy states that the relevant information will be requested from the investigative agency, the LCSO in order to notify the resident. During the formal interview with the Facility Director it was stated that the facility had never been required to request the results of an investigation from the LCSO, as there had never been an allegation of sexual abuse; however, affirmed the facility would comply with its policy if an allegation and subsequent investigation of sexual abuse were made. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding the notification of investigation findings.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring the requesting of the outcomes of an investigation of a sexual abuse allegation from the LCSO. The policy complies with the requirements of this provision, and the Facility Director affirmed that this policy would be adhered to; however, there is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (c)</p>

EVIDENCE:

- LCJDC PREA Policy, Page 13, Reporting Investigation Findings to Residents
- Formal Interview with the Facility Director

ANALYSIS:

The LCJDC PREA policy states that for an allegation of sexual abuse by a staff member that the facility will notify a resident (1) if and when the staff member is no longer posted within the resident's unit, (2) if and when the staff member is no longer employed by the facility, (3) if and when the staff member has been indicted on a sexual abuse charge, (4) if and when the staff member has been convicted for the alleged sexual abuse. During the formal interview with the Facility Director it was stated that the facility had never been required to inform a resident, as there had never been an allegation of sexual abuse; however, affirmed the facility would comply with its policy on reporting. Since there have been no cases of reported sexual abuse in the facility, there are no records to review regarding these notifications.

REASONING:

The LCJDC has a policy requiring the notification to a resident on all four requirements of this provision. The evidence provided by the PREA policy, and a formal interview with the Facility Director indicates that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 13, Reporting Investigation Findings to Residents
- Formal Interview with the Facility Director

ANALYSIS:

The LCJDC PREA policy states that for an allegation of sexual abuse by another resident that the facility will notify a resident (1) if and when the other resident has been indicted on a sexual abuse charge, and (2) if and when the facility learns that the other resident has been convicted on a charge related to sexual abuse. During the formal interview with the Facility Director it was stated that the facility had never been required to inform a resident, as there had never been an allegation of sexual abuse; however, affirmed the facility would comply with its policy on reporting. Since there have been no cases of reported sexual abuse in the facility, there are no records to review regarding these notifications.

REASONING:

The LCJDC has a policy requiring the notification to a resident of the two requirements of this provision. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 13, Reporting Investigation Findings to Residents
- Formal Interview with the Facility Director

ANALYSIS:

The LCJDC PREA policy states that all notifications to residents regarding provisions (a), (c) and (d) will be documented by the facility. During the formal interview with the Facility Director it was stated that the facility had never been required to inform a resident, as there had never been an allegation of sexual abuse; however, affirmed the facility would comply with its policy on reporting. Since there have been no cases of reported sexual abuse in the facility, there are no records to review regarding the documentation of these notifications.

REASONING:

The LCJDC has a policy requiring the notification on all three of the provisions of this standard. The evidence provided by the PREA policy, and a formal interview with the Facility Director indicates that the requirements of this provision are being achieved.

**PROVISION (f)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 13, Reporting Investigation Findings to Residents
- Formal Interview with the Facility Director

**ANALYSIS:**

The LCJDC PREA policy states that the facility's obligation to make notifications to a resident is dismissed if the resident is no longer in the facility's custody. During the formal interview with the Facility Director it was stated that the facility had never been required to inform a resident, as there had never been an allegation of sexual abuse; however, affirmed the facility would comply with its policy on reporting. Since there have been no cases of reported sexual abuse in the facility, there are no records to review regarding the obligation of this provision.

**REASONING:**

The LCJDC has a policy releasing it from the obligation of notification required in provisions (a), (c), and (d) of this standard if the resident is no longer in the facility's custody. The evidence provided by the PREA policy, and a formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.373. While the facility has no reported incidences to report or document, policy and affirmation from the Facility Director would support that the provisions of this standard are being achieved.

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 15, Disciplinary Sanctions for Staff, Bullet 1</li> <li>• Union Contract, Agreement Between Linn County, Iowa and AFSCME, Article 14, Discipline, Page 19</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy that states staff will be disciplined, up to and including termination, for violations of the facility’s PREA policies on sexual abuse and sexual harassment. A review of the contract between Linn County and AFSCME indicates there are no prohibitions that would prevent any of the disciplinary actions detailed in the facility’s PREA policy. There have been no cases of reported sexual abuse or sexual harassment in the facility; therefore, there are no records to review regarding disciplinary actions for staff.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring disciplinary actions for staff that violate the facility’s PREA policies, and there are no conflicts with the Union contract. The policy complies with the requirements of this provision. There is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 15, Disciplinary Sanctions for Staff, Bullet 2</li> <li>• Union Contract, Agreement Between Linn County, Iowa and AFSCME, Article 14, Discipline, Page 19</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy that states termination from employment will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. A review of the contract between Linn County and AFSCME indicates there are no prohibitions that would prevent the termination of a staff who has engaged in sexual abuse. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding disciplinary actions for staff.</p> <p>REASONING:</p> <p>The LCJDC has a policy presuming termination of staff that commit sexual abuse, and there are no conflicts with the Union contract. The policy complies with the requirements of this provision. There is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (c)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 15, Disciplinary Sanctions for Staff, Bullet 4</li> <li>• Union Contract, Agreement Between Linn County, Iowa and AFSCME, Article 14, Discipline, Page 19</li> </ul>

**ANALYSIS:**

The LCJDC has developed and written a policy that states disciplinary sanctions for violations of PREA policies shall be commensurate to the violation, disciplinary history of the staff, and sanctions comparable to similar situations. A review of the contract between Linn County and AFSCME indicates there are no prohibitions that would prohibit the disciplinary actions for violations of the LCJDC PREA policy. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding disciplinary actions for staff.

**REASONING:**

The LCJDC has a policy requiring disciplinary actions commensurate with the violation of the PREA policy, and additionally factor in the staff's disciplinary history and disciplinary actions previously applied for similar violations by other staff. The policy complies with the requirements of this provision. There is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 15, Disciplinary Sanctions for Staff, Bullet 3
- Union Contract, Agreement Between Linn County, Iowa and AFSCME, Article 14, Discipline, Page 19

**ANALYSIS:**

The LCJDC has developed and written a policy that states terminations or resignations for violations of the facility's PREA policy shall be reported to LCSO, and other relevant licensing bodies, unless the activity was clearly not criminal. A review of the contract between Linn County and AFSCME indicates there are no prohibitions that would prohibit the notification for violations of the LCJDC PREA policy. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding disciplinary actions for staff.

**REASONING:**

The LCJDC has a policy requiring the facility to notify required agencies when a staff is terminated or resigns for sexual abuse or sexual harassment allegations, unless the activity was clearly not criminal. The policy complies with the requirements of this provision. There is no documentation to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC complies with Standard 115.376. The LCJDC has developed a PREA policy that addresses all the provisions of this standard. While there have been no reported incidents at the facility to confirm the policy through a document review, the overall values being cultivated at the facility regarding PREA would suggest that a sexual abuse or sexual harassment violation by a staff member would result in commensurate disciplinary action and reporting.

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Corrective Action for Contractors and Volunteers, Bullet 1</li> <li>• Formal Interview with Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy that states contractors or volunteers who engage in sexual abuse would be prohibited from contact with residents, and would be reported to the LCSO and to the DHS; as previous noted the DHS is the licensing agency for LCJDC. However, the provision requires that the facility make a report to all relevant licensing bodies, not just the DHS. For example, this may include for educational staff the Iowa Board of Educational Examiners (BoEE), for medical staff either the Iowa Board of Nursing (IBON) or the Iowa Board of Medicine (IBM). The Facility Director affirmed during their formal interview that a contractor or volunteer who engaged in sexual abuse would be prohibited from entering the facility. There have been no cases of reported sexual abuse or sexual harassment in the facility; therefore, there are no records to review regarding disciplinary actions for contractors or volunteers.</p> <p>REASONING:</p> <p>The LCJDC has a policy that prohibits contact between contractors or volunteers that engage in sexual abuse, and that a report would be filed with the LCSO and the DHS. However, the relevant licensing bodies cannot be limited just to the facility's licensing agency, but must include any relevant licensing agency associated with a particular contractor or volunteer. There is no documentation to review because of no reported cases of sexual abuse, and more specifically no cases involving a contractor or volunteer. However, there is an opportunity to ensure that the LCJDC's PREA policy encompasses all of the requirements of this provision. The evidence provided by the PREA policy, and formal interview with the Facility Director concludes that the requirements for this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Corrective Action for Contractors and Volunteers, Bullet 2</li> <li>• Formal Interview with Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy that states that there will be appropriate remedial measures for contractors or volunteers that violate other facility PREA policies, and would prohibit contact with residents. As noted in provision (a) the Facility Director affirmed that violations by contractors or volunteers of the facility's PREA policies would result in the individual being prohibited from entering the facility. There have been no cases of reported sexual abuse or sexual harassment in the facility; therefore, there are no records to review regarding disciplinary actions for contractors or volunteers.</p> <p>REASONING:</p> <p>The LCJDC has a policy that would prohibit contact with residents for contractors and volunteers, and take appropriate remedial measures for other violations of the facility's PREA policy. The policy complies with the requirements of this provision. There is no documentation</p>

to review because of no reported cases of sexual abuse. The evidence provided by the PREA policy, and formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC complies with Standard 115.377. The LCJDC has developed a PREA policy that addresses all the provisions of this standard; however, there is an opportunity to edit the LCJDC PREA policy to ensure that the requirement to notify licensing bodies when a contractor or volunteer commits sexual abuse at the facility, includes all relevant licensing bodies; not just the DHS.

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Interventions and Disciplinary Sanctions for Residents, Bullet 1</li> <li>• Informal Discussion with Facility Director and Assistant Director</li> <li>• PREA Resident Education Activity</li> <li>• Resident Handbook, Page 10, PREA (Prison Rape Elimination Act)</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy requiring that a resident will only be disciplined following an administrative finding a resident engage in resident-on-resident sexual abuse or following a criminal finding of guilt for a resident-on-resident sexual abuse. While this policy addresses administrative findings of resident-on-resident sexual abuse, it has been noted throughout this report that the LCJDC does not conduct sexual abuse investigations; these are conducted by the LCSO. There is an opportunity for the facility to ensure that the PREA policy reflects the practice within the facility. The Facility Director and Assistant Director affirmed during an informal discussion that a resident alleged to have committed sexual abuse would be moved to a new living pod to ensure safety of all residents within the facility. The PREA Resident Education Activity and Resident Handbook both state that disciplinary and criminal prosecution will only occur after a finding of sexual abuse or criminal sexual harassment.</p> <p>REASONING:</p> <p>The LCJDC has a policy requiring that a resident only be subject to disciplinary actions after there has been a finding on a sexual abuse allegation. The evidence provided by the PREA policy, resident PREA education activity, and resident handbook indicates that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 15, Interventions and Disciplinary Sanctions for Residents, Bullet 2</li> <li>• Linn County Juvenile Detention Center Resident Handbook, Page 7, Zero Status</li> <li>• Formal Interview with Facility Director</li> <li>• Informal Discussion with the Facility Director and Assistant Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy requiring that the disciplinary action taken for a resident found to have committed sexual abuse shall be commensurate with the resident's disciplinary history, and comparable discipline applied to other residents with similar disciplinary histories. The LCJDC disciplinary actions are detailed in the Resident Handbook, and the Facility Director affirmed during their formal interview that the disciplinary actions for sexual abuse would be identical to other actions such as fighting, stealing, run away attempts, damaging the building, or having contraband; placement on the facility's Zero Status. During an informal discussion with the Facility Director and Assistant Director it was stated that while a sexual abuser would be moved to a new living pod to ensure all resident's safety, that they would not be removed from the daily milieu, and would continue to participate in school, gym</p>



activities, and group activities. There have been no cases of reported sexual abuse in the facility; therefore, there are no records to review regarding disciplinary actions for residents.

REASONING:

The LCJDC has a policy requiring the disciplinary actions applied for sexual abuse are commensurate with similar cases of sexual abuse. The policy complies with the requirements of this provision. There is no documentation to review because of no reported cases of sexual abuse; however, an absence of documentation of disciplinary actions taken for a resident found to have committed sexual abuse while at the facility does not reflect on a lack of practice by the facility. The evidence provided by the PREA policy, Resident Handbook, formal interview with the Facility Director, and informal discussions with the Facility Director and Assistant Director concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 15, Interventions and Disciplinary Sanctions for Residents, Bullet 3

ANALYSIS:

The LCJDC has developed and written a policy requiring the considering if mental health or mental illness issue contributed to a resident's behavior, and the type of sanction, if any, that should be imposed. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The LCJDC has a policy requiring the consideration of mental health and mental illness when imposing discipline for sexual abuse. The policy complies with the requirements of this provision; however, an absence of documentation considering mental health or mental illness when imposing of disciplinary actions taken for a resident found to have committed sexual abuse while at the facility does not reflect on a lack of practice by the facility. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.

PROVISION (d)

ANALYSIS:

The LCJDC does not offer the therapy, counseling, or other intervention services, and therefore, is not subject to this provision.

REASONING:

As the LCJDC does not offer the services identified in this provision the facility is not responsible for this provision, and therefore, the evidence provided concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 15, Interventions and Disciplinary Sanctions for Residents, Bullet 4

ANALYSIS:

The LCJDC has developed and written a policy that states residents may only be disciplined for sexual abuse with a staff member if the facility determines that the staff member did not consent to the contact. There have been no reported incidents of sexual abuse; therefore, there are no records or documents to review.

REASONING:

The LCJDC has a policy requiring that residents may only be disciplined after a finding that a staff member did not consent to any sexual contact. The policy complies with the requirements of this provision; however, an absence of documentation of disciplinary actions taken for a resident found to have committed sexual abuse with a staff that did not consent while at the facility does not reflect on a lack of practice by the facility. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.

PROVISION (f)

EVIDENCE:

- LCJDC PREA Policy, Page 15, Interventions and Disciplinary Sanctions for Residents, Bullet 5
- LCJDC PREA Policy, Page 15, Italicized, Underlined and Bolded Paragraph
- Formal Interview with Facility Director
- Review of Incident Report

ANALYSIS:

The LCJDC has developed and written a policy that states an allegation of sexual abuse made in good faith based upon a reasonable belief that the conduct occurred shall not constitute falsely reporting an incident. In opposition to this section of the policy there is a paragraph in the LCJDC PREA policy that states “If it is found that a resident made false allegations against either another resident or staff at the LCJDC, appropriate disciplinary measures will be assessed. LCJDC reserves the right to file charges for making false allegations.” This second statement in the LCJDC PREA policy does not address false allegation made in good faith; it simply states that disciplinary measures, including the filing of charges, will be imposed for making a false allegation. While the two statements are similar, the lack of alleviating disciplinary actions from false allegations made in good faith in the second statement is not compliant with the requirements of this provision. There is an opportunity for the LCJDC to modify its PREA policy to ensure compliance with this provision.

During the formal interview with the Facility Director it was affirmed that a resident had reported a false incident, as previously detailed in the Narrative Section. A review of the incident report by the auditor determined that the evidence supported that the resident had purposely made a false allegation; that is, there was no good faith that this was an accurate allegation. The incident report also noted that no disciplinary actions were imposed, and that all concerned parties were notified. While this incident does not reflect a false allegation made in good faith, it was a false allegation made purposely, it does exhibit the response from the facility, and supports that disciplinary actions would not be imposed upon a resident for a false allegation made in good faith.

REASONING:

The LCJDC has a two policies addressing false allegations. One prohibits disciplinary actions for residents making false allegations in good faith, whereas, the other notes that false allegations will result in disciplinary actions. While the facility has conflicting policies, it was noted that an incident of a false allegation purposely made did not result in any disciplinary action; this would support that disciplinary actions would not be imposed on false allegations made in good faith. The evidence provided by one of the statements in the PREA policy, and review of an incident report concludes that the requirements of this provision are being achieved.

PROVISION (g)

EVIDENCE:

• LCJDC PREA Policy, Page 15, Interventions and Disciplinary Sanctions for Residents, Bullet 6

• Linn County Juvenile Detention Center Resident Handbook, Page 7, Zero Status

**ANALYSIS:**

The LCJDC has developed and written a policy that prohibits all sexual activity between residents, allows residents to be disciplined for such activity, and such activity will not constitute sexual abuse if it is deemed to be consensual. A review of the Resident Handbook by the auditor does reveal that there is no publication on the prohibition of consensual sexual activity between residents, nor that such activity could be disciplined. There is an opportunity for the LCJDC to ensure that resident's understand that all sexual activity, including consensual, is prohibited at the facility and such activity will be disciplined. There have been no reported incidents of consensual sexual activity; therefore, there are no records or documents to review.

**REASONING:**

The LCJDC has a policy prohibiting residents from engaging in consensual sexual activity, allows residents to be disciplined for such activity, and does not classify consensual sexual activity as sexual abuse. The policy complies with the requirements of this provision; however, an absence of documentation of disciplinary actions taken for residents found to engaged in consensual sex while at the facility does not reflect on a lack of practice by the facility. The evidence provided by the PREA policy concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does not comply with Standard 115.378. To achieve compliance the LCJDC must ensure that residents will not be disciplined for an allegation of sexual abuse; discipline can only be imposed after a finding of guilt through an administrative investigation or a criminal investigation. And, as the LCJDC does not perform administrative investigations into the validity sexual abuse allegations, it is dependent upon a finding of guilt from a criminal investigation. If the LCJDC is going to impose special programming for residents found to have committed sexual abuse while in the facility there should be published guidelines for this special programming.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 5</li> <li>• Linn County JDC Resident PREA Risk Assessment, Questions #1 – #4</li> <li>• Formal Interview with one Supervisor</li> <li>• Formal Interviews with three Residents</li> <li>• Review of nine Resident Files</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy requiring residents that disclose previous sexual victimization during the intake screening will be offered access to a medical or mental health practitioner within 14 days. As noted in Standard 115.341, the LCJDC Resident Risk Assessment includes questions to determine if a resident has been the victim of sexual abuse, and whether they would be interested in meeting with a medical or mental health practitioner. A formal interview with a supervisor affirmed that residents were completing this section of the risk assessment; however, the supervisor stated that they couldn't remember any residents who had requested to see a medical or mental health practitioner. There were three current residents that had disclosed prior sexual victimization on the PREA risk assessment form, but did not request medical or mental health services. As noted in the Narrative Section, none of the residents that had disclosed previous sexual victimization were unwilling to acknowledge this to the auditor during their formal interviews, therefore, the auditor was unable to determine if any staff had asked them if they wanted medical or mental health services.</p> <p>REASONING:</p> <p>The LCJDC has a policy that offers medical or mental health services to residents that disclose sexual victimization during the intake process. Facility staff affirm the use of the risk assessment form during the intake process, and a review of resident files confirms this practice. The auditor was unable to confirm during formal interviews from residents had been offered the services, due to an unwillingness to acknowledge sexual victimization to the auditor. The evidence would suggest that LCJDC is following through with requirements of this provision, and an absence of requests for a meeting with a medical or mental health practitioner does not reflect on a lack of practice by the facility. The evidence provided by the PREA policy, risk assessment, formal interviews with staff, and a review of resident files concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 6</li> <li>• Linn County JDC Resident PREA Risk Assessment, Questions #5 &amp; #6</li> <li>• Formal Interview with one Supervisor</li> <li>• Review of nine Resident Files</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy requiring residents that disclose having</p>

committed previous sexual abuse during the intake screening will be offered access to a medical or mental health practitioner within 14 days. As noted in Standard 115.341, the LCJDC Resident Risk Assessment includes questions to determine if a resident has been the perpetrator of sexual abuse, and whether they would be interested in meeting with a medical or mental health practitioner. Formal interviews with one supervisor affirmed that residents were completing this section of the risk assessment. It was noted by the supervisor they had no memory of a resident disclosing sexual perpetration. As was noted in the Facility Characteristics section none of the residents in custody during the audit process had disclosed sexual perpetration. The auditor's review of the risk assessment forms in nine random resident files did not discover any residents that had disclosed sexual perpetration.

**REASONING:**

The LCJDC has a policy that offers medical or mental health services to residents that disclose sexual perpetration during the intake process. Facility staff affirm the use of the risk assessment form during the intake process, and a review of resident files confirms this practice. The review of resident files did not reveal any residents that had disclosed sexual perpetration, therefore, there was no documentation regarding any meeting with a medical or mental health practitioner. The evidence would suggest that LCJDC is following through with requirements of this provision, and an absence of requests for a meeting with a medical or mental health practitioner does not reflect on a lack of practice by the facility. The evidence provided by the PREA policy, risk assessment, formal interviews with staff, and a review of resident files concludes that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 8, Intake Screening for Risk of Sexual Victimization and Abusiveness, Bullet 4
- Formal interview with the Facility Director
- Informal discussions with the Facility Director and Assistant Director
- File Review of nine Residents

**ANALYSIS:**

The LCJDC has developed and written a policy requiring that sensitive data related to a resident will be protected from dissemination to residents, and staff that do not require the information for medical, mental health, or safety reasons. As was noted in the Narrative Section and Standard 115.341(e) controls have been implemented to protect any sensitive data. All sensitive data is stored in the EVOLV system, which has controls to determine which staff have access to which information. A file review confirmed that the risk assessment tools were not be stored in the resident's files, and a review of EVOLV confirmed that the risk assessment tools were being electronically stored in the resident's file within that system. By removing this sensitive information from the resident's hard copy files, the facility has taken measures of protection.

**REASONING:**

The LCJDC has a policy and practice that provides a measure of protections to sensitive information that is disclosed by residents during the intake process, including any sexual victimization and/or sexual perpetration. A review of the EVOLV system and nine resident files confirmed that this sensitive data was not stored in the hard files, but stored in the access controlled EVOLV system. The evidence provided by the PREA policy, formal interview with the Facility Director, informal discussions with the Facility Director and Assistant Director, and a review of resident files, both hard copies and in the EVOLV system, concludes that the

requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- Formal Interview with Medical Staff

ANALYSIS:

As was detailed in the Facility Characteristics Section the LCJDC is a juvenile detention facility, operating to detain residents under the age of 18. As detailed by this provision informed consent is not required for residents under the age of 18, therefore, the requirements of this provision do not apply to the LCJDC. During the formal interview with the medical staff it was confirmed that as a mandatory reporter working with juveniles they were not required to obtain informed consent.

REASONING:

As the LCJDC is not responsible for the requirements of this provision, and the medical staff understand their responsibilities as a mandatory report working with juveniles. Since this provision does not apply to the LCJDC, the requirements of this provision are being achieved.

FINDINGS:

The auditor finds that the LCJDC complies with Standard 115.381. The facility is gathering information from residents from the risk assessment during the intake process regarding any past sexual victimization or sexual perpetration, and offering a medical or mental health practitioner if the resident should disclose such victimization or perpetration. The facility has taken steps to protect this sensitive data from residents and staff that do not require this knowledge. Finally, the medical staff understands informed consent their responsibility as a mandatory reporter working with juveniles.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim: Resident on Resident</li> <li>• LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim: Staff Member on Resident</li> <li>• Linn County Sexual Abuse Allegation – Coordinated Response Plan</li> <li>• Linn County JDC PREA Training for Employees PowerPoint Slides, Slide #22</li> <li>• Formal Interview with one Medical Staff</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC PREA policy on Treatment of the Alleged Victim states that "...the alleged victim is treated with dignity and receives all of the counseling and medical services deemed appropriate by the professionals dealing with the situation." However, there is no reference to "...timely, unimpeded access to emergency medical treatment and crisis intervention services..." as required by this provision. The Coordinated Response Plan does require the facility director to contact the sexual assault crisis program to secure the services of an advocate for the alleged victim, and work with JCS and the LCSO to arrange transportation to Mercy hospital for medical evaluation and treatment. Additionally, the PREA training for employees does state that first responder duties are crucial for "Providing timely and appropriate treatment to the alleged victim". During a formal interview with one medical staff it was affirmed that residents would be transported to Mercy hospital for an examination as quickly as transportation could be arranged with the LCSO, and that Riverview Place would also be contacted to provide advocacy and counseling services while the resident was at Mercy hospital. There were no report incidences for a file review. There is an opportunity for the LCJDC to ensure that the language between the PREA policy, Coordinated Response Plan, and PREA employee training PowerPoint are consistent with one another; in their current states not one of the three documents addresses all requirements of the provision, but together they do.</p> <p>REASONING:</p> <p>The PREA policy and Coordinated Response Plan do not address all of the requirements of this provision; however, the medical staff affirmed that an alleged victim would receive the required treatment as soon as transportation could be arranged. The evidence would suggest that LCJDC will follow through with requirements of this provision in the case of an alleged sexual abuse, and an absence of a prior incidence does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, Coordinated Response Plan, PREA training for employees, and formal interview with medical staff concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim: Resident on Resident</li> <li>• LCJDC PREA Policy, Page 10, Treatment of the Alleged Victim: Staff Member on Resident</li> <li>• LCJDC PREA Policy, Page 10, Staff First Responder Duties</li> <li>• Linn County Sexual Abuse Allegation – Coordinated Response Plan</li> <li>• Linn County JDC PREA Training for Employees PowerPoint Slides, Slide #22</li> </ul>

- Formal Interview with one Medical Staff
- Formal Interviews with one Supervisor and nine Security Staff

ANALYSIS:

The LCJDC PREA policy does not specifically address this provision; however, one medical staff did note during their formal interview that they are not a forensic examiner, and unqualified to make a medical examination after an alleged sexual abuse. Therefore, an alleged victim would need to be transported to Mercy hospital for an examination where or not the medical staff was on duty. As noted in provision (a) the LCJDC is responsible for making arrangements to transport the alleged victim to the hospital in a timely manner for appropriate evaluation and treatment. Responsibilities of the first responder identified in the LCJDC PREA policy and the Coordinated Response Plan include immediately separating the alleged victim and alleged perpetrator to ensure that the alleged victim is safe. This immediate response to separate the victim and perpetrator was adamantly affirmed by one supervisor and nine security staffs during their formal interviews. There were no report incidences for a file review. There is an opportunity for the LCJDC to ensure that the language between the PREA policy, Coordinated Response Plan, and PREA employee training PowerPoint are consistent with one another.

REASONING:

Similarly to provision (a) the requirements for this provision are not comprehensively stated in a single location, but are rather addressed by a number of different documents and tools. However, while there is no comprehensive policy addressing this provision it was apparent from through interviews with staff members that they understood the requirement to protect the alleged victim, and seek appropriate medical services, and an absence of a prior incidence does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, Coordinated Response Plan, PREA training for employees, and formal interview with staffs concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullets 4 – 6 and Bullet 9
- Staff Training Manual, Precautions to Prevent Transmission of HIV (AIDS)
- Formal Interview with one Medical Staff

ANALYSIS:

The LCJDC PREA policy states that female victims of sexual abuse involving vaginal penetration would be offered a pregnancy test, and if pregnancy should occur from sexual abuse while in custody at the LCJDC access to timely and comprehensive information, as well as access to all lawful pregnancy-related medical services, and access to emergency contraception. Similarly, the policy addresses access to testing for sexually transmitted infections (STI) as medically appropriate, and access to emergency STI prophylaxis. During the formal interview with the medical staff it was affirmed that the facility does provide sexual awareness education for residents in conjunction with the Linn County Health Services, including information on how to access pregnancy and STI testing, STI treatment, pregnancy and STI prevention options, and STI symptoms. The medical staff noted that if a resident had active symptoms of an STI they would be seen by a medical provider from the Linn County Public Health Clinic.

REASONING:

As has been previously noted there have been no reported incidences of sexual abuse at the



LCJDC; and, while this absence of reported incidences and files does not necessarily reflect a lack of practice, there is supporting policy, and a plan to inform or provide alleged victims with the requirements of this provision.

The evidence provided by the PREA policy, and formal interview with the medical staff indicates that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 7
- Formal Interview with Facility Director

**ANALYSIS:**

The LCJDC has developed and written a policy that provides all treatment services for victims of sexual abuse free of financial burden; regardless if the victim names the abuser or cooperates with any investigation into the incident. During the formal interview with the Facility Director it was affirmed that process is to first see if a resident has private insurance to cover any medical or mental health expenses. If the resident has no insurance to cover the cost of medical or mental health expenses, and anything not covered by the insurance, or if a resident doesn't have private insurance, the remaining expense is the responsibility of the facility. There were no report incidences for a file review.

**REASONING:**

The LCJDC has a policy and practice for any medical and mental health expenses for any residents requiring services at the facility. This policy and practice includes medical and mental health services provided to residents that were the victims of sexual abuse, and an absence of a prior incidence does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, and formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.382. While the LCJDC has had no reported incidences of sexual abuse, the facility has a plan and policy in place to address the provisions of this standard, and medical staff are interested in ensuring that the needs of any potential victims would be met.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

PROVISION (a)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 1
- Formal Interview with one Medical Staff

ANALYSIS:

The LCJDC has developed and written a policy requiring the facility to offer medical and mental health evaluations and, as appropriate, treatment to residents who have been victimized by sexual abuse within the LCJDC. However, this provision requires that these medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile detention center. During the formal interview with one medical staff it was affirmed that should they become aware of an previous victimization that they would provide the resident with the opportunity to either speak with them about the resident's concerns and needs, or would make a referral to the appropriate medical or mental health services that could address the resident's concerns and needs. A review of nine resident files indicated that none had disclosed victimization of sexual abuse, and therefore no requirement for the services offered or required by this provision were documented.

REASONING:

While the PREA policy does not address exactly the requirements of this provision, the medical staff affirmed that residents that disclosed prior sexual victimization would be offered the services required in this provision. An absence of disclosed sexual victimization by residents does not reflect on a lack of understanding or practice by the facility, and the evidence provided by the medical staff and general understanding by the medical staff of medical and mental health needs of residents that had been victimized suggests that the requirements of this provision are being achieved. The evidence provided by the formal interview with medical staff concludes that the requirements of this provision are being achieved.

PROVISION (b)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 2
- Iowa Administrative Code (IAC) Section 441, Chapter 105, Article 8, Paragraph 1
- Informal Discussion with Facility Director

ANALYSIS:

During an informal discussion with the Facility Director it was noted that the LCJDC is required by its licensing agency, the DHS, to prepare a treatment plan for every resident in the facility's custody in access of four days. The Facility Director affirmed that the LCJDC has instituted a practice to prepare a treatment plan for every resident admitted to the facility, regardless of length of stay. A portion of this treatment plan includes a discharge plan; which may include, but is not limited to, future medical services, mental health services, educational services, and court dates. As part of the LCJDC's PREA policy for victims of sexual abuse there is a

requirement "...when appropriate, follow-up services, treatment plans, referrals for continued care following their discharge from custody." While the facility has reported no incidents, and therefore, has not needed to include these continuing care plans for sexual abuse in the DHS required treatment plans, there already exists a practice of developing continuing care plans for residents upon their discharge from the facility.

**REASONING:**

The LCJDC has a PREA policy requiring the development of a discharge plan that addresses continuing care for victims of sexual abuse. This PREA policy correlates to the requirements established by the DHS, and the PREA requirements would be incorporated into the discharge plan developed that is required by the DHS. While there have been no reported incidents of sexual abuse, and therefore, no specific plans for victim services included in any of the discharge plans developed by the LCJDC this absence does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, IAC, and informal discussion with the Facility Director concludes that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 3
- Formal Interview with one Medical Staff
- MOU between Riverview Center and Linn County Juvenile Detention Center

**ANALYSIS:**

The LCJDC has developed and written policy ensuring that the level of medical and mental health services provided within the facility will be comparable to services in the community. As noted in the Facility Characteristics Section the facility employs as medical staff a full-time nurse, and a part-time medical director, but does not have any mental health staff at the facility. During the formal interview with one medical staff it was affirmed that the services provided in the facility were equivalent to those available in the community, and if the facility did not have the capacity to provide a required services outside community services would be accessed; for example, as noted in Section 115.382, provisions (c) and (d) the medical staff affirmed working with Linn County Public Health to provide pregnancy and STI education, and STI treatment. As previously noted the facility maintains an MOU with Riverview Center, a sexual assault crisis center, to provide mental health and advocacy services to residents in the facility that are victims of sexual abuse; as well as on-going educational services and materials.

**REASONING:**

The LCJDC has a policy requiring that medical and mental health services provided by the facility will be comparable to those available in the community. The facility maintains a full-time, licensed nurse on staff, with access to and consultation from a licensed medical doctor. This policy complies with the requirements of this provision, and the evidence affirmed by the medical staff support that services available at the facility are equivalent to those in the community, and what services the facility does not provide there are partners in the community ready to deliver their expertise. The evidence provided by the PREA policy, and formal interview with medical staff concludes that the requirements of this provision are being achieved.

**PROVISION (d)**

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 4
- Formal Interview with one Medical Staff

ANALYSIS:

The LCJDC has developed and written policy ensuring female residents that are victims of vaginal penetration will be offered a pregnancy test. One medical staff affirmed during their formal interview that residents would receive any appropriate and required services, exams, and tests while at the facility. There have been no reported incidents of sexual abuse at the facility to review documentation to determine if pregnancy testing had been offered.

REASONING:

The policy ensures that pregnancy testing would be provided should a female be the victim of sexual abuse that involved vaginal penetration, and this was affirmed by the medical staff. The policy complies with the requirements of this provision, and the protective culture evident within the facility would suggest that LCJDC will follow through with requirements of this provision. An absence of a prior incident does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy and formal interview with medical staff concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 5
- Formal Interview with one Medical Staff

ANALYSIS:

The LCJDC has developed and written policy ensuring female residents that become pregnant as a result of sexual abuse while residing at the LCJDC will receive timely and comprehensive information and all lawful pregnancy-related medical services. One medical staff affirmed during their formal interview that residents would receive any appropriate and required services, exams, and tests while at the facility. The medical staff affirmed that all pregnant residents, regardless of where the pregnancy occurred, received appropriate prenatal care. While the requirements of this provision are more encompassing than prenatal care; this example, illustrates the LCJDC's commitment to ensuring residents at the facility receive appropriate and lawful medical care while in custody. There have been no reported incidents of sexual abuse at the facility to review documentation to determine if pregnancy related information and services had been offered.

REASONING:

The policy ensures that comprehensive information and all lawful pregnancy-related medical services would be provided should a female be the victim of sexual abuse that resulted in pregnancy, and this was affirmed by the medical staff. The policy complies with the requirements of this provision, and the protective culture evident within the facility would suggest that LCJDC will follow through with requirements of this provision. An absence of a prior incident does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy and formal interview with medical staff concludes that the requirements of this provision are being achieved.

PROVISION (f)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 6

- Formal Interview with one Medical Staff

ANALYSIS:

The LCJDC has developed and written policy ensuring residents that are victims of sexual abuse will be offered STI testing, when medically appropriate. One medical staff affirmed during their formal interview that residents would receive any appropriate and required services, exams, and tests while at the facility. There have been no reported incidents of sexual abuse at the facility to review documentation to determine if STI testing had been required or offered.

REASONING:

The policy ensures that appropriate STI testing would be provided should a resident be the victim of sexual abuse, and this was affirmed by the medical staff. The policy complies with the requirements of this provision, and the protective culture evident within the facility would suggest that LCJDC will follow through with requirements of this provision. An absence of a prior incident does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy and formal interview with medical staff concludes that the requirements of this provision are being achieved.

PROVISION (g)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 7

- Formal Interview with Facility Director

ANALYSIS:

The LCJDC has developed and written a policy that provides all treatment services for victims of sexual abuse free of financial burden; regardless if the victim names the abuser or cooperates with any investigation into the incident. During the formal interview with the Facility Director it was affirmed that process is to first see if a resident has private insurance to cover any medical or mental health expenses. If the resident has no insurance to cover the cost of medical or mental health expenses, and anything not covered by the insurance, or if a resident doesn't have private insurance, the remaining expense is the responsibility of the facility. There were no report incidents for a file review.

REASONING:

The LCJDC has a policy and practice for any medical and mental health expenses for any residents requiring services at the facility. This policy and practice includes medical and mental health services provided to residents that were the victims of sexual abuse, and an absence of a prior incident does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, and formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

PROVISION (h)

EVIDENCE:

- LCJDC PREA Policy, Page 11, Ongoing Medical & Mental Health Care for Sexual Abuse Victims and Abusers, Bullet 8

- EVOLV System Tracking

ANALYSIS:

The LCJDC policy states that the facility will work with Juvenile Court Services (JCS) to

complete a mental health evaluation on all known resident-on-resident abusers within 60 days of learning such an abuse history. The EVOLV system has a query process to track residents that have disclosed previous incidences of perpetrating sexual abuse, and whether those residents were offered mental health services. With the short average length of stay (13.9 days in 2018), no reported incidents of sexual abuse in the facility, and a lack of residents disclosing sexual perpetration on the risk assessment during the intake process, there was no other documentation review. However, an absence of documentation does not reflect a lack of practice at the facility.

**REASONING:**

With the tracking system in the EVOLV system the application of the requirement there is support that the LCJDC is compliant with this standard. The policy and tracking application indicates that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.383. While there are no reported cases of sexual abuse at the facility, and it is very rare for residents to disclose sexual perpetration, the facility has developed a system to track attempts to provide a mental health evaluation for residents that disclose previous sexual perpetration.

**OPPORTUNITIES:**

The LCJDC has the opportunity to ensure that the PREA policy developed for provision (a) aligns with the requirements of provision (a). By aligning the policy, with the practice it will help ingrain it into the culture.

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 14, Sexual Abuse Incident Review, Bullet 1</li> <li>• Linn County JDC – Sexual Abuse Incident Review</li> <li>• Formal Interview with Facility Director</li> <li>• Formal Interview with PREA Compliance Manager</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy requiring an incident review after an investigation of sexual abuse has been completed, unless the allegation was unfounded. The Facility Director affirmed during their formal interview that an incident review would be completed upon completion of an investigation of sexual abuse; however, they have not needed to complete a review as there have been no reported sexual abuse incidents. This affirmation by the Facility Director was likewise affirmed by the PCM during their formal interview. The LCJDC has developed a review form, but has never needed to convene the incident review team or complete the form.</p> <p>REASONING:</p> <p>The LCJDC has a policy that requires the convening of an incident review team after the completion of a sexual abuse investigation, and a review form to guide the information evaluated by the review team. However, the facility has not had any reported incidents of sexual abuse, nor any sexual abuse investigations, and therefore, no incident reviews to document. An absence of sexual abuse review team documentation does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, LCJDC sexual abuse incident review form, and formal interviews with the Facility Director and PCM concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 14, Sexual Abuse Incident Review, Bullet 2</li> <li>• Formal Interview with Facility Director</li> <li>• Formal Interview with PREA Compliance Manager</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a policy imposing an expectation to complete the incident review within 30 days after the completion of the investigation. As previously noted, there have been no reported incidents of sexual abuse at the facility, and therefore, no investigations, nor incident reviews; and no documentation to determine if the incident review had been completed within 30 days. Formal interviews with the Facility Director and PCM both affirmed that a review would be completed, there was no indication of how long it would take to complete the review, though both were adamant that the facility’s policies would be adhered to.</p> <p>REASONING:</p> <p>The LCDJC has a policy expecting the review team to complete their tasks within 30 days of the completion of a sexual abuse investigation. However, the facility has not had any reported incidents of sexual abuse, nor any sexual abuse investigations, and therefore, no incident</p>

reviews to document. An absence of sexual abuse review team documentation does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, and formal interviews with the Facility Director and PCM concludes that the requirements of this provision are being achieved.

PROVISION (c)

EVIDENCE:

- LCJDC PREA Policy, Page 15, Sexual Abuse Incident Review, Bullet 1
- Formal Interview with Facility Director
- Formal Interview with PREA Compliance Manager

ANALYSIS:

The LCJDC has a PREA policy that identifies the incident review team will consist of the PREA Coordinator, the PREA Compliance Manager, and resource team members with input from PREA Coordinator, PREA Compliance Manager, resource team members, management team, line staff, investigators and the nurse. As has been previously noted, there have been no reports of sexual abuse, no investigations, nor any incident reviews to review any documentation.

REASONING:

While there has been no reported incidences of sexual abuse, no investigations, nor any incident review reports, the lack of documentation does not reflect on a lack of practice at the facility. The LCJDC PREA policy, and affirmation from the Facility Director and PREA Compliance Monitor would support that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 14, Sexual Abuse Incident Review, Bullet 3
- Linn County JDC – Sexual Abuse Incident Review
- Formal Interview with Facility Director
- Formal Interview with PREA Compliance Manager

ANALYSIS:

The LCJDC has a developed and written a PREA policy that requires the facility to consider the five elements of this provision, and prepare a report that identifies those five elements, and addresses any recommendations for changes in policy, procedures, practice, or physical alterations in the facility. The LCJDC Sexual Abuse Incident Review provides the structure for that report. The report requires the incident review team to consider (1) a need for a change to policy or practice, (2) the incident was motivated by a resident's identification with a race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics, (3) whether physical barriers contributed, (4) whether staffing levels were adequate, and (5) whether monitoring technology should be deployed or augmented to supplement staff supervision. As previously, noted there have been no incident review reports, and therefore, no documentation to review. Formal interviews with the Facility Director and PCM both affirmed that the incident report would be completed and submitted to facility administration.

REASONING:

The facility has a PREA policy, and a supporting report to assist the incident review team answer the questions required by this provision. However, the facility has not had any reported incidents of sexual abuse, nor any sexual abuse investigations, and therefore, no incident reviews to document. An absence of sexual abuse review team documentation does not reflect on a lack of understanding or practice by the facility. The evidence provided by the



PREA policy, the LCJDC sexual abuse incident review form, and formal interviews with the Facility Director and PCM concludes that the requirements of this provision are being achieved.

PROVISION (e)

EVIDENCE:

- LCJDC PREA Policy, Page 14, Sexual Abuse Incident Review, Bullet 5
- Linn County JDC – Sexual Abuse Incident Review
- Formal Interview with Facility Director

ANALYSIS:

The LCJDC has developed and written a PREA policy requiring that the recommendations developed by the incident review team will be implemented, or the reason for not doing so shall be documented. The Facility Director affirmed during their formal interview that an incident review would be completed upon completion of an investigation of sexual abuse, and a determination would be made whether recommendations could be implemented; however, there has not been a need to complete a review as there have been no reported sexual abuse incidents. The LCJDC has developed a review form, but has never needed to convene the incident review team or complete the form, and while not required, there is no place on the report document to indicate whether the recommendations were implemented, and if not, then why not.

REASONING:

The facility has a PREA policy, and a supporting report to assist the incident review team answer the questions required by this provision. However, the facility has not had any reported incidents of sexual abuse, nor any sexual abuse investigations, and therefore, no incident reviews to document. An absence of sexual abuse review team documentation does not reflect on a lack of understanding or practice by the facility. The overall efforts by the LCJDC to ensure that requirements and documentation are adhered to supports that an incident review report would be completed, and if the recommendations could not, or were not implemented the reason why would be documented. The evidence provided by the PREA policy, the LCJDC sexual abuse incident review form, and formal interviews with the Facility Director concludes that the requirements of this provision are being achieved.

FINDINGS:

The auditor finds that the LCJDC does comply with Standard 115.386. Even though there has been no documentation to review regarding the provisions of this standard, the policy and affirmation of staff would indicate that the provisions of this standard are being achieved.

OPPORTUNITIES:

The LCJDC has the opportunity to enhance its Sexual Abuse Incident Review form by including a comprehensive list of the parties required to gather input from (i.e. line supervisors, investigators, and medical or mental health practitioners); and include a section to indicate whether the recommendations were implemented, and if not, the reason why.

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Data Collection, Storage, and Review: Data Collection</li> <li>• LCJDC PREA Policy, Pages 1 – 4, Definitions Related to LCJDC PREA Policy</li> <li>• Formal Interview with Facility Director</li> <li>• Review of three Incident Report Forms</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a PREA policy requiring the collection of accurate, uniform data for every allegation of sexual abuse at the facility. The LCJDC has a set of uniform definitions defining the numerous components of the PREA policy, but specifically what defines sexual abuse. The definition detailed in the LCJDC PREA policy, mimics the definitions detailed in the Department of Justice’s (DOJ) PREA Juvenile Facility Standards. During the formal interview with the Facility Director it was affirmed that all incidents of sexual abuse and sexual harassment are logged and tracked using the EVOLV system, detailed in the Narrative Section. The EVOLV system has a dedicated PREA Incident Form specifically designed for the collection of the required data, including name of resident, date and time of incident, event type, location of event, name of staff member completing the report, list of participants, participant’s age, participant’s gender, description of the event, recommendations of actions taken, internal notifications, and external notifications. The recommendations of actions taken, could trigger additional reports associated with the incident, for example, medical response reports for emergency room visit, or hospitalization; mental health response reports for counseling services; or, continued medical care reports for follow-up needs. As detailed in the Narrative Section, the auditor review three PREA related incidents at the facility, and while none required actions taken that triggered additional reports; all three did have uniform data logged in the report.</p> <p>REASONING:</p> <p>The LCDJC has a policy that has a set of definitions, and uses a standardized tool for collecting uniform data related to PREA incidents. A review of three PREA related incidents confirmed that the required data is being accurately collected in a uniform manner. The evidence provided by the PREA policy, formal interview with the Facility Director, and a review of three incident report forms concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Data Collection, Storage, and Review: Data Collection</li> <li>• Formal Interview with Facility Director</li> <li>• LCJDC PREA Annual Summary – Calendar Year 2018</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a PREA policy requiring the aggregation of PREA related incidents on an annual basis. The calendar year 2018 (January 1, 2018 – December 31, 2018) annual report was provided to, and reviewed by the auditor. In the summary of the report it was noted that “FY18 was the first year in which the center really started to track data</p>

and implement the standards. With that said LCJDDS has always tracked behaviors and incidents. In FY17, no incidents rose to the level of requiring investigation based on the PREA Standards.” So while this report acknowledges it is the first such report, there is also recognition that PREA related incidents have always been tracked at the facility; just not aggregated into an annual report. To maintain compliance with this provision the LCJDC will need to ensure that an annual report is generated. During the formal interview with the Facility Director it was affirmed that the PREA incident reports in the EVOLV system would be used to generate these annual reports, as well as the DOJ Survey of Sexual Victimization.

**REASONING:**

The LCJDC has a policy requiring the aggregation of PREA related incidents into an annual report. While the facility has only generated one of these reports so far, for calendar year 2018; with the EVOLV system the facility is able to track PREA related incidents, and was able to review data from 2017 to determine if any incidents had occurred. The evidence provided by the ability to collect and analyze data through the EVOLV system, the 2018 LCJDC PREA summary report, and the formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- DOJ Survey of Sexual Victimization
- LCJDC Daily Report
- EVOLV Report Management – JDDS Admission Statistics
- EVOLV Report Management – JDDS Discharge Report
- EVOLV – Report Form – Incident Listing – JDDS PREA
- Review of three Incident Report Forms

**ANALYSIS:**

The DOJ Survey of Sexual Victimization requires a number of reporting elements, including the facility’s population on December 31st separated by gender and age; the facility’s population of the requested year by admissions and discharges; the number of resident-on-resident sexual abuse, by substantiated, unsubstantiated and unfounded; resident-on-resident sexual contact, by substantiated, unsubstantiated and unfounded; resident-on-resident sexual harassment, by substantiated, unsubstantiated and unfounded; staff-on-resident sexual misconduct, by substantiated, unsubstantiated and unfounded; and, staff-on-resident sexual harassment, by substantiated, unsubstantiated and unfounded. Through the LCJDC Daily Report the facility is able to determine the residents at the facility on December 31st separated by gender and age. The EVOLV report, JDDS Admission Statistics, provides the number of residents admitted to the facility in a specified date range, and the EVOLV report, JDDS Discharge Report, provides the number of residents discharged from the facility for a specific date range. The EVOLV Incident Listing – JDDS PREA provides a listing of the PREA related incidents for a specific date range, and then as detailed in provision (a) the incident report forms detail the information regarding the nature of the incident (e.g. resident-on-resident, staff-on-resident, sexual abuse, sexual harassment), and the investigation report would provide the information on substantiated, unsubstantiated, and unfounded. However, as previously noted, and detailed in the Narrative Section, there have been no investigated reports of sexual abuse or sexual harassment at the facility to review any investigation reports.

**REASONING:**

The LCJDC has the data and resources to gather the data to answer all the questions on the most recent version of the Survey of Sexual Victimization, and an absence of sexual abuse or

sexual harassment investigation reports does not reflect on a lack of understanding or practice by the facility. The evidence provided by the LDCJD daily reports, EVOLV system population reports, and EVOLV system incident reports concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC Daily Report
- EVOLV Report Management – JDDS Admission Statistics
- EVOLV Report Management – JDDS Discharge Report
- EVOLV – Report Form – Incident Listing – JDDS PREA
- Review of three Incident Report Forms
- Formal Interview with the PREA Compliance Manager

ANALYSIS:

As was noted in Provision (c) the LCJDC uses numerous tools and documents to collect and analyze data. These primarily include, but are not necessarily limited to, daily population reports, EVOLV population reports on admissions and discharges, EVOLV reports on incident listings and the incident reports, investigative reports from either the LCJDC (administrative) or the LCSO (criminal), and the incident review reports developed by the incident review team. During the formal interview with the PCM an overview of the process, along with supporting documentation, of gathering the required data, and the sources was explained.

REASONING:

The LCJDC uses a number of different tools and documents to compile the required data. As has been previously detailed much of the data is maintained and stored in the EVOLV system. The evidence provided by the LDCJD daily reports, EVOLV system population reports, and EVOLV system incident reports concludes that the requirements of this provision are being achieved.

PROVISION (e)

ANALYSIS:

The LCJDC does not contract with any other facilities for confinement of its residents; therefore, the requirements of this provision do not apply.

REASONING:

As the LCJDC is not responsible for the requirements of this provision, the evidence concludes that the requirements of this provision are being achieved.

PROVISION (f)

EVIDENCE:

- LCJDC PREA Policy, Page 16, Data Collection, Storage, and Review: Data Collection
- Formal Interview with Facility Director
- 2016 DOJ Survey of Sexual Victimization

ANALYSIS:

The LCJDC has developed and written a PREA policy requiring that upon request the facility will provided sexual abuse incident based data to the DOJ. During the formal interview the Facility Director affirmed that any reports required by the DOJ would be completed by the facility. This was confirmed during the PAQ process and the submission of the 2016 DOJ Survey of Sexual Victimization completed by the facility. The facility did not report any requests since the 2016 survey.

**REASONING:**

The LCJDC has a policy requiring the completion and submission of any PREA data request from the DOJ. The facility last completed a request for 2016. The evidence provided by the LCJDC PREA policy, 2016 DOJ Survey of Sexual Victimization, and formal interview with the Facility Director concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.387. The facility has displayed that it has a data collection system, and the capacity to generate required annual reports and provide required data to the DOJ upon request.

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Data Collection, Storage, and Review: Data Review</li> <li>• LCJDC PREA Annual Summary – Calendar Year 2018, amended</li> <li>• Formal Interview with the Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a PREA policy requiring the review of data collected and aggregated pursuant to Section 115.387, as assess and improve the effectiveness of it sexual abuse prevention efforts. The LCJDC completed this analysis in 2018 through the LCJDC PREA Annual Summary – Calendar Year 2018. The report includes identified problem areas/concerns, a corrective action plan, and a comparison to the previous year. The Calendar Year 2018 report stated that the two incidents of potential sexual harassment, as noted in the Narrative Section, were prevented from becoming sexual harassment due to the immediate reaction of staff to take preventative actions to ensure the safety of the residents. The formal interview with the Facility Director affirmed that issues or concerns noted from this report would be used to improve the sexual safety of residents at the facility. Additionally, the report noted that the facility was in need of a PREA audit, and an increase in the number of female security staff. This report addresses ‘the agency as a whole’; by acknowledging that the LCJDC is the only detention facility for the entire agency (LCCS), and thus, addresses the agency within the discussions of the facility.</p> <p>REASONING:</p> <p>The LCJDC has a policy to review collected data, and assess the data for potential improvements to prevent sexual abuse, and the facility has completed a report. The evidence provided by the PREA policy, PREA annual summary, and formal interview with the Facility Director indicates that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Data Collection, Storage, and Review: Data Review</li> <li>• LCJDC PREA Annual Summary – Calendar Year 2018</li> <li>• Facility Review</li> <li>• Annual Safety Review Summaries (March 2018, December 2018, February 2019)</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a PREA policy requiring the annual identification and corrective report to include a comparison to previous years, and include an analysis of progress in addressing sexual abuse. As was noted in Standard 115.387 provision (b) Calendar Year 2018 was the first year for the LCJDC to complete the report. There was a statement that there had been no reported incidents in 2017, but no analysis of identified problem areas, or corrective actions for comparison. While there is no previous reports to make a comparison in the 2018 report, evidence was presented that the LCJDC is able to identify needs at the facility (e.g. a need for additional camera placements, different camera styles, staffing needs) during the facility review, and as detailed in Standard 115.313 provision (d) through the Annual Safety Review. This understanding of the identified needs at the</p>

facility, and a comprehensive reporting and identification system for sexual abuse would indicate that the LCJDC has the capacity to compare facility needs and corrective actions between years, and provide an assessment of the facility's progress in addressing sexual abuse.

**REASONING:**

The LCJDC has a policy to compare data between years, and the facility's progress in addressing sexual abuse. While the facility has only completed the report for a single year, and is unable to compare data and needs between years, there is evidence that the LCJDC has a comprehensive system to track data, and identify needs and problems at the facility. The evidence provided by the PREA policy, PREA annual summary, facility review and annual safety review summaries concludes that the requirements of this provision are being achieved.

**PROVISION (c)**

**EVIDENCE:**

- Formal Interview with Agency Director
- <http://www.linncounty.org/939/Detention>
- <http://www.linncounty.org/DocumentCenter/View/11668/2018-Annual-PREA-Summary---Amended>

**ANALYSIS:**

The LCJDC's PREA Annual Summary, amended, is available on the facility's website, and has been approved by the Agency Director.

**REASONING:**

The LCJDC has ensured that the PREA Annual Summaries are approved by the agency head, and that the report is readily available to the public on its website. The evidence provided by the formal interview with the Agency Director, and Linn County websites indicates that the requirements of this provision are being achieved.

**PROVISION (d)**

**EVIDENCE:**

- LCJDC PREA Policy, Page 16, Data Collection, Storage, and Review: Data Review
- LCJDC PREA Annual Summary – Calendar Year 2018

**ANALYSIS:**

The LCJDC has developed and written a PREA policy allowing for the redaction of specific material from the PREA Annual Summary that would be a clear and specific threat to the safety and security of the facility. A review of the 2018 PREA Annual Summary did not note any redacted material; therefore, there was nothing in the report to confirm, nor contradict the policy and practice.

**REASONING:**

The LCJDC has a policy that allows it to redact sensitive information for security and safety reasons from a public document. An absence of redacted material does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, and PREA annual summary concludes that the requirements of this provision are being achieved.

**FINDINGS:**

The auditor finds that the LCJDC does comply with Standard 115.388. The evidence provided by the LCJDC PREA policy, website, annual PREA summary, and affirmations by the Agency Head and Facility Director would support that the provisions of this standard are being achieved.





115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Policy, Page 16, Data Storage, Publication, and Destruction</li> <li>• EVOLV System Review</li> <li>• Informal Discussion with the Facility Director</li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a PREA policy requiring the secure retention of data in the Director’s locked office. During an informal discussion with the Facility Director it was affirmed that the paper records were kept in their office in a locked filing cabinet, and that when they are not in their office the office door is closed and locked. Information is likewise maintained on the EVOLV system, and was described in the Narrative System, access to specific files and information is restricted by the security clearance level of a staff. Therefore, only staff with the need to know information would access to that particular information.</p> <p>REASONING:</p> <p>The LCJDC has a policy, system, and practice for securely detaining sensitive data regarding sexual harassment and sexual abuse. This includes keeping hard copies of records in a locked cabinet, and only permitting staff with security and management needs access to the electronic files. The evidence provided by the PREA policy, informal discussion with the Facility Director, and a review of the EVOLV concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> <li>• LCJDC PREA Annual Summary – Calendar Year 2018, amended</li> <li>• <a href="http://www.linncounty.org/939/Detention">http://www.linncounty.org/939/Detention</a></li> <li>• <a href="http://www.linncounty.org/DocumentCenter/View/11668/2018-Annual-PREA-Summary---Amended">http://www.linncounty.org/DocumentCenter/View/11668/2018-Annual-PREA-Summary---Amended</a></li> </ul> <p>ANALYSIS:</p> <p>The LCJDC has developed and written a PREA policy requiring that aggregated sexual abuse data will be made available to the public on an annual basis on their website. As was detailed in Standard 115.388, provision (a) the facility generates a PREA Annual Summary that aggregates sexual abuse, sexual harassment, and sexual misconduct into an annual report, and this report has been published on the LCJDC's website.</p> <p>REASONING:</p> <p>This provision has two requirements, (1) that sexual abuse data be aggregated and made available to the public. This is completed by the Annual Summary report that the facility generates. The second is that the data is made readily available to the public on the facility’s website, which has been completed. The evidence provided by the LCJDC PREA Annual Summary, and Linn County websites indicates that the requirements of this provision are being achieved.</p> <p>PROVISION (c)</p> <p>EVIDENCE:</p>

- LCJDC PREA Policy, Page 16, Data Storage, Publication, and Destruction
- LCJDC PREA Annual Summary – Calendar Year 2018

ANALYSIS:

The LCJDC has developed and written a PREA policy requiring the removal of any personal identifiable information be removed from the data prior to making the data public. A review of the 2018 PREA Annual Summary did not reveal any information that included personal identifiable information. All of the data had been aggregated to eliminate the personal identifiable information.

REASONING:

The LCJDC has a policy to protect sexual abuse data from containing personal identifiable information, and a review of the annual summary confirmed that this policy is being practiced. The evidence provided by the PREA policy, and LCJDC PREA Annual Summary concludes that the requirements of this provision are being achieved.

PROVISION (d)

EVIDENCE:

- LCJDC PREA Policy, Page 16, Data Storage, Publication, and Destruction
- LCJDC PREA Annual Summary – Calendar Year 2018
- 2016 DOJ Survey of Sexual Victimization

ANALYSIS:

The LCJDC has developed and written a PREA policy requiring the retention of sexual abuse data for at least ten years from the date of its initial collection. As was note in Standard 115.387, provision (b) the LCJDC acknowledged that the first year the facility had collected data to aggregate into an annual summary was 2018; therefore, there is not ten years of data to review. However, the 2018 PREA Annual Summary also notes that there were no offenses in 2017, and the facility completed a DOJ request Survey of Sexual Victimization, indicating that the facility is able to, and can maintain data.

REASONING:

The LCJDC has a policy requiring the maintaining of aggregated data for a minimum of ten years; however, have not been collecting data for ten years for any aggregate summaries. An absence of stored aggregate data, due to a lack of generating the data, does not reflect on a lack of understanding or practice by the facility. The evidence provided by the PREA policy, and LCJDC PREA Annual Summary concludes that the requirements of this provision are being achieved.

FINDINGS:

The auditor finds that the LCJDC does comply with Standard 115.389. The LCJDC's PREA policy, website, and annual PREA summary support that the provisions of this standard are being achieved.

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (a)  ANALYSIS:  This is the first PREA audit being completed by the LCJDC.  REASONING:  The LCJDC is in completing its first PREA audit, and an absence of a prior audit does not prohibit compliance with this provision; and, therefore concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (b)  ANALYSIS:  As detailed in the Facility Characteristics the LCJDC is the only facility operated by Linn County and the LCCS; therefore, this provision is not applicable to the LCJDC.  REASONING:  As this provision is not applicable to the LCJDC it is concluded that the requirements of this provision are being achieved.</p> <p>PROVISION (h)  EVIDENCE:  • Site Review  ANALYSIS:  As was noted in the Facility Characteristics the auditor had access to all areas within the facility. During the site review all doors and areas that the auditor requested see accessible. The site review was comprehensive and included the entire facility.  REASONING:  The auditor was permitted in all areas of the facility, regardless, if it was accessible to residents or not. The evidence provided by the site review concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (i)  EVIDENCE:  • PAQ  • On-site Audit  ANALYSIS:  As was noted in the Narrative Section the auditor was provided with all requested documentation. During the on-site audit hard copies and digital copies of documents were provided; including, but not limited to, resident files, incident reports, and personnel files.  REASONING:  The auditor was provided with all requested documentation and files, regardless, of their nature. The evidence provided during the PAQ and on-site review concludes that the requirements of this provision are being achieved.</p> <p>PROVISION (m)  EVIDENCE:</p>

- Formal Interviews with nine Residents

ANALYSIS:

As noted in the Narrative Section the auditor was provided with a confidential space to complete interviews with residents. The auditor determined which of the residents to interview, and was provided access to them for the interview.

REASONING:

The auditor was provided a confidential space for interviews with residents, and was not denied access to any of the residents for an interview. The evidence provided by the nine formal interviews with residents concludes that the requirements of this provision are being achieved.

PROVISION (n)

EVIDENCE:

- PREA Audit Notices
- Site Review
- Formal Interviews with nine Residents

ANALYSIS:

As was noted in the Narrative Section the LCJDC affirmed the posting of the PREA Audit Notices on April 16th, 2019 by emailing the auditor pictures of the notices posted throughout the facility, and the posting of these notices was confirmed during the site review. During formal interviews with residents, eight out of nine of the residents acknowledged they had seen the audit notices posted around the facility, and four confirmed that they were aware of the PREA audit, and their right to send the auditor a confidential letter to make a PREA related report.

REASONING:

The auditor confirmed that the PREA audit notices with directions on how to file a confidential report were posted throughout the facility, and through discussions with four residents it was confirmed that they understood their right to confidentially communicate with the auditor prior to the audit. The evidence provided by the PREA audit notices, site review, and formal interviews with nine residents concludes that the requirements of this provision are being achieved.

FINDINGS:

The auditor finds that the LCJDC does comply with Standard 115.401. The facility is in the process of its first PREA audit. The LCJDC made every required effort to ensure that the auditor was provided full access to the entire facility, all required and requested documentation, and access to all residents for interviews.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PROVISION (f)  ANALYSIS:  This is the first PREA audit completed at the LCJDC; therefore, there have been no prior PREA audits, and this provision is not applicable.</p> <p>REASONING:  As this provision is not applicable to the LCJDC it is concluded that the requirements of this provision are being achieved.</p> <p>FINDINGS:  The auditor finds that the LCJDC does comply with Standard 115.403.</p>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	na

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 OR the response to 115.312(a)-1 is "NO".)	na

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na



115.313 (c)	Supervision and monitoring	
	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 only until October 1, 2017.)	yes
	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 only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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

115.313 (e)	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	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

115.315 (a)	<b>Limits to cross-gender viewing and searches</b>	
	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

115.315 (b)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and 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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	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?	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?	no

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

115.317 (a)	<b>Hiring and promotion decisions</b>	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes

115.317 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	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

115.317 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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

115.318 (a)	Upgrades to facilities and technologies	
	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.)	na



<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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. )	na

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication 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))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</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

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</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
	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
	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

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	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

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	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



<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

<b>115.334 (b)</b>	<b>Specialized training: Investigations</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).)	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).)	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).)	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).)	na

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	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?	yes
	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?	yes
	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?	yes
	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?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</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.)	yes

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	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?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	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

115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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

115.342 (b)	Placement of residents	
	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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	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
	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

115.342 (e)	Placement of residents	
	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

115.342 (f)	Placement of residents	
	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

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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

<b>115.351 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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?	yes



<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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.)	na
	Does the agency always refrain from requiring an 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.)	na

115.352 (c)	Exhaustion of administrative remedies	
	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.)	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.)	na

115.352 (d)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na

115.352 (e)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	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.)	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.)	na

115.352 (f)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	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.)	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.)	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.)	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.)	na

115.352 (g)	Exhaustion of administrative remedies	
	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.)	na

115.353 (a)	<b>Resident access to outside confidential support services and legal representation</b>	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</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

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	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

115.361 (d)	Staff and agency reporting duties	
	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
	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

115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes



115.364 (a)	Staff first responder duties	
	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
	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
	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
	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

115.364 (b)	Staff first responder duties	
	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

115.365 (a)	Coordinated response	
	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

115.366 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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

115.367 (a)	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

115.367 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity 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

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency 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

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
	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
	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
	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

115.373 (d)	Reporting to residents	
	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
	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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	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



115.376 (d)	<b>Disciplinary sanctions for staff</b>	
	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
	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

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</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

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	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

115.378 (b)	<b>Interventions and disciplinary sanctions for residents</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
	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
	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
	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
	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

115.378 (c)	<b>Interventions and disciplinary sanctions for residents</b>	
	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

115.378 (d)	<b>Interventions and disciplinary sanctions for residents</b>	
	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
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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?	no

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	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

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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

<b>115.387 (d)</b>	<b>Data collection</b>	
	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

<b>115.387 (e)</b>	<b>Data collection</b>	
	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.)	na

<b>115.387 (f)</b>	<b>Data collection</b>	
	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



115.388 (a)	<b>Data review for corrective action</b>	
	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
	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
	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

115.388 (b)	<b>Data review for corrective action</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

115.388 (c)	<b>Data review for corrective action</b>	
	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

115.388 (d)	<b>Data review for corrective action</b>	
	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

115.389 (a)	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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.)	no

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only 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.)</p>	na