

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: North Central Correctional Facility	
Physical Address: 313 Lanedale, Rockwell City, IA 50579	
Date report submitted: August 18, 2014	
Auditor Information	
Address: 2728 Plaza Drive, Jefferson City, MO 65109	
E-Mail: Vevia Sturm@doc.mo.gov	
Telephone number: 573-522-3335	
Date of facility visit: July 16 th – 18 th , 2014	
Facility Information	
Facility mailing address: (if different from above) Same	
Telephone number: 712-297-7521	
The facility is:	
<input type="checkbox"/> Military	<input type="checkbox"/> County
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> State
Facility Type: <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Kathy Weiss	Title: Nursing Services Director
E-Mail Address: Kathy.Weiss@iowa.gov	Phone Number: 712-297-7521
Agency Information	
Name of agency: Iowa Department of Corrections	
Governing authority or parent agency: (if applicable)	
Physical address: 510 E. 12 th Street, Jessie Parker Building, Des Moines, IA 50319	
Mailing address: (if different from above) Same	
Telephone Number: 515-725-5704	
Agency Chief Executive Officer	
Name: John Baldwin	Title: Director
E-Mail Address: John.Baldwin@iowa.gov	Telephone Number: 515-725-5704
Agency-Wide PREA Coordinator	
Name: Jean Schlichtemeier	Title: Director of Division of Investigative Services
E-Mail Address: Jean.Schlichtemeier@iowa.gov	Telephone Number: 515-725-5704

AUDIT FINDINGS

NARRATIVE:

A PREA audit was conducted at North Central Correctional Facility (NCCF) by Vevia Sturm, lead auditor and Alana Boyles, associate auditor. NCCF posted notification throughout the facility on June 4, 2014. The onsite audit was held July 16th through 12:00PM on Friday July 18, 2014.

The Notice of Audit, which informed staff and offenders of the scheduled audit and provided an address to write, was posted throughout the facility on June 4, 2014. The auditing team received no correspondence from staff or offenders prior to the onsite audit. Prior to the onsite audit, the auditing team selected staff and offenders to be interviewed at random from rosters provided by the facility. The names of the selected staff and offenders were provided to the facility on July 9, 2014 in a detailed itinerary.

The entrance meeting was held on July 16th which included Warden Cornell Smith; Kathy Weiss, PREA Compliance Manger; Jean Schlichtemeier, PREA Coordinator as well as IDOC central office and facility administrators. Introductions were made; Warden Smith provided a brief overview of the facility and facility grounds and the auditing team provided a brief overview of the auditing process.

Following the entrance meeting Auditor Boyles, was given a very thorough tour of the facility while Ms. Sturm interviewed Director John Baldwin and Warden Smith prior to beginning the onsite documentation review. All relevant policies, procedures and reports were reviewed to include supporting documentation from the previous twelve month period. The auditing team conducted staff and offender interviews on July 16th and 17th with a total of 15 offenders being interviewed, 10 random staff and 36 specialized staff.

The onsite audit concluded on July 18th with a conference call with PREA Coordinator Jean Schlichtemeier and Director Baldwin followed by a meeting with Warden Smith, Ms. Weiss, and other facility administrative staff.

DESCRIPTION OF FACILITY CHARACTERISTICS

North Central Correctional Facility is a 502 bed minimum security all male facility located in Rockwell City, IA, a rural community of approximately 1500 residents. The facility has 98 full time staff which includes 50 security staff. The average length of stay at NCCF is 8 months. The facility sits on 35 acres and farms approximately 2.5 acres within the facility grounds. The grounds outside the perimeter are also farmed in cooperation with the Department of Natural Resources. The facility offers many vocational opportunities to the offender population as they are preparing for release. Approximately 40% of the offender population works in the community. Warden Cornell Smith as held his position as Warden of NCCF for approximately 4 years.

SUMMARY OF AUDIT FINDINGS:

The interim report was forwarded to Warden Smith, Ms. Weiss, Ms. Schlichtemeier and Director Baldwin on August 22, 2014, which showed NCCF exceeded 3 standards, was in compliance with 29 and did not meet 11 standards.

During the 180 day corrective action period IDOC and NCCF revised both policy and practice to come into compliance with standards. In addition, NCCF provided the auditing team with sufficient documentation to demonstrate substantial compliance.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard

The Iowa Department of Corrections (IDOC) has an agency level PREA Coordinator that reports to the Director and North Central Correctional Facility (NCCF) has a facility level PREA Compliance Manager. IDOC has four [4] PREA policies: PREA 01, Offender PREA Information; PREA 02 Staff and Contractor or Volunteer Sexual Misconduct, Harassment, Retaliation with Offenders; PREA 03 Staff Response to Offender on Offender Sexual Violence or Retaliation; and PREA 04 PREA Compliance. NCCF has added operating procedure throughout the policies.

All PREA policies clearly mandate zero tolerance toward all forms of offender sexual abuse and harassment.

IDOC is utilizing a personalized version of the definitions from the Bureau of Justice’s Survey of Sexual Violence Survey and not the definitions mandated by 28 CFR Part 115.6. IDOC policies do not capture the minor yet significant changes made in the definitions of sexual abuse and harassment noted in the finalized 28 CFR Part 115.6 such as “contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire”. “Kissing” is included in the definition of “intimacy” in PREA 02 however; it is not addressed in the procedure.

Corrective Action Taken:
After much discussion with IDOC, the audit team will find the agency in substantial compliance with this standard since it appears that IDOC’s definitions include the elements mandated by 28 CFR Part 115.6. **While IDOC defines “intimacy” in policy it is recommended that “intimacy” addressed in the body of the policy to give clear direction as to whether this type of behavior would be considered sexual abuse.**

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF OFFENDERS
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard

IDOC does not contract with outside agencies for the confinement of offenders.

115.13	SUPERVISION AND MONITORING
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Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard

NCCF has a staffing plan in which custody supervisors are continuously roving the facility and varying their routines so unannounced security checks are very effective. There are approximately a dozen cameras throughout the facility that enhance the facilities safety and security.

AD-PR-03, IV, D. 3. Review of Staff Requirements shows the facility shall assess, determine and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems and resources the facility has available to commit to ensure adherence to the staffing plan.

NCCF's procedure, which has been added to the above policy, shows the process to be used to evaluate the facility's staffing needs. However, there is a disconnect between the facility's procedure for evaluating staffing and the agency's policy to assess and document staffing needs as it relates to offender sexual abuse and harassment. The Warden could not provide documentation verifying that the prevention of offender sexual abuse and harassment was considered when evaluating staffing.

Corrective Action Taken:

After further discussion with Warden Smith and Ms. Weiss, the auditing team determined that with the additional documentation showing that the PREA Coordinator was involved with the review of the staffing plan, NCCF would be in compliance with this standard. The FTEs allotted to NCCF is dictated by the state budget and the state legislature however the deployment of the FTEs is reviewed and monitored by NCCF on an annual basis. NCCF makes its best effort to comply with the staffing plan.

115.14	YOUTHFUL OFFENDERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
IDOC defines youthful offenders as offenders under the age of criminal majority, (18 years of age). Policy also states that NCCF does not house youthful offenders.	

115.15	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Staff and offenders were aware offenders cannot be searched to determine gender identity. Cameras within NCCF were positioned in a manner that would not create a cross gender viewing issue. PREA posters are readily available for offenders to view within the housing units. Offenders were aware that cross gender staff were working within the facility but report they have the ability to change, shower and complete bodily functions without being viewed by a cross gender staff member. Policy for the IDOC and NCCF state that cross gender strip searches are prohibited. Staff and	

offenders report female staff could pat search, but not strip search. The facility documents all strips searches.

At the time of the audit, cross gender announcements are made twice per day via an intercom system.

Corrective Action Taken:

NCCF is installing a buzzer system in all housing units to alert offenders when a staff person of the opposite gender enters the living unit. NCCF provided the auditing team with documentation showing the buzzer system was ordered well before the completion of the corrective action period. However, after receipt of the units they did not work and the system has now been reordered. NCCF did provide the auditing team with photographs showing all housing units have been wired for this new system.

The buzzer system will have a distinct buzzers sound and flashing light and will not be used for any other purpose other than to announce the presence of a person of the opposite gender entering the living unit.

Notifications have been posted in the housing units to educate the offender about the new system. Offenders are also notified of the system during orientation.

On December 4, a directive was sent out to staff notifying them of the new system, how and when to use the buzzer and how use of the buzzer will be documented. NCCF procedures have also been updated to include the use of the buzzer system.

The auditing team felt NCCF provided sufficient documentation to demonstrate their intent for compliance within the next 30 days.

115.16

OFFENDERS WITH DISABILITIES AND OFFENDERS 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 comments, including corrective actions needed if does not meet standard

NCCF has a variety of PREA educational materials readily available for offenders in both English and Spanish. There were no educational material available for deaf/hear of hearing or visually impaired offenders.

IDOC policy IS-RO-02 Offender Intake and Orientation D. 6 shows offender interpreters, readers and other offender assistants *shall not* be used except in limited circumstances where an extended delay in obtaining an interpreter could compromise the offender's safety, the performance of first responder duties or the investigation of the offender's allegation. NCCF's procedure, which is imbedded in the policy, contradicts the above by showing offender interpreters assist with orientation.

NCCF provided documentation of a contracted interpreter service available for use.

Corrective Action Taken:

IS RO 02, Offender Intake and Orientation procedure, was revised to indicate that offender interpreters could only be utilized for orientation and general information. NCCF provides PREA policy and handouts in both English and Spanish and staff assistance is provided on an as needed basis for deaf/hard of hearing or visually impaired offenders. A translator service was also added. NCCF did not have an offender with such impairments during the corrective action period.

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 comments, including corrective actions needed if does not meet standard

The application for employment has a disclaimer asking the applicant if they had previously had any sexual harassment or sexual abuse issues. Background checks are completed prior to employment as well as every five years on current employees as evidenced through file review.

AD-PR-05 Employee Selection shows facilities should conduct past employment checks for applicants that have previously worked in a prison, jail, community confinement facility, juvenile facility or lock up. In addition, NCCF's policy and practice clearly show they do not enlist the services of contractors or volunteers who have engaged in sexual abuse in a confinement facility. However, policy and practice fails to include the broader definition of "institution" as mandated by 28 CFR 115 and defined by the Civil Rights of Institutionalized Person Act (CRIPA) which defines "institution" as a state facilities for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care.

AD-PR -05 IV. A. 2. b. only requires "A past-employment check with at least one previous employer." 28 CFR 115.17 (2) is very clear in that facilities shall "make its best efforts to contact *all* prior institutional employers." It should be noted that "institutional" is referring to the broader definition outlined above.

Of the hiring packets reviewed, only half of the files contained documentation that a reference check with previous employers had been conducted.

Corrective Action Taken:

AD PR 05 Employee Selection was revised to include the definition of "institution" as defined by the Civil Rights of Institutionalized Person Act and language was added that directs staff to conduct past-employment check with "all previous institutional employers and document said checks." All applicants that are selected for an interview completes IDOC "Authority for Release of Information" which asks applicants about past history of sexual misconduct. NCCF provided documentation of practice showing compliance.

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The facility has a minimal number of cameras throughout. The camera views are all general areas and not an issue with cross gender viewing. It was discussed that there is a desire for additional cameras, but thus far has been cost prohibitive.	

115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NCCF has had no allegations of sexual abuse within the last twelve months which would require a forensic exam or evidence collection. Should the need arise for a forensic exam; the victim would be transported to Unity Point Health Corporation. NCCF has a Memorandum of Understanding with Unity Point Hospital to provide SANE/SAFE services and the Centers Against Abuse & Sexual Assault (CAASA) for Advocacy services. NCCF also has several counselors who are advocacy trained. IDOC's policy states forensic medical exams will be provided to the offender at no cost. During interviews, staff was clear that the forensic exam and follow up services would be at no cost to the offender. While it is evident that advocacy services are available for victims and there was a clear protocol used for obtaining advocacy services if the victim is transported to the hospital for a forensic exam, however, when a forensic exam is not indicated, it was unclear as to who would discuss the availability of advocacy with the offender. In addition, NCCF did not have a standard practice of documenting advocacy services were offered.</p> <p>IDOC/NCCF has an evidence protocol outlined in policy, however, policy and supporting documents conflict with information gained during interviews. The sexual assault checklists [staff-on-offender and offender-on-offender sexual assaults and PREA-03 F. 14 shows the crime scene would be secured if the alleged assault happened within 24 hours. However, Investigative staff reported if there was a crime scene, it would be secured and there was no specific timeframe. There is a conflict between policy and practice. It is the opinion of this auditor while there may not be viable biological evidence after 24 hours, physical evidence may still exist. Due to the likelihood that viable physical evidence can be obtain from a crime scene after 24 hours, the audit team recommends that the 24 hour timeframe noted in policy and the sexual assault checklists be removed.</p> <p>IDOC/NCCF does not have documentation showing they requested outside law enforcement to follow the requirements in 28 CFR 115.22. The PREA Coordinator reported local law enforcement does not investigate within IDOC facilities however, there are several policies that are in conflict this statement, such as PREA-02 and PREA-03 which show "If IDOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender." Also, PREA-04 shows "when outside agencies investigate sexual violence, IDOC shall cooperate with outside investigators..."</p>	

Corrective Action Taken:

NCCF procedure was revised to show that health services staff will contact NCCF's psychologist at the time of the incident. NCCF's psychologist is a trained victim advocate who will provide advocacy services onsite. If the alleged abuse requires a forensic exam, health services will notify Centers Against Abuse and Sexual Assault Center (CAASA) which NCCF's has an MOU, to provide advocacy services at the hospital. The Nursing Services Director will track all advocacy services a tracking form.

Regarding the request to follow PREA standards for outside law enforcement, IDOC's PREA Coordinator insists that local law enforcement would never conduct a PREA investigation within an institution however, as stated above, policy appear to contradict this. Since NCCF has had no instances where outside law enforcement has investigated within their facility, the audit team will find the facility in substantial compliance with this standard. **The audit team recommends that IDOC revise policy to coincide with IDOC practice.**

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
IDOC has policy outlining the investigative process. All PREA allegations are forwarded to the Division of Investigative Services [DIS] for review and assignment to an investigation. Based on the allegation, the investigation is assigned to the local investigator housed at NCCF, a DIS investigator or the investigation may be a joint effort.	
115.31	EMPLOYEE TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
It is evident that NCCF has invested in training their staff which includes Pre-Service Training, on-site training and e-learning. All training is documented. During interviews staff was able to verbalize how to deal with PREA issues, what to look for in victim's behavior, etc. The facility has not had many PREA issues, but staff did a good job explaining what they should do should an incident occur.	
28 CFR 115.31 (10 b) mandates employees reassigned from facilities housing the opposite gender receive additional training. IDOC policy AD-TS-05 In-Service Training, quotes the standard, however, the only gender specific training offered is cross gender searches training. NCCF has no staff at this time that transferred from a female facility.	
The auditing team recommends that gender specific training be developed to have available should an employee transfer to NCCF from a female facility.	

115.32	VOLUNTEER AND CONTRACTOR TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Volunteers/Contractors have received appropriate PREA training. In speaking with Volunteers/Contractors, they knew what to do in the event of a PREA allegation. Training was documented.	

115.33	OFFENDER EDUCATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard NCCF utilizes several methods to ensure offenders are educated about offender sexual abuse and reporting. Upon arrival at the facility offenders receive a packet that contains PREA information. During the comprehensive orientation, offenders are provided a PREA brochure and watch a PREA video. At the completion of the video, the offenders complete a quiz to ensure understanding. Posters are available throughout the facility in both English and Spanish. A transcript of the video is available for deaf/hard of hearing offenders. While interviewing offenders, it was clear they understood PREA and how to report. The offender reported they feel safe to report things to the staff at NCCF. Materials are only available in English and Spanish and no educational material available for the visually impaired. Corrective Action Taken: NCCF provides PREA policy and handouts in both English and Spanish and staff assistance is provided on an as needed basis for deaf/hard of hearing or visually impaired offenders. NCCF did not have an offender with such impairments during the corrective action period.	

115.34	SPECIALIZED TRAINING: INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Investigators who conduct offender sexual abuse investigation received the Specialized Investigator Training developed by the Moss Group. Training records and certificates were provided.	

115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NCCF has six nurses and three psychologists on staff. IDOC policy states medical and mental health staff will receive PREA specialized training. Training records of medical and mental health staff were provided and show all staff received training. NCCF has a Memorandum of Understanding with Unity Point Hospital in Ft. Dodge, IA for SANE/SAFE Services.</p>	

115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>IDOC/NCCF has a risk assessment entitled the Sexual Violence Propensity (SVP) Assessment. The SVP assessment includes the necessary information/questions from 28 CFR 115.41 a. Staff completes the SVP assessment <i>prior</i> to an offender transfer to a new facility, within 21 days <i>after</i> the offender arrives at the new facility, annually and when warranted. Staff interviewed stated they often have an offender’s SVP assessments completed within a week to 10 days after the offender’s arrival.</p> <p>IS-RO-02 Offender Intake and Orientation shows the NCCF psychologist completes a modified mini screening that includes identification of potential victims of sexual assault and potential sexual predators upon intake. This mini assessment does not include the necessary information/questions from the 28 CFR 115.41 a. Per the 28 CFR 115.41 and the guidance issued by the Department of Justice, offenders much be assessed using the risk factors noted in the standard within 72 hours of their arrival at the new facility and again within 30 days.</p> <p>Both policy and the SVP handbook state offenders will not be disciplined for refusing to answer any questions or participate in the Assessment process. This was corroborated by offender interviews.</p> <p>IS-RO-02 Offender Intake and Orientation shows the “Institution shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this policy in order to ensure the sensitive information is not exploited to the offender’s detriment by staff or other offenders [sic]”. During review of the system in which the SVP assessment is completed, it was determined that the responses to the SVP assessment are available to all staff. During the corrective action period it was learned that only staff who conduct the assessments and their supervisors have access to the answers to the questions on the assessment. All other staff that has access to the online offender records system is allowed to see only the resulting housing code.</p> <p>Corrective Action Taken: NCCF revised IS-RO-02 Offender Intake and Orientation procedure which now directs staff to assess</p>	

offenders within 72 hours of intake at NCCF. NCCF provided documentation of the 72 hours assessment. NCCF is in compliance with this standard however, the audit team recommends IDOC revise policy and practice across the state to come into compliance with this standard.

115.42 USE OF SCREENING INFORMATION

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard

IS-RO-01 Offender Admission Procedures shows the SVP assessment will be used to inform housing, bed, work, education and program assignments.

The SVP score is available for all staff to see in the electronic file system and is utilized to determine offender housing at NCCF. Offender education and programming are directly supervised by staff. The SVP assessment score is not utilized for work assignments where supervision is only provided by random staff checks. To date, NCCF has not had a transgender or intersex offender however, staff verbalized they would accommodate offenders needs to include taking in consideration the offenders own view of vulnerability.

Corrective Action Taken:

IDOC's offender management system i.e. ICON contains a Work Assignment screen that shows the offenders Sexual Violence Propensity (SVP) status. Warden Smith provided documentation showing he has directive work supervisors to utilize the offenders' SVP status when making assignments to work crews or detail to avoid placing an offender with a VP (victim potential) or VI (victim incarcerated) in high risk situations .

115.43 PROTECTIVE CUSTODY

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard

NCCF has placed no offenders in administrative segregation/non voluntary protective custody due to high risk of victimization in the last 12 months. IO-HO-06 Protective Custody Segregation shows offenders will not be placed in Segregation status unless there are no alternate means of housing. Policy for the Segregation Unit allows for offenders to be out of the cell for 1 hour per day where they may use the phone, walk in the day room, acquire books from the library, etc. Policy for the Segregation Unit allows for offenders to request in writing permission to obtain educational materials, but they are not released to attend any classes or programming or work. Offenders in segregation are reviewed weekly while in segregation. Programming or work withheld due to Segregation status is not noted on hearing forms.

The Auditing Team recommends that IDOC develop a protocol for documenting the opportunities that

were limited due to placement in involuntary segregation; duration of the limitation and the reason for the limitation. If the offender remains in involuntary segregated housing for 30 days the facility should document the basis for the facility's concern for the offender's continued safety and the reason no alternative means of separation can be arranged.

115.51	OFFENDER REPORTING
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NCCF provides several ways for staff to report offender sexual abuse which includes reporting verbally or in writing to staff; using the offender e-mail system or contacting the Division of Investigative Services. The Ombudsman Office, which is not a part of IDOC, will accept reports of offender sexual abuse and forward to IDOC. Options for reporting are listed on the PREA brochure and the Orientation Guide given to offenders upon arrival. Policy states the institution shall provide a method for staff to privately report sexual violence against offenders. Offenders who were randomly interviewed during both the formal interview process and during the tour knew they had several options to report sexual abuse or harassment. IDOC policy shows it is mandatory for staff to report any knowledge of any allegation and incidents of sexual violence, retaliation, staff neglect or violation of duty that may have contributed to an incident to their supervisor.</p>	

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	OFFENDER R
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)		
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)		
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard		
<p>IDOC/NCCF has policy that states "Allegations of offender on offender sexual abuse or sexual assault or staff, contractor or volunteer sexual harassment of an offender are not grievable."</p>		

115.53	OFFENDER ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	OFFENDER R
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)		
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)		
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard		
<p>NCCF has a Memorandum of Understanding (MOU) with the Centers Against Abuse & Sexual Assault (CASSA) for Advocacy services; however, the MOU is specifically for NCCF medical staff to request an advocate be available at the hospital and does not provide a phone number for the offenders to</p>		

access outside support services.

Offenders can email the Crisis Centers in Iowa via the offender email system. The offender email system is monitored.

Offenders who were interviewed stated they assumed that since the mail was read and phone calls were listened to, it applied to advocacy services as well. Staff stated that if they had an incident in which an offender needed an advocate, arrangements would be made to provide for appropriate confidentiality.

115.54	THIRD-PARY REPORTING
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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 comments, including corrective actions needed if does not meet standard

Third party reporting information is provided to the public via the IDOC's website.

115.61	STAFF AND AGENCY REPORTING DUTIES
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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 comments, including corrective actions needed if does not meet standard

IDOC and NCCF have policy that shows staff are to report immediately any knowledge, suspicion or information regarding any possible incident of sexual abuse or harassment. Staff, including medical and mental health staff, was aware of their mandated reporter status and could clearly state how to report.

115.62	AGENCY PROTECTION DUTIES
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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 comments, including corrective actions needed if does not meet standard

IDOC and NCCF have policy that requires they take action as the result of a third party report. Staff appeared to understand the expectation and verbalized that quick action would be taken to protect the offender. This has not happened at this point at NCCF.

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>IDOC and NCCF have policy outlining actions to be taken upon receiving an allegation of sexual abuse that occurred to the offender while confined at another facility. Policy shows the Warden/designee that receives the report shall notify the Warden of the appropriate facility and the Division of Investigative Services and all notification shall be made within 72 hours. Staff reported such as issue would be taken seriously and information passed as quickly as possible. In the last 12 months, NCCF has not had an offender transferred to them that has reported being sexual abuse or harassed while confined at another facility.</p>	

115.64	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>IDOC and NCCF have policy outlining first responder duties. Policy states the alleged victim and perpetrator will be separated, evidence will be protected and collected. In interviewing staff, there is a clear understanding of what to do to protect evidence. Staff was able to discuss how they would pass the information to a supervisor, while protecting any evidence and the victim. NCCF has had not allegations of offender sexual abuse in the last 12 months.</p>	

115.65	COORDINATED RESPONSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NCCF has created a checklist that outlines the protocol for notifications and coordinates the activities of staff following an allegation of offender sexual abuse and harassment which will be included in each investigative file.</p>	

115.66	PRESERVATION OF ABILITY TO PROTECT OFFENDERS FROM CONTACT WITH ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NCCF provided both the AFSCME labor contract (2013) and the Counselor Labor Contact (2013) both of which do not appear to have language preventing the facility from removing alleged staff sexual abusers from contact with offenders pending the outcome of an investigation.</p>	

115.67	AGENCY PROTECTION AGAINST RETALIATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>PREA -04 quotes the language from the 28 CFR 115.67 which mandates retaliation monitoring for all staff or offenders who report offender sexual abuse or harassment, cooperates with an investigation and alleged victims unless the investigation is unfounded. The policy shows "The institution shall develop procedures to implement the protection against retaliation requirements and shall document all measures taken and monitoring checks". NCCF does not have a written plan. NCCF has a staff person assigned to conduct retaliation monitoring. The staff person documents status checks on a log. The staff person reports they monitor victims for 67 days with the first status check occurring approximately 7 days after the event is reported, and then every 30 days for a total of 67 days. She stated if a staff reports offender sexual abuse she would refer the staff person to Employee Assistance Program but would not continue to monitor for the 90 days. Witnesses are asked about fear of retaliation by the investigator at close of the interview. NCCF shows develop a procedure as outlined in PREA-04 which includes documentation of monitoring of staff or offenders who report sexual abuse, participate in an investigation and victims. Monitoring should be conduct on all offender sexual abuse and harassment allegations but can terminate if the investigation is unfounded.</p> <p>Corrective Action Taken: NCCF developed a retaliation monitoring procedure that meets the standard. The procedure indicates the Nursing Services Director is responsible for monitoring offenders for retaliation and supervisors are responsible for monitoring staff for retaliation. All retaliation monitoring activities will be tracked by the Nursing Services Director on the PREA Retaliation Tracking form. NCCF has had no PREA allegation that would require retaliation monitoring during the corrective action period.</p>	

115.68	POST-ALLEGATION PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

IDOC has policy outlining that "Any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject of the requirements of 115.42" in IO-HO-05(NCCF). During interviews, staff was clear in their understanding that segregation was a last resort and it was likely that an alleged perpetrator would be transferred to provide lease resistive housing.

115.71 CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard

IDOC conduct its own investigations both administrative and criminal. All staff that conducts investigations related to an alleged PREA allegation has received Specialized Investigator Training. Policy mandates that allegations of offender sexual abuse be investigated including third party and anonymous. Investigators articulated how DNA and circumstantial evidence is collected. Staff on offender sexual abuse is a misdemeanor in IA therefore is not forwarded to the PA however, investigators articulated that when there is a criminal act and the evidence obtained during an investigation shows beyond a reasonable doubt the case would be forwarded to the prosecuting attorney. At this time, a case of offender sexual abuse has not been prosecuted in IA. Investigators reported they do not attach creditability to anyone, but look at the situation as a whole and the evidenced garnered. Administrative investigations are assigned to institutional investigators.

115.72 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard

IDOC policy states that the department shall not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual violence are substantiated. Investigators confirmed this during interviews.

115.73 REPORTING TO OFFENDERS

Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard

PREA-02 and PREA-03 show the *investigator* will notify the victim of the outcome of the investigation. The policy continues to show the *institution* shall provide the offender with follow up notifications on substantiated investigations as outlined in 28 CFR 115.73 c and d. The example submitted by NCCF did not inform the victim of the findings but stated the investigation was complete and the warden

had been advised. During file review, the auditor reviewed a notification that did inform the offender of the findings. During interviews it was established the investigator is responsible for initial notification regarding the outcome of the case as outlined in IDOC policy, however, there was no documentation of follow up notifications as required by 115.73 and IDOC policy. Staff interviews and follow up correspondence confirmed, offenders do not receive follow up notifications.

Corrective Action Taken:

IDOC revised policy to show offenders will be notified of the findings following a substantiated or unsubstantiated investigation. NCCF provided documentation showing offenders were notified following the completion of an investigation. NCCF has had not had an investigation that required follow-up notifications.

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 comments, including corrective actions needed if does not meet standard

IDOC policy shows staff, contractors or volunteers are subject to ensuring that their conduct does not constitute or promote sexual misconduct and they are subject to discipline that may include termination as a result of violating policy. Staff who were interviewed appeared to know and understand they could have their employment terminated for violating policy regarding sexual abuse and sexual harassment.

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 comments, including corrective actions needed if does not meet standard

IDOC policy shows volunteers who are found to have engaged in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with offenders and shall be reported to law enforcement, when applicable and/or relevant licensing bodies. Contractors and volunteers interviewed knew consequences for sexual misconduct.

115.78 DISCIPLINARY SANCTIONS FOR OFFENDERS

- 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 comments, including corrective actions needed if does not meet standard

IDOC/NCCF policy shows offenders who are found to have engaged in offender on offender sexual abuse are subject to disciplinary action via the Major Discipline Report policy. Policy prohibits offender on offender consensual behavior as well as offender and staff consensual behavior. Policy also requires the investigator to obtain a statement from a mental health professional as to the offender's responsibility for his conduct as stated in the report and said information is taken into account. Mental Health staff reported he provides input prior to the hearing of all major discipline reports.

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Staff at NCCF utilizes the information obtained through assessments to assist offenders in receiving medical and/or mental health services. Offenders are referred to medical and/or mental health staff when necessary and based on interviews with staff, offenders are quickly seen. Medical and mental health units do not maintain secondary logs for the viewing of non-medical staff. "Psychological Encounter" does not document when the referral to mental health was received to determine if the offender was assessed within the 14 day window or if the offender was offered a referral due to his SVP assessment. The audit team recommends that IDOC develop and maintain a simple secondary log in both medical and mental health units. The log should be used to document encounters with offenders due to a PREA Assessment or PREA allegation.</p>	

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>IDOC has policy outlining that offender victims shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, crisis intervention services along with medical and mental health services without cost. NCCF has an MOU with the Centers Against Abuse & Sexual Assault, Unity Point outlining roles and responsibilities as well as a MOU with the Family Crisis Center in Sioux City, Iowa for victim advocacy. Interviews reflect that staff knows what to do to provide these services.</p>	

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> 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 comments, including corrective actions needed if does not meet standard

IDOC/NCCF has policy that states victims of offender sexual abuse shall receive ongoing medical and mental health services. NCCF has a MOU with the Centers Against Abuse & Sexual Assault, Unity Point Health outlining responsibilities as well as a MOU with the Family Crisis Center in Sioux City, Iowa for victim advocacy. Policy and practice shows NCCF's mental health assesses known offender on offender perpetrators within 60 days of learning of the abuse. NCCF has a designated staff person to assist offenders with reentry planning. This person would assist the offender in obtaining follow-up care in the community prior to release, if needed.

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 comments, including corrective actions needed if does not meet standard

IDOC has policy outlining who should participate in incident reviews and what should be reviewed by the team. It is unclear if staff at NCCF actually meets as a group to review incidents. However, NCCF now has an incident review document and understands they must review all substantiated and unsubstantiated incident involving offender sexual abuse and the review should be documented.

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 comments, including corrective actions needed if does not meet standard

IDOC has policy stating the Division of Investigative Services is responsible for annual data collection. The data is forwarded to the Department of Justice no later than June 30 each year. NCCF data shows the facility had 3 allegations of offender sexual abuse and harassment in calendar year 2013. Data is also posted on the IDOC's website.

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 comments, including corrective actions needed if does not meet standard

IDOC policy shows the Regional Deputy Directors shall review data collected to identify problem

areas, take corrective action and prepare an annual report of its findings and corrective actions for each institution as well as the department as a whole. The report is then reviewed by the Director and posted on the website. The need for corrective action is identified during incident reviews and made on an ongoing basis. The corrective action taken throughout the year is documented in the annual report. The Director monitors IDOC progress to toward compliance.

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
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- Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard

IDOC policy shows data is securely retained at least 10 years after the date of the initial collection. Aggregated sexual abuse data is made available to the public via the department's website.

