

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 5/18/16

Auditor Information			
Auditor name: Diane Lee			
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Email: diane.lee@nakamotogroup.com			
Telephone number: 301-468-6535			
Date of facility visit: April 27-29, 2016			
Facility Information			
Facility name: Clarinda Correctional Facility			
Facility physical address: 2000 N. 16 th Street, Clarinda, Iowa 51632			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 712-542-5634			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Sheryl Dahm, Warden			
Number of staff assigned to the facility in the last 12 months: 236			
Designed facility capacity: 975			
Current population of facility: 970			
Facility security levels/inmate custody levels: Minimum/Medium			
Age range of the population: 18-73			
Name of PREA Compliance Manager: Steve Slough		Title: Correctional Supervisor	
Email address: Steve.Slough@Iowa.gov		Telephone number: 712-542-5634	
Agency Information			
Name of agency: Iowa Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Iowa			
Physical address: 510 East 12th Street, Des Moines, Iowa 50319			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 515-725-5701			
Agency Chief Executive Officer			
Name: Jerry Bartruff		Title: IDOC Director	
Email address: Jerry.Bartruff@Iowa.gov		Telephone number: 515-725-5708	
Agency-Wide PREA Coordinator			
Name: Robin Bagby		Title: PREA Coordinator	
Email address: Robin.Bagby@Iowa.gov		Telephone number: 515-725-5723	

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Clarinda Correctional Facility (CCF), Iowa Department of Corrections (IDOC), was conducted April 27-29, 2016, by Nakamoto Group Inc. PREA Auditor Diane Lee. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. During the review there were some questions raised that were submitted to the PREA Coordinator and PREA Compliance Manager. Answers to the questions were provided to the auditor during the on-site audit.

When the auditor first arrived at the facility, a meeting was held with the Associate Warden of Security, Associate Warden of Treatment, Nursing Services Director, Associate Warden of Administration, 2 Treatment Services Directors, the Assistant Food Service Director, Steve Slough, the PREA Compliance Manager/Investigator/ Correctional Supervisor and Robin Bagby/State PREA Coordinator to discuss the audit process. The standards used for this audit became effective August 20, 2012. The auditor discussed the information contained in the Pre-Audit Questionnaire with the PREA Manager and Coordinator prior to the audit. As part of the audit, a review of all agency and local facility PREA policies was conducted, staff and offenders were interviewed, and a tour of the facility was completed. The auditor toured the entire facility, including all areas where offenders would ever be present. The auditor was escorted by the PREA Coordinator and PREA Compliance Manager and observed among other things the facility configuration, location of cameras, staff supervision of offenders, housing configurations, including shower/toilet areas, placement of posters, PREA informational resources, security monitoring, offender entrance and search procedures, and offender programming. Modifications that have been made throughout the facility were pointed out during the tour, including areas where blind spots were closed off, doors which are now kept locked, additional lighting and additional cameras. The auditor noted that shower areas allow offenders to shower separately and shower stalls have plastic curtains for additional privacy. Toilet stalls are also covered with privacy curtains and/or doors. These partitions and curtains still allow visibility for staff to see the top and bottom of the stall or shower. Notices of the PREA audit were posted throughout the facility in common areas. The auditor talked informally to staff and offenders during walk-throughs of the facility during the course of the visit.

A total of 11 offenders were interviewed. Offenders were selected randomly from the housing lists provided. Three letters were sent to the auditor from the CCF, prior to the audit, concerning alleged PREA issues (all three offenders were available to be interviewed, and were). Two interviewed offenders were self identified Gay/ Bi-sexual, one was self-identified transgender, one was limited English proficient, one was mentally disabled, and two had alleged sexual abuse. Several informal interviews were also conducted. Offenders were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to offenders to report abuse or harassment.

The auditor interviewed Director Jerry Bartruff at the Iowa Department of Corrections (IDOC) headquarters in Des Moines, Iowa on a prior audit in 2015. He also submitted written responses to the interview questions. The PREA Coordinator was interviewed personally. A total of 22 facility staff were interviewed (11 randomly selected from all three shifts, male and female, and 11 specialty/administrative), as well as the local rape crisis center Victim Advocate Supervisor. The specialty/administrative staff interviewed included the Warden, the PREA Compliance Manager/Investigator/Captain, the Human Resources Associate, Orientation Sergeant, the Training Coordinator/Volunteer Coordinator/Grievance Coordinator, the Health Care Administrator/ Nursing Supervisor, one Psychologist who conducts intake, the Treatment Director, a Correctional Counselor, the Correctional Building Services Coordinator and a Contractor/Chaplin. Informal interviews with staff were also conducted. The auditor concluded, through observations, interviews and a review of policies and documentation (reviewing a random sample of on-site documentation for all relevant standards), that all staff and offenders were very knowledgeable concerning their rights and responsibilities involving the PREA. During the interviews, the offenders acknowledged that they received information about the facility's zero tolerance policy against sexual abuse upon their arrival to the facility, other PREA information, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility case records, training records, investigative reports, and additional program information and documents. In addition, all training records of staff and all investigative reports of sexual abuse or assault were reviewed by the auditor. To obtain information about rape crisis and advocacy services provided at CCF, a phone interview was conducted with the Program Manager at Catholic Charities of Phoenix House in Council Bluffs, Iowa with whom they have a Memo of Understanding. She indicated that they have a great working relationship with the staff at the CCF and are available for any assistance requested for offender victims.

In this first PREA report period there were 5 sexual assault/harassment allegation cases of which one was determined to be substantiated, one was determined to be unfounded, and three were unsubstantiated.

On the final day of the onsite audit, a debriefing meeting was held with CCF leadership staff. Several Central Office staff were on the conference call including IDOC Director Jerry Bartruff. The purpose of this meeting was to summarize preliminary audit findings. During this process, specific feedback was provided and included program strengths as it related to PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Clarinda Correctional Facility (CCF) is located in the City of Clarinda, IA. Also located on the campus is the Clarinda Academy, a privately operated juvenile facility, and Zion Recovery Services which offers outpatient Substance Abuse treatment to all genders, and inpatient treatment for men.

Clarinda is a scenic and historic city located in the southwest corner of Iowa in Page County. It offers various community activities, encourages family living and has dynamic economy based on agriculture and industry. A mixture of a small-town atmosphere with access to a wide variety of goods and services usually only available to much larger cities makes Clarinda a fine place to live. Founded in 1851, Clarinda is the county seat of Page County (Glenn Miller Birthplace and Goldenrod School Home). In 1980, Clarinda Correctional Facility was established by the Sixty-Eighth General Assembly of the Iowa Legislature. CCF was to serve as an adult male correctional facility primarily for offenders with developmental disabilities, and those with chemical dependencies. The original CCF facility was in Hope Hall, previously used as the Mental Health medical facility. The combination of the prison and the Clarinda Mental Health Institute together was called "Clarinda Treatment Complex". A single Superintendent served both facilities. In 1996, the new facility, where CCF is currently located, was opened. In 2000, a new prison industries building was added to CCF to house the H & H Trailer Company. In 2005 a building was opened for the minimum security offenders who qualify for minimum/medium OUTS status (CCFL-Lodge). Then in 2015 the Clarinda Mental Health Facility closed on June 30, 2015. This ended the shared services previously held with DHS. Due to the closing DOC lost funding of \$816,017. This is the amount of funds that CCF did not receive to pay for the shared services portion of the campus. The capacity of the present main facility that opened in 1996 is 750 offenders and The Lodge minimum security facility is 225. The facility contains 12 housing units, a disciplinary detention unit, library, gymnasium, canteen, property/clothing area, administration building and areas for treatment and educational activities. The Special Needs Unit offers a secure area for offenders who have trouble in a general population setting. Most offenders are referred for the program by other institutions. Offenders are assessed both intellectually and behaviorally, and on the basis of that assessment are placed in the program. The program offers individual counseling as well as group activities. There are five special needs units at this time. The minimum OUTS work program is available for offenders who qualify for minimum/medium security status. These offenders work in support areas outside the perimeter of the facility, such as Dietary, Laundry, Housekeeping and Maintenance. The Prison Industries private venture consists at this time of the H&H Trailer Company. The company builds commercial trailers. This operation has been in production since December 2000. Offenders benefit from receiving vocational training and valuable work experience. Education programs are contracted through Iowa Western Community College to provide offenders with an educational program. The Education Department provides academic instruction in general education development (HiSet), college classes as scheduled, life skills, computer courses, special education for eligible individuals, re-entry, and a relapse program. Substance abuse programming, licensed by the Iowa Department of Public Health, is provided through the CHOICES program. CHOICES offers many group activities that uses principles of the Hazelden plan consisting of pre-treatment, primary treatment and aftercare. CCF also has a recreation department, which encourages offenders to participate in leisure time activities. All areas of the facility were included in the tour where offenders would ever be present. Staff have consistently considered sexual safety issues in all areas of the facility and made several physical modification to ensure all PREA standards are implemented.

Lodge Offenders are involved in the OUTS Work Program. Some of the offsite work for offenders through the OUTS program includes Maintenance, Yard Crew, Laundry, Dietary for the CCF Facility, mowing grass at the City Cemetery and the Clarinda Country Club, working at the Page County Landfill and going to various worksites with the Department of Natural Resources (DNR).

The Mission Statement of CCF is as follows: Clarinda Correctional Facility achieves the IDOC mission through individualized treatment goals for special needs and substance abuse offenders to facilitate successful re-entry into our communities. The Mission Statement of the IDOC is as follows: To advance successful offender reentry to protect the public, staff and offenders from victimization.

On the first day of the on-site audit the population was 824 in the main facility and 146 in the minimum security unit.

SUMMARY OF AUDIT FINDINGS

During the report period for this audit, CCF reported 5 sexual assault/harassment allegation cases of which one was determined to be substantiated, one was determined to be unfounded, and three were unsubstantiated. They were all administrative investigations except one criminal investigation related to sexual abuse. This is currently being pursued by the County District Attorney for criminal charges. The protocol for conducting investigations was reviewed during the audit and found to be conducted per agency policy and procedures and meets all PREA standards. The interviews of offenders reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. They receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, offenders are provided more comprehensive education on PREA that includes personal instruction in addition to an orientation video. Offenders indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Offenders were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Offenders consistently indicated to the auditor that they felt safe in the facility. All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff were knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for offenders and staff to use to report sexual abuse or sexual harassment. Additionally, staff was well trained on the PREA first responder's protocol for any PREA related allegation and staff could clearly articulate exactly the steps they would follow if they were the first responder to an incident. The auditor also spoke via telephone to the Program Manager at Catholic Charities of Phoenix House in Council Bluffs, Iowa with whom they have a Memo of Understanding to provide rape crisis intervention services. In summary, after reviewing all pertinent information and after conducting offender and staff interviews, the auditor found that department and agency leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of offenders on all the key aspects of the PREA. Discussions with Department of Corrections' executive leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of offenders and staff at CCF.

When the on-site audit was completed, another meeting was held with the Warden and administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance involving three standards. The auditor had been provided with extensive and lengthy files during and prior to the audit for review to support a conclusion of compliance to the PREA. All observations and interviews also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very high, and the observed staff/offender relationships were seen as excellent. All areas of the facility were observed to be very clean and exceptionally well maintained. At the conclusion of the audit, the auditor thanked the CCF staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The Iowa Department of Corrections has implemented a zero tolerance policy as detailed in Policies PREA 01-04 which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach (including procedures, definitions and sanctions for PREA violations). In addition to the facility PREA Manager, there is a designated state PREA Coordinator (who reports to the Inspector General) who provides guidance and support to ensure adherence to the PREA and has ample time to do so. The facility PREA Manager reports to the Warden, and stated he has ample time to devote to those responsibilities. Zero tolerance (including reporting procedures) posters are displayed throughout the institution. PREA issues and instruction is constantly communicated to offenders on the CCF TV channel and through the Kiosk. Staff receive initial employment and annual PREA training, as well as updates to policy throughout the year. Staff interviews (and an examination of policy/documentation) indicated an excellent knowledge of the PREA and a strong commitment to same. The facility exceeds compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Correction Policy PREA 01, 02, 03 and 04
- Iowa Department of Corrections Organizational Chart
- Example of offender TV bulletin about PREA
- Interviews with Robin Bagby (PREA Coordinator), Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

IDOC policies AD (Administrative Directive) GA (General Administration) 13- Agreements and Contracts and IS (Institution Services) and CL (Classification) 09- Interstate Corrections Compact Transfer for Prisons meet the mandates of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted with for the confinement of offenders to adopt and comply with the PREA standards. All agency contractual agreements were updated on March 9, 2016. The language requiring all contractors to adopt and comply with PREA standards remains in the updated agreements. The agency contracts with 8 Judicial District Departments of Correctional Services to provide 23 Residential Community Facilities. They also regularly monitor the contractor's compliance with PREA

standards.

Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by CCF
- Iowa Department of Correction Policy AD-GA-13, IS-CL-09
- Iowa Department of Correction Contractual Agreements
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.13 Supervision and monitoring

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

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

AD PR (Personnel) 03 Review of Staffing Requirements, IO SC (Security and Control) 01, the Management of Security Program and corresponding local policies meets the mandates of this standard. Agency policy requires each facility to review their staffing plans on an annual basis. Interviews with executive staff revealed compliance with this standard and that all safety and security issues are always a primary focus when they consider and review their respective staffing plans. The Warden meets routinely with his executive staff, business manager and the human resource manager to discuss staffing issues. Over the past 12 months, they have reviewed and evaluated their staffing levels, patterns and deployment of staff due to budget reductions. They are installing cameras in the stairwell from the kitchen that the minimum offenders use. Meeting minutes were reviewed. Deviations from the staffing plan are due to sick leave, FMLA, vacation, military leave, and hospital trips but overtime is scheduled as necessary to always maintain minimum staffing requirements. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The Statewide PREA Coordinator is on the email list to receive the budget and staffing projections for review from the Deputy Director of Administration, to review staffing plans. The PREA Coordinator participates in the Wardens meetings and receives budget and staffing analysis reports from the Deputy Director of Administration. The audit included an examination of the video monitoring systems (132 cameras), offender access to telephones and the Kiosk offender e-mail system. The average daily offender population within the last year was 838. Documentation of unannounced rounds (visits to areas where offenders are found) covering all shifts by administrative staff was reviewed. Interviews with staff and offenders confirmed unannounced rounds to all areas of the institution are conducted on at least a weekly basis, with no warning to staff. Video cameras with monitoring capabilities are visible throughout the facility. All cameras have been upgraded to be digitally recorded. The cameras can be monitored at the Control Center, by the investigators and by the executive staff. CCF staff use PDA (Personal Data Assistant) devices to document all their rounds and counts. This device also allows staff to have immediate access to offender information. Many physical modifications have been made to ensure the safety of staff and offenders such as keeping the bedroom doors open in the minimum unit, installing a window in the bathroom doors in the minimum unit, adding toilet stall dividers in the industry building bathrooms and rearranging storage shelves and cabinets in several areas to improve line of sight for better supervision.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Correction Policy AD-PR-03, IO-SC-01
- Completed Pre-Audit Questionnaire submitted by CCF
- Records of management rounds
- Documentation evidencing the conduct of unannounced rounds on all shifts
- Interviews with Robin Bagby (PREA Coordinator), Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interviews with intermediate or higher level staff
- Interviews with offenders and line staff confirmed that weekly visits are conducted by administrative staff to all areas of the institution.

Standard 115.14 Youthful inmates

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

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

N/A- No youthful offenders are housed at this facility

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The Agency/facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in emergency situations or when performed and documented by a medical practitioner. The following policies meet the requirements of the standard: IO-SC-17 Cross Gender Supervision and IO-SC-18 Searches. The facility is an all-male population and no cross gender pat-down searches are allowed and none have been conducted in this report period. Staff are trained on conducting strip searches of transgender and intersex inmates in a professional manner. The curriculum and training records were reviewed. The female staff ring a bell and verbally announce to the inmates when a staff member of the opposite gender is on the housing units. In addition, there is a posted announcement in each housing unit that opposite gender staff members may be in the housing unit and throughout each shift they periodically make a PREA announcement in each housing unit. PREA notifications (English and Spanish) are posted in each housing unit of each facility, within the facility visitation area and in all inmate program areas. Some bathrooms have been renovated to allow more privacy for inmates using the toilets. There has been privacy screens added in some toilet areas. Shower curtains provide privacy, yet they are still able to see on the bottom to determine if there is more than one person in the stalls. All offenders reported that they were aware that female staff worked routinely in the housing units (posters in the units provided this notification). Offenders, correctional officers and administrative staff stated offenders are allowed to shower, dress and use the toilet privately, without being viewed by female staff. Staff were well aware of the policy prohibiting the search of a transgender or intersex offender for the sole purpose of determining the inmate's genital status. The agency has provided training to staff regarding how to conduct cross-gender pat down searches and searches of transgender and intersex offenders in a professional manner.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Correction Policy IO-SC-17, IO-SC-18
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Robin Bagby (PREA Coordinator), Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interviews with random offenders and facility staff
- Training documentation, search procedures training materials and lesson plans

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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

The Orientation Sergeant takes appropriate steps to ensure inmates with disabilities and offenders with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility continuously identifies staff that possess special skills such as being proficient in sign language or fluency in languages other than English. These staff are used to provide PREA education to offenders individually. PREA handouts and offenders handbooks are in English and Spanish. The facility has a translator service (CTS Language Link) to provide assistance to offenders who need translation services. Procedures and policy are in place to assist offenders with almost any form of disability. The above-mentioned documents were submitted to and reviewed by the auditor. Staff interviewed were well aware of the policy that offender interpreters or assistants are never to be used when dealing with PREA issues involving another offender. Staff and offender interviews (disabled and limited English proficient), as well as an examination of documentation, support compliance to this standard. Policy IS (Institution Services) RO (Reception and Orientation) 02 and corresponding local policy meets the mandates of this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Correction Policy IS-RO-02
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interviews with random facility staff and offenders regarding use of interpreters
- Samples of PREA poster and brochure translated into Spanish
- Contract between IDOC and CTS Language Link for translation services
- PREA training materials for offender education

Standard 115.17 Hiring and promotion decisions

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

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

CCF does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. CCF also does not hire or promote an individual who has been convicted of engaging or attempting to engage in sexual activity that was facilitated by force, or coercion, or if the victim did not or could not consent. Policies and operating procedures to meet this standard include: AD-GA-13 Agreements and Contracts, AD CR 04, AD PR 11, OP-WI-01, 28E Template for Work, AD-PR-05 Employee Selection and Forms, Employee Background Check Log, and PREA 02 -03. The IDOC conducts background checks every year for employees and every two years for volunteers and contractors. The Human Resource Associate was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have been carefully screened pursuant to this

standard, and have had criminal background checks completed. Staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted. Policy clearly states the submission of false information by any applicant is grounds for termination. CCF and IDOC makes its "best effort" to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring staff permanently. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Correction Policy and Procedures AD-GA-13 Agreements and Contracts, AD CR 04, AD PR 11, OP-WI-01, 28E Template for Work, AD-PR-05 Employee Selection and Forms, Employee Background Check Log, and PREA 02 -03
- Completed Pre-Audit Questionnaire submitted by CCF
- Examples of new staff checklist, contractor and volunteer approved background list
- Interview with acting Human Resource Associate

Standard 115.18 Upgrades to facilities and technologies

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

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

The CCF has upgraded 95 cameras to the new video recording system, which brings the total cameras to 132 at this time. The cameras can be monitored at the Control Center, by the investigators and by the executive staff. They are installing cameras in the stairwell from the kitchen that the minimum offenders use. Policies which meet the standard are PP-OH-01 Offender Housing and IO-SC-06 Security Operations. The agency leadership considers a variety of factors when upgrading technology in the facility including primarily sight lines, blind spots and inaccessible areas. Interviews with facility leadership indicate that placement of cameras and mirrors are discussed frequently to keep enhancing safety for all offenders.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections policies: PP-OH-01 and IO-SC- 06
- Completed Pre-Audit Questionnaire submitted by CCF
- CCF Security Map showing video camera locations
- Interviews with Robin Bagby (PREA Coordinator), Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Various emails discussing camera placement and purchase order for new cameras
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

corrective actions taken by the facility.

The healthcare staff follows the institution's written plan for responding to allegations of sexual assault of offenders. Investigators also use a thorough PREA Investigation Checklist to ensure all policies and procedures are followed. The assaulted offender from CCF is transported to the Clarinda Regional Health Center where a qualified medical practitioner performs a forensic medical exam. They do not have SAFE/SANE nurses available. They would provide required prophylaxis, and gather forensic evidence. They are working on getting a Memo of Understanding with a hospital that does have SAFE/SANE nurses available. In addition, the Catholic Charities of Phoenix House in Council Bluffs, Iowa with whom they have a Memo of Understanding would be contacted to request an advocate to be sent to accompany the offender. They have a detailed Memo of Understanding with the service provider to help clarify responsibilities. They also have staff trained as qualified advocates who can provide basic support to victims of sexual abuse when a local advocate is not available. Healthcare staff are not involved in the management or treatment of sexual assault cases unless it is necessary to stabilize the inmate before the transfer to the appropriate community facility. The Facility PREA Compliance Manager/Investigators notify the Agency PREA Compliance Coordinator to determine further guidance on whether to refer the matter to the Inspector General's office for a criminal investigation or to continue as an internal administrative investigation. Policies and interviews with investigators, medical and mental health staff support the compliance with this standard and the full protocol of this standard is implemented. Policies that meet this standard include: IO-SC-12 Escorted Trips, IO-SC-22 Evidence Handling, Health Services 505 Health Clinic, Health Services 628 Offender Alleged Sexual Assault Health Services Responsibilities, PREA-02 and PREA-03. There were two allegations over this report period where a forensic medical exam was performed. CCF also keeps a listing of area services for victims of sexual assault. Security and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the CCF or IDOC investigators conducted investigations relative to sexual abuse allegations. Victim advocate services are available at CCF, through a local rape crisis center and facility staff. The treatment is offered at no financial cost to the offender.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: IO-SC-12 Escorted Trips, IO-SC-22 Evidence Handling, Health Services 505 Health Clinic, Health Services 628 Offender Alleged Sexual Assault Health Services Responsibilities, PREA-02 and PREA-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Health Services Administrator
- Interview with Catholic Charities of Phoenix House Program Manager
- Memo of Understanding with Catholic Charities of Phoenix House in Council Bluffs, Iowa
- Crime scene preservation post order
- Qualifications of staff advocates
- PREA Checklists for Offender on Offender and Staff on Offender PREA incidents
- List of community resources for sexual assault victims
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policies that meet this standard include: AD-PR-13 Employee Investigations; PREA 02, 03, 04 and IO-RD-03 Major Discipline Report Procedures. All allegations are referred to the Agency PREA Compliance Coordinator for review. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator or IDOC Office of the Inspector General criminal investigators conduct all investigations. The facility investigator/Captain was interviewed and found to be very knowledgeable concerning the responsibilities in the investigative process. IDOC staff may also complete administrative investigations. During this audit period there have been 5 investigations which involved an allegation of sexual abuse/sexual harassment. One of the allegations was referred for criminal investigation. This case is currently being pursued by the County District Attorney for criminal charges. The allegations were thoroughly investigated and documentation is maintained on file. One was determined to be substantiated,

one was determined to be unfounded, and three were unsubstantiated. The facility utilizes a tracking log to ensure all required steps of the investigation are completed and are timely. The auditor reviewed documentation (investigation files) relative to these cases and believes staff acted appropriately. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: AD-PR-13 Employee Investigations; PREA 02, 03, 04 and IO-RD-03 Major Discipline Report Procedures.
- IDOC Investigative tracking form
- Completed Pre-Audit Questionnaire submitted by CCF
- Iowa Department of Corrections website: <http://www.doc.state.ia.us/Prea>
- Interviews with Robin Bagby (PREA Coordinator), Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Samples of internal investigations and referral for prosecution
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.31 Employee training

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

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

Agency and facility policies that address this standard include: AD-TS-04 Orientation and Pre-service Training; AD-TS-05 In-service Training and HSP-628 Offender Alleged Sexual Assault Health Services Responsibilities. The IDOC provides extensive PREA standards training at the new employee training academy, which all staff must attend and successfully complete. Staff also receive PREA training at the CCF through the e-learning program when policy is changed or updated. All staff are mandated to receive training annually and the curriculum includes PREA requirements. Staff are also given First Responder Laminated Pocket Cards. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation. Interviewed staff indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well. Staff interviewed had an extensive knowledge of the PREA, first responder duties and were obviously committed to the enforcement of the PREA and related policy. This knowledge level of staff and the training received, on-going updates, as well as an examination of documentation, support the facility exceeding compliance to this standard. On a prior IDOC audit, I reviewed the new training curriculum refresher course with the Training Specialist in the Central Office which covers all aspects of the PREA standards. All staff are tested and the results are documented on their individual electronic verification training site.

Policy, Materials, Interviews and Other Evidence Reviewed

- IDOC Department of Corrections Policies: AD-TS-04 Orientation and Pre-service Training; AD-TS-05 In-service Training and HSP-628 Offender Alleged Sexual Assault Health Services Responsibilities
- Completed Pre-Audit Questionnaire submitted by CCF
- PREA training at academy for new DOC Employees (Lesson Plan and E-Learning Module)
- E Mail notification on policy revisions example
- Review of random staff training records
- Interviews with random staff regarding their PREA training and knowledge;
- First Responder Laminated Pocket Cards reviewed
- Documentation of staff transfer completed training
- Interview with Training Coordinator

Standard 115.32 Volunteer and contractor training

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

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

Policies AD CI (Volunteer Programs) 01; OP (Offender Programs); WI (Work and Correctional Industries) 01 and 28E Template for Work meets the mandates this standard. The agency’s PREA policy requires all volunteers and contractors who may have contact with offenders to be trained on PREA requirements. The training materials cover all the required topics all contractors and volunteers have received concerning PREA training, to include the IDOC and CCF zero-tolerance policy, reporting and responding requirements. All volunteers and contractors are required to sign a PREA Acknowledgement Form that states that they have been trained on the PREA and understand their obligations therein. The CCF reports that 54 volunteers and contractors have been trained in this report period. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. There was one contractor interviewed who confirmed that they have contact with offenders, that they received PREA training, receive updates to policy when needed and that they signed that they understood the instruction. Also, staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: AD CI (Volunteer Programs) 01; OP (Offender Programs); WI (Work and Correctional Industries) 01 and 28E Template for Work
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Volunteer Coordinator
- PREA training curriculum and materials for volunteers
- PREA Acknowledgement Form for Volunteers and Contractors
- Training sign-in sheets for volunteers and contractors

Standard 115.33 Inmate education

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

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

The CCF reports that 1,073 offenders have been admitted in the past 12 months and all have been provided comprehensive PREA orientation information. All offenders at CCF are provided PREA orientation materials at intake, printed in both English and Spanish. They are also given a copy of the handout “Staying Safe: A Guide for Offender Conduct”. Within 30 days of arrival a comprehensive education is provided on additional PREA information which includes a video. These sessions are all documented with the offenders signature that they have received and understand the information. PREA posters are displayed throughout the facility in prominent areas with the address and phone number to contact to report abuse. The IDOC's mailing address is posted in each housing unit for offenders to write to concerning any sexual abuse or sexual harassment allegation. There is a language translation program available to offenders who have difficulty communicating in English. There are procedures in place to assist disabled offenders in learning about the PREA (confirmed through interviews with disabled offenders). In addition, they can send a staff message or letter to the institution PREA Compliance Manager via a

Kiosk system. The facility offender handbook covers the PREA information also. Policies PREA 01-04 meet the mandates of this standard. The CCF internal TV channel has PREA information continuously displayed on a daily basis. The auditor reviewed a random sampling of intake checklists to verify those offenders admitted during the auditing period received PREA education and relevant written materials. All offenders are required to acknowledge in writing that they completed PREA education. Staff and offender interviews, and an examination of documentation, confirmed that the facility exceeds compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 01-04
- Completed Pre-Audit Questionnaire submitted by CCF
- PREA Offender Acknowledgement Form
- CCF Offender Handbook
- PREA Staying Safe Handout
- Interview with sergeant who conducts Orientation
- PREA Offender TV Bulletin
- PREA posters and brochures posted and displayed
- Interviews of random offenders, facility intake staff and facility staff member who provides the comprehensive PREA training for offenders.

Standard 115.34 Specialized training: Investigations

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

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

The three Investigators at CCF have received specialized training by the IDOC and the Moss Group for conducting sexual abuse investigations and crime scene preservation. The four Central Office Investigators have also been trained. Documentation was reviewed. All investigators use a standardized protocol to conduct investigations. This auditor reviewed specialized training documentation for CCF and IDOC (criminal) investigators. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Lesson Plan for Conducting Internal Investigations
- Training documentation for staff completing the specialized training

Standard 115.35 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All medical and mental health staff have received specialized on the PREA addressing sexual abuse and harassment of offenders. This training includes issues on victim identification, interviewing, reporting, and clinical interventions for medical and mental health staff. Interviews with the medical and mental health staff confirmed the training was received. Policy HSP 628 meets the mandates of this standard. Staff may receive training updates when needed and during annual training. The auditor reviewed the training lesson plan, training sign-in sheets and related documentation. The Nursing Supervisor and mental health staff were interviewed and confirmed compliance to this standard. Other staff interviews, as well as an examination of documentation, also support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policy: HSP 628
- Completed Pre-Audit Questionnaire submitted by CCF
- Training documentation for staff completing the specialized training
- Training lesson plans and curriculum
- Interview with Nurse Supervisor and Psychologist
- Interview with Training Coordinator

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policies addressing this standard include: IS-RO-01 Offender Admission Procedures and IS-RO-02 Offender Screening. The policy states that all offenders newly admitted have a Sexual Violence Propensity (SVP)–Intake Screening Tool completed by a trained Correctional Counselor within 24 hours of admission and they are given a SVP code. This is scanned into the offender's electronic record, ICON. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering offenders who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner. The Psychology department receives the referral if any issues are identified and will schedule any requests for this follow-up within 14 days. Within 30 days, they will reassess the offender's SVP code based upon any additional, relevant information received by the institution. They are almost always interviewed the first day of intake. The screening process appropriately covers all eleven topical areas of information as detailed in this standard. The staff review all relevant information from other facilities and sources, and continue to reassess an offender's risk level within 30 days of his arrival. Eight hundred and thirty eight offenders were screened during this report period and they were all reassessed within 30 days of their arrival. Offenders cannot be disciplined for refusing to answer PREA related questions at the time of intake. Offenders identified as high risk for sexual victimization or at risk of sexually abusing other offenders are referred to the mental health and possibly other staff for additional assessment. Staff and offender interviews, as well as an examination of the intake interview process and a review of documentation, support the finding that the facility is in compliance with this standard. The facility has implemented appropriate controls on the dissemination of the information received at intake.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: IS-RO-01 Offender Admission Procedures and IS-RO-02 Offender Screening
- Completed Pre-Audit Questionnaire submitted by CCF
- Sexual Violence Propensity Screening Tools and Scoring Guide
- Example of Modified MINI (Modified Mini Screen)
- Reviewed examples on line in the counselors office
- Interviews with counselor, medical staff and psychologist who do intake screening procedure
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.42 Use of screening information

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

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

IDOC Policies IS RO 02; IS CL 02 and the SVP Scoring Guide address the mandates of this standard. Agency policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping offenders at a high risk of being sexually abused/sexually harassed separate from those offenders who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for every offender and they are not placed in housing units or given program assignments based solely on their sexual identification or status. They have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Placement and programming assignments for transgender and intersex offenders are reassessed at least twice a year. A transgender or intersex inmate’s own views with respect to his own safety shall be given serious consideration. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. Operating procedures address how the information from the Sexual Violence Propensity (SVP) –Intake Screening Tool is used to ensure safety of each offender. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering offenders who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner. Interviews with staff and offenders, a review of documentation and an observation of the intake screening process support the finding that the facility is in compliance with this standard. As an example, the computer system is programmed to not allow housing a Sexual Perpetrator with a Potential Sexual Victim.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: IS RO 02, IS CL 02 and the SVP Scoring Guide
- Completed Pre-Audit Questionnaire submitted by CCF
- IDOC Offender Classification System Manual
- Sexual Violence Propensity Screening Tools and Scoring Guide
- Interview with transgender offender
- Interview with counselor who does intake screening procedure
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.43 Protective custody

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

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

Agency policies IO-HO-05 Administrative Segregation and IO-HO-06 Protective Custody Segregation meet this standard. There was one offender placed in this status who requested protective custody. The CCF has one Special Housing Unit (SHU) which is considered protective custody placement. Policy states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the offender from the abuser. The offenders are reassessed every 7 days after entering the SHU. There were no offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no offenders at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. Staff interviews and a review of documentation confirmed compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: IO-HO-05 Administrative Segregation and IO-HO-06 Protective Custody Segregation
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.51 Inmate reporting

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

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

Policies PREA 01-03 outline the mandates of this standard. A review of documentation and staff/offender interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for offenders and staff to report (to CCF executive staff, IDOC staff or an outside agency) sexual abuse or sexual harassment. The facility does not house offenders detained solely for criminal immigration purposes. The facility has procedures in place for staff to immediately document all allegations when advised, which will result in a full investigation and treatment if needed. These procedures are also explained in the employee handbook. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. The procedures for reporting are clearly stated in the offender handbook. The CCF internal TV channel has PREA information continuously displayed on a daily basis also. Interviews with offenders and staff clearly demonstrate that all are very knowledgeable about the PREA and the variety of methods to report sexual abuse and sexual harassment. Offenders know exactly where the posters are located and how to call the abuse hotline. The auditor inquired if the offenders were provided free access to the telephone and offenders indicated they were provided access at any time they requested.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 01-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with random facility staff and offenders
- Example of message sent to staff reporting sexual abuse and harassment allegation
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Staying Safe brochure, offender handbook and TV bulletin
- Offender educational materials (Offender Handbook; PREA handout; posters, brochures)

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

IDOC Policy IO-OR-06 Offender Grievance Procedures (revised July 2014) covers the elements of this standard. Two grievances were filed in this report period that alleged sexual abuse and they were immediately referred to the Central Office Investigator. Offenders may file a grievance, however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Offenders are not required to use the formal grievance process and procedures, but may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Offenders may file an emergency grievance at any time, which will result in an immediate investigation and may seek assistance from others to prepare and file any grievance. All required response/reporting time limits and relevant PREA issues concerning grievance processing are required by policy. There were no emergency grievances filed alleging substantial risk of imminent sexual abuse involving any PREA related issue during the past 12 months, and none considered to be filed in "bad faith" which resulted in any type of offender discipline. Staff and offender interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policy: IO-OR-06 Offender Grievance Procedures (revised July 2014)
- Completed Pre-Audit Questionnaire submitted by CCF
- CCF Offender Handbook
- Reviewed copy of grievance report and email referring it to Office of Inspector General and Offender Grievance Receipt
- Client Grievance Complaint Form (6.3D.03.2)
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.53 Inmate access to outside confidential support services

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

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

IDOC Policies PREA 01-03 and the Offender Handbook meet the mandates of this standard. There are numerous outside contacts listed as resources for outside confidential support services on the posters, bulletin boards and in the handbook. The information is also posted on the TV channel in the housing units and there are postings for the Ombudsman's office. The facility has a Memorandum of Understanding with a local rape crisis organization, Catholic Charities of Phoenix House, to provide all services compliant with the PREA standards (at no charge to the victim). Facility mental health staff also have been trained to provide counseling and victim advocacy services if needed. Offenders also have access to the IDOC reporting process for PREA violations, to ask for assistance. Offenders are advised of the procedures to seek assistance from outside providers and facility staff and all rules pursuant to the level of confidentiality provided during that communication. Local rape crisis center staff (interviewed by the auditor) provide all needed services to a victim and report a good working relationship with the facility. The Offender Handbook also outlines the process to obtain contact information through the mental health or medical department and/or directly to outside sources. Staff and offender interviews, as well as an examination of documentation, support the facility meeting compliance to this standard. There are several options for communication between offenders and these organizations to be confidential. There are interview rooms in the visiting room, available rooms in the Health Center and areas in the

housing units for confidential discussions.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 01-03
- Completed Pre-Audit Questionnaire submitted by CCF
- CCF Offender Handbook
- Memo of Understanding between Catholic Charities of Phoenix House and CCF and a telephone call with the Program Manager at Catholic Charities of Phoenix House regarding services to victims and the interagency agreement in place
- Observation of posters, list of Crisis Centers and notice to contact Ombudsman observed during tour
- Interviews with random sample of offenders
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.54 Third-party reporting

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

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

IDOC Policies PREA 02-03 and OP MTV 04 meet the mandates of this standard. The IDOC web site at <http://www.doc.state.ia.us/Documents/PREA/ThirdPartyReportingPoster.pdf> and posted notices (at the CCF) assist third parties on how to report allegations of sexual abuse/harassment. Procedures also encourage reporting directly to the CCF executive staff. Notices are also found in the housing units, front entrance and the Visiting Room. Staff and offenders interviewed were aware of the procedures for third-party reporting (which will result in the immediate opening of an investigation).

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03 and OP MTV 04
- Completed Pre-Audit Questionnaire submitted by CCF
- IDOC web site at <http://www.doc.state.ia.us/Documents/PREA/ThirdPartyReportingPoster.pdf>
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.61 Staff and agency reporting duties

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

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

IDOC Policies PREA 01-03 and HSP 628 meet the mandates of this standard. Staff interviewed were well aware of their duty to

immediately report all allegations of sexual abuse, sexual harassment, neglect (which may contribute to a PREA violation) and retaliation relevant to PREA standards. Also, there was one contractor available to interview, and stated he had received PREA training and was well aware of his duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. The policy prohibits staff 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. All information is maintained confidentially and disclosed to others with either a need or right to know. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 01-03 and HSP 628
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interviews with random sample of staff, volunteer and contractor
- Review of examples of initial PREA Incident Reports
- Laminated First Responder Card
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.62 Agency protection duties

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

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

IDOC Policies PREA 02-03 address the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an offender potentially being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the offender. Staff are issued a PREA response guide outlining all actions to be taken (maintained at their work stations laminated First Responder Cards). They also stated they would separate the alleged victim/predator, secure the scene to protect possible evidence, not allow offenders to destroy possible evidence and contact their supervisor and medical staff. In the past 12 months, there was one instance in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with random sample of staff
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Examples of reports on offenders placed in segregation indicating they were not subject to substantial risk of imminent sexual abuse, but rather the suspected perpetrator of sexual abuse.
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Iowa policies PREA 02-03 address the mandates of this standard. Policy requires that any allegation by an offender that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. The PREA Coordinator is also advised. In the past 12 months, the facility received no allegations that an offender was abused while confined at another facility or at the CCF (from another facility). Staff interviews confirm compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.64 Staff first responder duties

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

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

IDOC Policies PREA 01-03 outline the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the offenders, secure the scene, would not allow offenders to destroy any evidence, contact their supervisor and advise medical staff. All staff are issued a PREA first responder guideline for reference. Within the last 12 months, one allegation of sexual abuse resulted in first responder actions where evidence was collected in a crime scene. Staff and offender interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 01-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Laminated first responder card
- Interviews with random staff
- Examples of Administrative Segregation Notices
- Sexual Assault Checklists for Offender on Offender and Staff on Offender PREA incidents
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

IDOC Policies PREA 02-03 outline the mandates of this standard. The policy and a checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators, IDOC and facility administrative staff, in response to an incident of sexual abuse/harassment. The staff responses involving all allegations were found to be in compliance with this standard. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Sexual assault Checklists for Offender and Staff on Offender PREA incidents
- Laminated first responder cards
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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

The collective bargaining agreement between the IDOC and affected unions, effective July 1, 2015, complies with this standard. That agreement does not prohibit the CCF from removing alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Policy, Materials, Interviews and Other Evidence Reviewed

- Collective Bargaining Agreement
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Iowa Policies PREA 02-03 outline the mandates of this standard. The policy prohibits any type of retaliation against any staff or offender who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The PREA Compliance Manager is responsible for monitoring retaliation. When interviewed, the PREA Compliance Manager/Captain stated he follows up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust discipline reports, housing reassignments and negative performance reviews or staff job reassignments. If there was a concern that there was the potential for possible retaliation, the PREA Compliance Manager/Captain indicated he would monitor the situation indefinitely. He keeps a tracking log to ensure all follow-ups are completed in the appropriate time frames. There have been no reported incidents of retaliation in the past 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- PREA Retaliation log
- Interview with Jerry Bartruff (IDOC Director)
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.68 Post-allegation protective custody

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

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

IDOC Policy IO HO 05 meets the mandates of this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of offenders in involuntary segregated housing (SHU). Staff consider separate housing of the victim/predator, to include a possible transfer of the offenders to another facility. In the past 12 months there were no offenders held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: IO HO 05
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.71 Criminal and administrative agency investigations

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

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

IDOC Policies PREA 02-03 address the mandates of this standard. The CCF investigator conducts administrative investigations within the facility and refers criminal investigations to the IDOC Office of Inspector General criminal investigators. All investigators have received the specialized training for conducting sexual abuse investigations as required by PREA standard §115.334. The local district attorney would also be consulted if necessary. There was one criminal referral during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation, and would personally follow-up concerning same. The facility investigators serves as the facility liaison who provides requested information to the outside agency and provides access to the offenders. The investigation reports are kept indefinitely.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa County Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Training records for select staff who have completed the PREA Investigation Training
- Completed investigations and referral to District Attorney was reviewed
- Interview with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.72 Evidentiary standard for administrative investigations

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

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

IDOC Policies PREA 02-03 address the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The reviewed investigations utilized this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC Policies PREA 02-03 cover the mandates of this standard. There were 5 investigations conducted within the past year requiring offender notification per this standard. Documentation of this notification is found in each investigation file. The documentation supports the finding that the facility is in compliance with this standard. One of the alleged victims was interviewed by the auditor, and stated he was advised in writing of the outcome of the investigation. There were zero sexual abuse allegations by an offender against a staff member during this report period. If there was, the staff member is automatically removed from the post when an allegation occurs and is only allowed to work where they will have no contact with the alleged victim until the investigation is completed. The offender is informed (unless the allegation is unfounded) if the staff member is no longer posted within the offender's unit, if the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. They will also notify the alleged offender victim whenever they learn that the offender perpetrator has been indicted on a charge or convicted on a charge related to sexual abuse within the facility. Staff and offender interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-03
- Completed Pre-Audit Questionnaire submitted by CCF
- Reviewed examples of closure letters
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.76 Disciplinary sanctions for staff

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

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

IDOC Policy PREA 02 addresses the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of offenders engaging in sex with staff in the past 12 months, and no staff members were disciplined, terminated or resigned (prior to termination) for violation of agency policy. If an employee resigned prior to the completion of an investigation, the investigation would not be closed. The collective bargaining agreement between the IDOC and unions, dated 7/1/2015, allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an offender. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

IDOC Policies AG GA 13 and AG CI 01 address the mandates of this standard. Policy complies with all required actions concerning contractors and volunteers relevant to this standard. Any violation would result in the removal of a contractor or volunteer from any contact with an offender. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an offender. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: AG GA 13 and AG CI 01
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.78 Disciplinary sanctions for inmates

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

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

Iowa Policies IO RD 03, OP SOP 08 and corresponding local policy address the mandates of this standard. There were zero substantiated administrative findings of offender-on-offender sexual abuse/sexual harassment investigated at the facility during the last year (all unsubstantiated). There have been no investigations of staff and offenders engaging in sex during the past 12 months. There were no criminal findings of guilt for offender sexual abuse within the last year. CCF has a formalized discipline policy applicable to offenders that is followed. Therapy services would be available for victims and abusers at the facility. The local rape crisis center would also provide therapy services for victims. Policy does not allow consensual sex of any nature. Offenders having sexual contact with staff will be disciplined, if it is not consensual. The CCF does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the facility investigator and a review of documentation support the finding that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: IO RD 03, OP SOP 08
- Completed Pre-Audit Questionnaire submitted by CCF
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- CCF Offender Handbook

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Iowa Policies IS RO 01-02; HSF 770B and HSP 628 outline the mandates of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. Screening for any condition relevant to the Prison Rape Elimination Act of 2003 (PREA) through the use of the Sexual Violence Propensity screening form is scanned into the offenders electronic record ICON. If the SVP Intake Screening tool, Modified Mini Screen (MMS) or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual violence, whether it occurred in an institutional setting or in the community, staff offer a follow-up meeting with a medical or mental health practitioner within 14 days of the notification. In the past 12 months, all offenders who disclosed prior victimization and all who have previously perpetrated sexual abuse during screening were offered a follow up meeting with medical or mental health staff. This is documented in their computer offender data base, ICON. In the past 12 months 6.9% of the offenders disclosed prior victimization, 2% disclosed prior sexual abuse perpetration and 100% of those were offered a follow-up meeting with a medical or mental health practitioner. Individual counseling services are offered to sexual perpetrators. Treatment services are offered without financial cost to the offender (victims and abusers). The CCP utilizes a tracking log to monitor all inmates having a history of sexual abuse or being a sexual perpetrator. All information is handled confidentially, and interviews with staff and offenders support a finding that the facility is in compliance with this standard. Medical and mental health practitioners obtain informed consent from offenders before reporting information about sexual victimization that did not occur in an institutional setting.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: IS RO 01-02, HSF 770B and HSP 628
- Completed Pre-Audit Questionnaire submitted by CCF
- Sexual Violence Propensity screening procedure reviewed and Modified Mini Screen
- Interviews with screening staff and medical staff
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.82 Access to emergency medical and mental health services

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

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

IDOC Policies PREA 02-03 and HSP 628 address the mandates of this standard. All victims are transported to Clarinda Regional Health Center where a qualified medical practitioner performs a forensic medical exam because the CCF does not have SAFE/ SANE nurses available. They would provide required prophylaxis, and gather forensic evidence. They are working on getting a Memo of Understanding with a hospital that does have SAFE/SANE nurses available. Information concerning sexually transmitted diseases, other relevant issues and access to care is offered to all offender victims, as clinically indicated. The treatment is offered at no financial cost to the offender. When mental health determines that follow up services are warranted relative to a sexual assault, referrals will be made in accordance with recommendations. The Catholic Charities of Phoenix House Rape Crisis program is also notified and offers follow-up services to offender victims. All emergency decisions and care would be fully documented. There was one offender needing this type of treatment during this

rating period. Interviews with staff, the Nursing Supervisor and an alleged offender victim support a finding that the facility is in compliance with this standard.

- Iowa Department of Corrections Policies: PREA 02-03 and HSP 628
- Completed Pre-Audit Questionnaire submitted by CCF
- ICIW Offender Handbook
- Interview with an alleged offender victim
- Interview with Nursing Supervisor
- Memo of Understanding between Catholic Charities of Phoenix House and CCF and a telephone call with Program Manager at Catholic Charities of Phoenix House regarding services to victims and the interagency agreement in place.
- Interview with Psychologist
- Interviews with Robin Bagby (PREA Coordinator) and Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

IDOC Policies OP SOP 08 and HSP 628 outline the mandates of this standard. CCF staff offer ongoing medical and mental health evaluations and as appropriate, treatment to all offenders, who have been abusers or victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the offender. When identified, offender abusers are evaluated and treatment is offered as indicated. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard. Victims would be offered tests for sexually transmitted diseases. In addition the facility offers individual counseling and trauma programs for the victims.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: OP SOP 08 and HSP 628
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Nursing Supervisor and Psychologist
- Memo of Understanding between Catholic Charities of Phoenix House and CCF and a telephone call with Program Manager at Catholic Charities of Phoenix House regarding services to victims and the interagency agreement in place.
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy PREA 04 meets this standard. Committee members shall consist of, but are not limited to, a representative of the following departments: Warden or designee, Agency PREA Coordinator (if a substantiated case), Facility PREA Compliance Manager, Unit Manager, and Shift Supervisor involved, Investigator, Mental Health and/or Medical Services involved in the situation. All staff involved is consulted prior to the actual review for their input. All incident reviews are completed within 30 days of the case being closed. Examples of incident reviews were provided for review. Suggestions made at the incident review meetings have been implemented.

IDOC Policies PREA 02-03 outline the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/sexual harassment (within 30 days). Four criminal and/or administrative investigations of alleged sexual abuse, excluding “unfounded” incidents were investigated within the last year. The facility investigator was interviewed and found to be very knowledgeable concerning his duties and responsibilities, and he provides information to the incident review team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, other status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. A sexual abuse incident review reporting form is completed as required. Interviews with staff and a review of documentation support a finding that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policies: PREA 02-04
- Completed Pre-Audit Questionnaire submitted by CCF
- Examples of Incident Reviews completed in the past year
- Interviews with Warden Sheryl Dahm and Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.87 Data collection

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

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

This is covered in Agency policy PREA-04. The IDOC publishes an annual report regarding PREA-related incidents and, where necessary, plans to improve the Department's prevention, detection and response efforts. The Department reviews all sexual abuse/assault incidents to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required. The facility collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument and definitions. The agency tracks information concerning sexual abuse utilizing investigative data. The data collected includes the information necessary to answer all questions needed to complete the most recent version of the Survey of Sexual Violence, conducted by the Federal Department of Justice. The agency aggregates and reviews all data annually (including data provided from contractors). The CCF provides the required information to the PREA Coordinator, who prepares the required reports.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policy: PREA-04
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Robin Bagby (PREA Coordinator)
- Interview with Steve Slough (PREA Compliance Manager/Investigator/Captain)
- Interview with Jerry Bartruff (IDOC Director)

Standard 115.88 Data review for corrective action

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

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

The CCF and IDOC staff review and assess all sexual abuse/sexual harassment data at least annually, to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any trends, issues or problematic areas and take corrective action if needed. The facility PREA Manager provides data to the PREA Coordinator, which is forwarded to the Director. An annual report is prepared and placed on the IDOC web site (with disclosable information). The Annual Report was reviewed by the auditor.

Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Robin Bagby (PREA Coordinator)
- Interview with Jerry Bartruff (IDOC Director)
- IDOC annual PREA aggregated data report for calendar year 2015 posted on the agency website at <http://www.doc.state.ia.us/UploadedDocument/533>

Standard 115.89 Data storage, publication, and destruction

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

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

Policy PREA 04 outlines the mandates of this standard. The PREA Coordinator reviews data compiled by the CCF PREA Manager and issues a report to the IDOC Director (for approval) on an annual basis. The data is retained in a secure file and published on the IDOC web site (that which is disclosable). The report covers all data required by this standard, and is retained at least ten years. State law requires the IDOC to keep employee files indefinitely. Records are kept in the Inspector General’s office at the Central Office and securely stored.

Policy, Materials, Interviews and Other Evidence Reviewed

- Iowa Department of Corrections Policy: PREA 04
- Completed Pre-Audit Questionnaire submitted by CCF
- Interview with Robin Bagby (PREA Coordinator)
- Interview with Jerry Bartruff (IDOC Director)
- IDOC annual PREA aggregated data report for calendar year 2015 posted on the agency website at : <http://www.doc.state.ia.us/UploadedDocument/533>

AUDITOR CERTIFICATION

I certify that:

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

Diane Lee_____

5/18/16_____

Auditor Signature

Date