

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: April 24, 2021 N/A

Date of Final Audit Report: June 20, 2021

Auditor Information

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Mailing Address: 3105 S. Martin Luther King Blvd
#236

City, State, Zip: Lansing, MI 48910

Telephone: 517 303 4081

Date of Facility Visit: April 5-6, 2021

Agency Information

Name of Agency: Eighth Judicial District

Governing Authority or Parent Agency (If Applicable): 8th Judicial District

Physical Address: 1805 W. Jefferson

City, State, Zip Fairfield, IA 52556

Mailing Address: P. O. Box 1060

City, State, Zip: Fairfield, IA 52556

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.8thjdcbc.com

Agency Chief Executive Officer

Name: Daniel T. Fell, Director

Email: dan.fell@iowa.gov

Telephone: 641 472-4242 ext. 326

Agency-Wide PREA Coordinator

Name: Vince Remmark, Assistant Director

Email: vince.remmark@iowa.gov

Telephone: 641 472-4242 ext. 587

PREA Coordinator Reports to:

Daniel T. Fell, Director

Number of Compliance Managers who report to the PREA Coordinator:

1

Facility Information

Name of Facility: Burlington Residential Correctional Facility

Physical Address: 835 Valley Street

City, State, Zip: Burlington. IA 52601

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information www.8thjdcbc.com

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
State of Iowa Department of Corrections conducts external audits.

Facility Director

Name: Daryl Lambert, Residential Manager

Email: daryl.lambert@iowa.gov

Telephone: 319 753-5179 ext. 341

Facility PREA Compliance Manager

Name: Daryl Lambert, Residential Manager

Email: daryl.lambert@iowa.gov

Telephone: 319 753-5179 ext. 341

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

63

Current Population of Facility:

55

Average daily population for the past 12 months:

43

Has the facility been over capacity at any point in the past 12 months?

Yes

No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	23-61
Average length of stay or time under supervision	4.3 months
Facility security levels/resident custody levels	Community confinement
Number of residents admitted to facility during the past 12 months	195
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	190
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	168
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider6 <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	21
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	13
<p>Number of open bay/dorm housing units:</p>	4
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative

On April 5-6, 2021 an audit was conducted at the Burlington City Residential Facility to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility from 8:30am to 5:30pm Monday, and 7:00am to 8:30am Tuesday. The facility was previously audited in June 2018 and found to be in compliance with all standards. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to the Request for Proposal for the State of Iowa, Iowa Department of Corrections and being awarded the bid.

Audit Methodology:

The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire (PAQ), sent by Burlington Residential Facility; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process. The established 12-month review period is January 1, 2020 to December 31, 2020. Any events relative to the standards occurring beyond that period were discussed during the on-site audit.

Pre-audit:

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on January 29, 2021 announcing the audit and identifying the auditor address in English and Spanish. Photographs were also sent to the auditor for further verification. They were observed by the auditor throughout the facility during the tour. The posters indicated that any correspondence sent to the auditor would be confidential and not disclosed unless required by law. The exceptions in the law were noted. No confidential correspondence letter was received in response to the posters announcing the audit. Documentation was provided to the auditor via Google Docs on March 10, 2021. Documentation was provided for each standard and provisions for the auditor to review prior to the on-site audit. The PAQ and corresponding documentation was reviewed prior to the on-site audit and found to be complete.

The Facility website was reviewed. Educational information regarding PREA and the law, the prior PREA Audit report (June 2018), annual reports from 2013 to present, information, including contact information, how to file a third party complaint, information regarding grievances, information regarding contractor, vendor, or volunteer prohibited behavior, victim advocacy services (SANE, Statewide Sexual Assault Hotline, Deaf Iowans Against Abuse, LUNA English and Spanish 24 hour hotline) local law enforcement, Iowa Department of Corrections Office of Victim & Restorative Justice and National Sexual Abuse hotline, information on administrative investigations and criminal investigations. The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the State of Iowa prior to the audit.

The auditor researched the Internet and found neither evidence of Department of Justice involvement, nor any concerning information. Contact was made with Just Detention International, a health and human rights organization that seeks to end sexual abuse in all forms of detention. They confirmed they had not received any concerns regarding this facility.

A tentative schedule was sent to the facility five days prior to the audit. In addition, the facility was provided specific requests for documentation of a random nature which assisted the auditor in determining compliance.

Contact was made with the Ombudsman for the State of Iowa. It was confirmed that they would accept reports, forward them immediately to the Supervisor of the Inspector General Office, Iowa Department

of Corrections. Additionally, the auditor called the number for Rape Victims Advocacy Programs (RVAP) and was able to talk to a victim advocate about their services.

Documents reviewed for this audit received prior to the on-site audit included the PAQ, policies, Memorandum's of Understanding (MOUs), list of court interpreter staff, training curriculums, staff training records, staffing plans, intake and risk assessment information, and other documents noted throughout the report. While on-site, additional random documents were requested or reviewed and are noted throughout the report.

On-site audit:

A brief formal meeting was held with the Executive Team and the auditor the morning of the first day of the audit. The following items were reviewed: purpose of the audit, goals and expectations. Tentative schedules were developed regarding the tour, interviews and review of additional documentation. It had been arranged for interviews to be conducted in a private setting. Rosters of staff and residents were provided; a list of specialized, random and targeted interviews was developed.

A complete tour of the facility was conducted on April 5, 2021. The following areas and operations were visited and observed: resident living areas, dayrooms, laundry facilities, dining area/food storage outdoor recreation areas and staff supervision stations. All areas of the facility were visited that have resident access. Supervision practices, blind spots, bathroom facilities, and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditor entering the living units. Posters announcing the audit were observed throughout the facility.

Formal interviews were conducted with the following:

Director

Assistant Director

PREA Coordinator

PREA Compliance Manager

Random staff – ten total (all staff available during the two day on site audit)

Investigative staff – administrative investigations

Staff on the sexual abuse incident team

Designated staff charged with monitoring retaliation

Intake staff- four total

Staff who complete the risk assessment, four total

Human Resource staff (who hire/fire staff)

A roster of residents was provided. Residents with targeted issues were identified, residents were randomly selected. A total of eleven residents were selected to be interviewed. There are no youthful offenders housed at this facility. No letters were received from residents in response to the audit postings Targeted resident interviews included the following:

- 3 self-admitted as homosexual/bi-sexual
- 0 self-identified as transgender
- 0 who initiated a sexual harassment complaint
- 3 who self-reported as having prior victimization
- 0 residents who required assistive devices for mobility (wheelchair and cane)
- 0 hard of hearing resident
- 0 legally blind resident
- 1 cognitively impaired resident (interview was attempted)
- 0 with Limited English

Resident interviews were held in the private interview rooms.

Investigations can be conducted by three staff presently who have received the training regarding sexual abuse investigations: PREA Coordinator and two staff who work in the probation office. It was

reported that there have been no sexual abuse, sexual harassment or retaliation allegations received from residents during the audit reporting period. One ongoing investigation was discussed with staff but is not included in the report due to its ongoing status.

The auditor was allowed free access to all areas of the facility, access to interview residents and staff selected randomly and intentionally, and to see any documentation requested.

Post-Audit Phase:

Additional information was requested and received. Upon review and analysis, it was incorporated into the report and the final report was completed.

Facility Characteristics

The Eighth Judicial District (EJD), Department of Correctional Services, is one of eight judicial district correctional programs currently existing within the State of Iowa. These operations are the result of the statewide development of correctional programs with the objectives of providing total services at the community-based level to correctional residents, the court system and ultimately the public. The Eighth Judicial District operates its programs as mandated by Chapter 905 of the Code of Iowa. Additionally, a Board of Directors with established By-Laws governs the District. The Board of Directors is comprised of a county supervisor from each county in the district, a judicial appointee and two citizen advisory representatives. The Eighth district covers fourteen counties in the State of Iowa.

The Burlington Residential Facility, operated by the EJD, is a single-level structure which began serving residents in 1981. The facility is located in downtown Burlington, Iowa, in an industrial area. The program provides housing and around-the-clock supervision for residents demonstrating an inability or unwillingness to function under less restrictive supervision. Residents can be placed in the BRF as a condition of probation, parole or as a transition from the Iowa Department of Corrections (IDOC). Residents are expected to secure employment in the local community. Residents participate in programming to address the re-entry needs of each individual. These programs include HiSET-GED testing preparation, mental health counseling, substance abuse treatment, employment skills training, anger and stress management techniques instruction and life-skills training. Additional services include individual assessment programs, employment assistance and housing placement assistance. Residents receive these services at the facility or mostly in the community.

Meals are cooked and served at the facility. There is a full kitchen and one staff who is an employee who oversees the food service operations. Living areas consist of multiple occupancy dormitory-like rooms with shared showers and bathrooms. Bathrooms provided stall doors and curtains to ensure privacy but maintain security. Laundry facilities are available for the residents. There are recreational activities at the facility, religious programs are only available in the community. The facility also has a classroom, leisure activity areas, TV viewing area and a Visiting Room. Residents have access to a resource room with computers, kiosks, pay phones, house phones and can earn cell phone privileges.

Count on the day of the audit was 45 residents. The facility houses male residents only. The facility on the day of the audit has the following categories based on the risk assessment conducted:

Aggressor incarcerated - 0

Aggressor potential - 9

Victim incarcerated – 0

Victim potential – 4

No score – 31

Sexual Predator – 0

Mixed score - 1

Currently, there are twenty-eight staff who work at the facility. Staff work three shifts a day. The Facility has ten (10) full time (7 male, 3 female) and six (6) part time Residential Officers. Two staff were assigned

to each shift. Resident Officers work 8:00am to 4:00pm, 4:00pm to midnight, midnight to 8:00am shifts. Resident Officers conduct intake with residents, including completion of the sexual abuse risk assessment. The facility does not use contractual staff to provide any services. Currently, due to the coronavirus pandemic, there are no volunteers utilized to come into the facility and provide services. Residents are provided passes to attend outside services, as approved.

Facility Philosophy: Our Vision - An Iowa with no more victims Our Mission - Providing an opportunity for change Our Values and Beliefs People can change. Every person should be treated with dignity and respect. Our efforts - help make people safer We must work as a team if we are to succeed.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention, Detection, Response
- Organization chart
- Interview with the PREA Coordinator and PREA Manager

(a): Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning, states

The Eighth Judicial District Department of Correctional Services has a Zero Tolerance Policy towards sexual abuse and sexual harassment and will have planning in place to help prevent such abuse or harassment.

(b) Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention, Detection, Response states,

PURPOSE: To ensure that all staff, contractors, vendors, volunteers, or agents of the Judicial District understand that engaging in a sex act with an individual committed to the custody of the Department of Corrections or a Judicial District Department of Correctional Services is an aggravated misdemeanor.

POLICY: The Eighth Judicial District Department of Correctional Services has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment in facilities it operates.

DEFINITIONS:

Definitions related to sexual abuse.

For purposes of this part, the term—

Sexual abuse: includes—

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and*
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.*

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident: includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) Contact between the mouth and the penis, vulva, or anus;*
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and*
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.*

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer: includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) Contact between the mouth and the penis, vulva, or anus;*
- (3) 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;*
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;*
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;*
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;*
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and*
- (8) Voyeurism by a staff member, contractor, or volunteer.*

Voyeurism by a staff member, contractor, or volunteer: means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment: includes—

(1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and

(2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. .

PROCEDURES:

Acts of sexual abuse or sexual harassment with offenders or retaliation against offenders who refuse to submit to sexual advances are prohibited. All allegations and incidents of sexual abuse or sexual harassment by staff with offenders must be reported, fully investigated and treated in a confidential and serious manner. All offenders will be advised of their right to be free of sexual abuse or sexual harassment from staff. All staff will receive training and orientation on this policy.

1. Duties of the District Director or designee:

A. The Director will insure that the Department develops a process for reporting and investigating all incidents of sexual abuse or sexual harassment. The process will include multiple points of reporting for offenders and staff, trained investigators and a consistent investigative process.

B. Local or state law enforcement will be contacted for any allegations, which could, if substantiated, result in criminal prosecution.

C. The District Director or designee will assign an investigator to investigate serious allegations/violations after receiving clearance from the local or state law enforcement agency.

D. Pending the outcome of an investigation, the District Director or designee will ensure that affected offenders, and in the case of staff allegations of abuse that staff and affected offender(s), are separated through appropriate placement, segregation, transfer or leave (including suspension) options.

E. The District Director or designee will notify the regional Department of Corrections Deputy Director in a timely manner of all serious incidents of alleged sexual abuse or sexual harassment and follow up with a written critical incident report.

F. The District Director or designee shall document all actions taken.

G. The District Director is responsible for ensuring that policies, training and culture address the issue of sexual abuse or sexual harassment.

H. The District Director will ensure offenders are provided with information about behaviors that constitute sexual abuse or sexual harassment and retaliations, ensure that the offender understands the process by which such incidents are reported and investigated and ensure offenders understand consequences for making false allegations.

I. If an investigation is conducted and the accusations are not substantiated, the District Director or designee will ensure support services are offered to that staff member in accordance with the Staff Victimization & Support Services

2. Duties of Staff:

A. Staff will adhere to all the procedures and guidelines of this policy and will ensure their conduct does not constitute or promote sexual abuse or sexual harassment nor in any other way violates the provisions of this policy.

B. It is mandatory that all allegations and incidents of sexual abuse or sexual harassment including sexual abuse, sexual contact, invasion of privacy and intimacy by staff will be immediately reported to the direct supervisors.

C. Staff will provide complete cooperation and will not interfere with the official process of investigating sexual abuse or sexual harassment. This includes failure to report or attempts to cover up an incident of sexual abuse or sexual harassment, allegation or statement that a party or a witness knew could not have been true, or any form of failure to cooperate with an investigation or inquiry. Failure to cooperate or failure to report shall result in corrective action being taken, including discipline.

- D. Staff will not retaliate upon knowledge of sexual abuse or sexual harassment allegations.
3. Duties of Supervisor Staff:
- A. Upon receiving notification of an activity prohibited by this policy, supervisors at all levels within the Department will report the alleged activity in a timely manner to the District Director or designee. All reported conduct prohibited by this policy will be treated seriously.
- B. Ensure all offenders who report they have been sexually abused or assaulted are appropriately referred to an appropriate health provider. The responsible supervisor will also ensure that offenders receive appropriate psychological evaluation, and recommended follow-up and ongoing support.
- C. Ensure adequate measures have been taken to provide separation between the affected offenders and in the case of alleged staff abuse, staff during the investigation without punishing the offender.
- D. Take appropriate action for substantiated staff misconduct.
- E. Document all actions taken.
4. Duties of the Department Investigator:
- A. The offender will be asked if a victim counselor is desired prior to the interview beginning. The request will be honored but, if necessary, the investigation can proceed if there is an unavoidable delay in obtaining a victim counselor.
- B. Interviews will be conducted in a thorough, professional, non-abusive, and non-threatening manner consistent with acceptable practices for potentially traumatized victims of sex crimes.
- C. Allegations, which include intercourse, sodomy, or physical force will require consultation with medical staff.
- D. In the event an offender makes an allegation of penetration against a staff member and the most recent act has occurred within the past 48 hours, the offender will be immediately examined by a physician, not employed by the Department, skilled and experienced in using a rape kit for collection of forensic evidence.
- E. Psychological evaluation and counseling will be available to offenders who are victims of staff sexual abuse or sexual harassment until either or both the psychologist and the victim are satisfied that sessions should be terminated.
- F. The investigative report will indicate whether the evidence supports a finding that misconduct has occurred, the allegations are false or the evidence is inconclusive.
- G. Document all actions taken.
5. Duties of Offenders:
- A. During supervision intake process each offender will be informed about his/her right to be free from sexual abuse or sexual harassment. The process will be a part of the offender grievance procedure and will be gone over with the offender each time he/she changes case managers.
- B. Reporting guidelines and procedures will be explained during orientation and will include multiple reporting paths.
- C. Offenders will provide complete cooperation and will not interfere with the official process of investigating sexual abuse or sexual harassment. This includes failure to report or attempts to cover up an incident of sexual abuse or sexual harassment, allegation or statement that a party or a witness knew could not have been true or any form of failure to cooperate with an investigation or inquiry. Failure to cooperate, failure to report, or purposeful, malicious false statements may result in corrective action being taken including discipline, up to and including revocation of supervision.

The facility Organization Chart reflects that the PREA Coordinator and PREA Compliance Manager report directly to the Director.

Interviews with the PREA Coordinator and PREA Compliance Manager (PCM) both support they have time and authority to complete all activities to ensure prevention, detection and response to sexual abuse and sexual harassment.

Policy supports the requirement of the standard, providing detailed information on definitions and the facility's plan to prevent, detect and respond to sexual abuse and sexual harassment. Audit preparation and review of documentation demonstrated to the auditor that the PREA Coordinator has sustained and improved the processes in place to ensure success with preventing and detecting sexual abuse and sexual harassment. The interview and observations provided the auditor with sufficient evidence to support a finding of compliance with the requirements of this standard.

Standard 115.212: Contracting with other entities for the confinement of residents

115.212 (a)

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

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

The Eight Judicial District Department of Correctional Services does not contract for the confinement of residents (nor has the Department entered into or renewed any contracts since August 20, 2012). The

auditor found no reason to dispute this during the audit process. Therefore, this standard does not apply to this facility; the facility is compliant with the standard.

Standard 115.213: Supervision and monitoring

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning
- Staffing plan summary
- Annual staffing plan inspection and report
- Schedules – February and March 2021 (randomly requested)
- Documentation of staffing plan deviation
- Facility diagram
- PAQ
- Observations during the tour
- Interview with the Director

The PAQ indicates that the staffing plan is predicated on the capacity of the facility, 63 residents. One male officer is to be assigned each shift. The auditor was present on all three shifts and observed two Residential Officers assigned the facility on each shift.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning states, Supervision and monitoring

1. *There is a documented staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, consideration is given to:*
 - a. *The physical layout of each facility;*
 - b. *The composition of the offender population;*
 - c. *The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
 - d. *Any other relevant factors.*
2. *In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.*
3. *Whenever necessary, but no less frequently than once each year, each facility shall assess, determine, and document whether adjustments are needed to:*
 - a. *The staffing plan established pursuant to paragraph (a) of this section;*
 - b. *Prevailing staffing patterns;*
 - c. *The facility's deployment of video monitoring systems and other monitoring technologies; and*
 - d. *The resources the facility has available to commit to ensure adequate staffing levels.*

The interview with the Director confirmed that resources are available to ensure adequate staffing in addition to video monitoring. He confirmed that staffing plans are completed each year and approved by the Board of Directors. He indicated that the staffing plan is monitored daily by conducting rounds. He further indicated that he does not recall a time when staffing levels were not met during the last 16 years he has been Director.

Review of the staffing schedules (present and randomly requested), staffing plan review, summary of staffing analysis, sexual abuse incident report, and early safety committee provided evidence of the following: Staffing is consistent at two Resident Officers minimum, per shift.

The facility reports that the camera system has remained the same since the last audit. Blind spot areas were acknowledged during the tour and are addressed through frequent rounds by the resident officers.

Policy, review of camera operations, review of the staffing plan documentation, staffing schedules, interviews with the PREA Coordinator, Director and staff on site all gave the auditor sufficient evidence to support a finding of compliance with the requirements of this standard.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES Search and Seizure
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning
- Observations
- Interviews Random staff
- Interviews Random residents
- Training curriculum on searches
- Staff training records
- PAQ
- FAQ (Frequently Asked Questions, PREA Resource Center)

The PAQ indicates that no cross-gender strip searches occurred during the 12-month audit review period that involved exigent circumstance. The PAQ indicates that there was no cross-gender strip or cross-gender visual body cavity searches occurred that did not involve exigent circumstances. The auditor found no reason to dispute this during the audit process.

The PAQ indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner, consistent with security needs.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES Search and Seizure states,

Strip searches shall be conducted only when it is believed that an Offender is trying to smuggle in contraband or otherwise violate facility rules. Such searches shall be conducted in a separate room to provide a degree of privacy and security. Strip searches shall be conducted by members of the same sex and documented in the log. Strip searches shall not include body cavity searches.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning states,

Limits to cross-gender viewing and searches

1. *The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.*
2. *The residential facilities shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders' access to regularly available programming or other outside opportunities in order to comply with this provision.*
3. *The residential facilities shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders.*
4. *Offenders may shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. Staff of the opposite gender must announce their presence when entering an area where offenders are likely to be showering, performing bodily functions or changing clothing.*
5. *Employees shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.*
6. *Staff shall be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.*

(a) Policy supports the requirement of this standard.

(b) Only males are housed at this facility.

(c) Policy supports this requirement to document all cross-gender strip searches and cross-gender visual body cavity searches. There were no examples or reported occurrences to review.

(d) The facility's policies and procedures support that all residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Observations during the tour of bathroom/shower areas demonstrated that showers have curtains, are behind a door, as are the toilets/urinals. The auditor was informed that staff knock and announce opposite gender presence before entering resident rooms or resident bathrooms; rooms have solid doors. All random resident interviews and random staff interviews confirmed this. Policy requires opposite gender staff to announce their presence. This was evident during the tour of the facility. All resident and random staff interviews confirmed this is occurring.

(e) Policy supports this requirement of the standard. All random interviews confirmed that they absolutely know that policy forbids the search of or physical exam of a transgender or intersex resident

for the sole purpose of determining the resident's genital status. Policy confirms that if the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

(f) The auditor reviewed the training video available through the PREA Resource Center (PRC) on how to conduct searches of transgender/intersex offenders. All staff interviewed confirmed they have had this training. Training records were provided that support these statements. At this facility, it has been the practice to provide transgender/intersex residents the ability to designate the gender of the staff who can perform pat down, or strip searches consistent with the gender identity of the resident/inmate, if staff are available, which is an acceptable option to support compliance with this standard in accordance with the clarifications provided on the FAQ.

Policy addresses the requirements of the standard. Training curriculums, training records and staff interviews all confirmed that staff have been trained on cross-gender and transgender searches and searches would not be conducted just to determine genital status. Privacy has been afforded to the residents for showering, changing clothes and using the toilet. Residents confirmed, staff confirmed, and the auditor observed cross-gender announcements. This evidence provides the auditor with sufficient evidence to support a finding of compliance for this standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning
- Observations during the tour
- Random staff
- List of court approved interpreters
- Written materials used for effective communication.
- PAQ

The PAQ indicates there have no instances where another offender was used to interpret for a LEP offender. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning *states,*

Offenders with disabilities and offenders who are limited English proficient

1. *Offenders with disabilities (including, for example, those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.*

2. *The Department shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.*

3. *The Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under or the investigation of the offender's allegations.*

(a) Residents with disabilities is unlikely at this facility as all residents are required to work in the community to qualify for this placement. The auditor had no residents with disabilities available to interview. During the tour, no residents with disabilities were observed. The facility does maintain a list of interpreters, state-wide, approved for use with the court system as a resource (list provided to the auditor). This list included staff who can interpret American Sign Language (ASL). The PREA video has closed caption capabilities. The facility maintains Intelligence Quotient (IQ) levels of residents and are aware when additional cognitive deficiencies may exist.

(b) It was reported to the auditor as well as observed during the tour and the audit that there were no residents who are LEP. As stated, the facility maintains a list of approved interpreters for use. PREA materials and posters are available in English and Spanish (including the audit announcement posters).

(c) Policy supports that the agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations. The PAQ indicates the facility has not used another resident for these situations. Random staff interviews supported that this has not occurred.

Observations made during the on-site visit, policy, resources for communicating with LEP residents, interviews with staff and residents provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning
- Application
- Interview with hiring authority
- Documents from personnel files last two recent hires
- PAQ
- Eighth Judicial District Background Check Form
- Documentation of background check every 5 years
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PERSONNEL: Code of Conduct and Work Rules

The PAQ indicates there have been five new staff hired in the last twelve months. The interview with PREA Coordinator both confirmed that there are no contractual staff who work at this facility. The auditor found no reason to dispute this during the audit process. The interview with the PREA Coordinator, PREA Compliance Manager (Program Manager) and investigator (Probation Officer) confirmed that they conduct all the hiring and firing of staff, perform the background checks, and conduct reference checks before hiring potential candidates.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning states,

Hiring and promotion decisions

The Department shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who—

a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997);

b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or

c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

Before hiring new employees who may have contact with offenders, the Department shall:

a. Perform a criminal background records check; and

b. Consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders.

The Department shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees.

The Department shall also ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES

PERSONNEL: Code of Conduct and Work Rules states,

Employees may have no physical contact with inmates, offenders, visitors, or the public except when

Employees must report to their supervisor, or designee, within 24 hours any employee, including himself or herself, who violates any law, rule, or regulation at any time that affects the security, reputation or well-being of the district, including its residential correctional facilities.

Employees will report known violations. Any employee who observes or has knowledge of a violation of any law, rule, or regulation and who willfully or through negligence fails to report the offense to their supervisor, or designee, within 24 hours is in violation of this rule.

(a) Policy supports the requirements of this provision. Hiring authority interview confirmed compliance. The application, reference process and background check support that this facility will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(b) The interview with the hiring authority confirmed that incidents of sexual harassment are considered when deciding whether hire or promote anyone who may have contact with residents.

(c) The provision requires the following: Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and

(2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The application requires the applicant to list acknowledge if they have worked for a federal, state or local prison, jail lockup, community confinement facility or juvenile facility and list them. The auditor randomly requested and received the documents for the last two new staff hired – application, reference checks, background checks, acknowledge of PREA questions required in provision (a). Background checks include military service, driver's license record, criminal history (NCIC), education, references and court records.

(d) The facility does not utilize contractual staff. The auditor found no reason to dispute this during the audit process.

(e) The interview with the PREA Coordinator confirmed that background checks are conducted at least every five years.

(f) (g) Policy requires staff to report known violations including self reports within 24 hours. The application states the following: *I certify the information contained in this application is correct to the best of my knowledge and understand any misrepresentation or omission of information requested on this form constitutes grounds for rejection of my application. I understand that if employed, false states on this application shall be considered sufficient cause for dismissal.* It additionally acknowledges by signature authorization to complete background checks.

(h) The interview with the PREA Coordinator, in addition to policy support that the facility is compliant with the requirement to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The application authorizes by signature a release of information.

As outlined above, the auditor randomly requested documentation regarding the hiring and promotional process and background checks which all demonstrated compliance. Policy supports the requirements of the standard. Staff are asked the questions in provision (a) upon hiring, promotion and annual reviews. Interviews with staff who hire and fire support that they would, with proper releases, provide information on former employees regarding substantiated allegations of sexual abuse. Therefore, the standard is deemed to be compliant.

Standard 115.218: Upgrades to facilities and technologies

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning
- Observations during the tour
- Interview with the PREA Coordinator/PCM
- PAQ
- Interview with the Director

POLICY AND PROCEDURE PREA #101, Prevention Planning, states,
Upgrades to facilities and technologies

1. *When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect offenders from sexual abuse.*
2. *When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse.*

The PAQ indicates there have been no substantial expansion or modification of existing facilities; There has been no installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology.

The Staffing Plan Summary addresses the use of live (and recording) video monitoring utilizing cameras. *Camera placement was designed to maximize coverage of areas not under direct supervision of staff including the dietary area, two housing wings, hallways, yard areas, recreation areas, smoking areas, and facility parking lots. The control desk has monitors, which allows the on-duty staff to see all camera views throughout the facility and the foyer area.*

The interview with the District Director confirmed that when and if cameras are added and if modifications would be made, or technology added, the Department would consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect offenders from sexual abuse. This would be considered when reviewing reports of incidents. The auditor viewed the monitors and placement of cameras during the tour.

Policy, interview with the Director, PREA Coordinator and PCM, in addition to observations provided sufficient evidence for the auditor to support a finding of compliance.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Response Planning
- Iowa code Section 915.20
- MOU with Rape Victim Advocacy Program (RVAP)
- MOU with Burlington Police Department
- MOU with medical center
- Interview with a trained sexual abuse victim advocate

The PAQ indicates there have been no SANE/SAFE exams, no forensic medical examinations or examinations conducted by a qualified medical practitioner in response to a sexual abuse allegation. The auditor found no reason to dispute this during the audit process. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Response Planning states,

Evidence protocol and forensic medical examinations

1. *To the extent the Department is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.*
2. *The protocol shall be adapted from or otherwise based on comprehensive and authoritative protocols developed after 2011.*
3. *The Department shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.*
4. *The Department shall attempt to make available to the victim a victim advocate from a rape crisis center. Department shall document efforts to secure services from rape crisis centers.*
5. *As requested by the victim, the victim advocate, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.*
6. *To the extent the Department itself is not responsible for investigating allegations of sexual abuse; the Department shall request that the investigating agency follow the requirements of paragraphs (1) through (5) of this section.*
7. *The requirements of paragraphs (1) through (6) of this section shall also apply to:*
 - a. *Any State entity outside of the Department that is responsible for investigating allegations of sexual abuse;*

And

- b. *Any Department of Justice component that is responsible for investigating allegations of sexual abuse.*

(a) The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination established the evidence protocol for sexual assault exams. The training given to investigators support the process in which to collect evidence to ensure uniform collection. The MOU with the medical center supports that the center will comply with the National Protocol for Sexual Assault Medical Forensic Examinations

(b) The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination states, "Child Sexual Assault Victims The Iowa Code states that minors (under 18 years) who are victims of sexual assault can receive immediate medical and mental health services without prior consent of a parent or guardian. In addition, minors can consent to STI testing, treatment, and prevention (vaccination) without parental consent. The Iowa Codes specifies definitions of sexual abuse, mandatory reporting situations and age guidelines regarding sexual assault of a minor. In Iowa, those aged 16 and older are of legal age to give consent to have sex. If a sexual assault victim is under 12 years of age, it is a mandatory report to law enforcement or DHS (refer to Appendix A). Depending on the institutional policies and the sexual maturation of the victim, some victims may be referred to the closest Child Protection Center (CPC) for evaluation (refer to Appendix F). The CPCs have multi-disciplinary staffs that are uniquely trained to provide services to children and their families. Forensic physical examinations and histories of children are uniquely different than adults. Children are not small adults either physiologically or emotionally." This protocol is used specifically for adults 18 yrs. and older and defines the criteria for those under 18 yrs. of age. This facility does not housed residents under the age of 18 yrs. old.

(c) Policy supports all aspects of this provision. The MOU supports that a forensic exam will be conducted, SANE exam, and the exam will be provided free of costs.

(d) (e) In additional to policy, The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination states, "Iowa law states that a victim advocate cannot be denied access to a sexual assault victim if the victim has specifically requested an advocate be present." Iowa code Section

915.20 additionally states, "You have the right to request the presence of a victim counselor at any proceeding related to the offense. This includes but is not limited to, medical examination, law enforcement investigations, pretrial court hearings, trial and sentencing proceedings." The MOU with RVAP indicates this organization will provide a trained Sexual Abuse Advocate at no cost to the victim. The MOU indicates the advocate will provide support to the victim through the forensic medical examination process and investigatory interviews if requested. Additionally, this MOU indicates it will provide hotline numbers, counseling, information and referrals. The auditor called the number provided and spoke to an advocate who confirmed she received approximately forty hours of training. She further indicated that there is a statewide system so if the local advocacy service is not able to provide a staff, it connects to the statewide system in which someone will always pick up and arrangement for the service needed based on the details of the call.

(f) The facility has an MOU with the Burlington PD agreeing to follow the requirements of PREA.

(g) Auditor is not required to audit this provision.

(h) This facility provides a qualified victim advocate from a rape crisis center per the MOU with RVAP and the MOU with the hospital.

To summarize the information above, policy supports all aspects of the requirement of this standard. MOU's with RVAP, Burlington PD, the County Attorney, the local hospital and the Iowa Code ensure that the alleged victim would receive a SANE exam in accordance with Adult Forensic and Medical Examination established protocols. Additionally, the victim will have a trained victim advocate present, if requested, to support them through all aspects of the process. The auditor finds there is ample evidence to support a finding of compliance.

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Response Planning
- Interview with Investigative Staff
- MOU with County Attorney's Office
- PAQ

The PAQ indicates there have been no allegations of sexual abuse or sexual harassment during the previous twelve months, therefore no referrals for criminal investigation. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Response Planning states,

Policies to ensure referrals of allegations for investigations

1. *An administrative and/or criminal investigation will be completed for all allegations of sexual abuse and/or sexual harassment.*
2. *Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its Web site. All referrals for investigation will be documented and tracked.*
3. *If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the Department and the investigating entity.*
4. *Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.*

(a) Policy and all interviews with staff confirmed if knowledge of an allegation/or suspicion is made that an investigation will be initiated. There is a statewide data base, also used by the Iowa Department of Corrections, staff reported that this data base holds all information related to the initiation and

conducting of investigations. Due to a reported suspicion, there is an ongoing investigation in process which was thoroughly discussed with the auditor.

(b) As confirmed by policy and interviews, there are staff who have received training to conduct sexual abuse investigations. In the interview with one investigator, it was confirmed that the local police department or state authority would be asked to investigate a criminal matter. This is supported by the MOU with the Burlington Police Department.

(c) The MOU with the Burlington PD describes the responsibilities for conducting criminal investigations.

(d) Auditor is not required to audit this provision.

(e) Auditor is not required to audit this provision.

It was confirmed to the auditor by all staff interviewed that all allegations, even suspicions would be investigated. The Department wide data base supports that it would document even suspicions. The MOU with the County Attorney and local PD confirmed to the auditor that if local police were required to conduct the investigation, it would follow the requirements of this law. Therefore, the auditor found ample evidence to support a finding of compliance with this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention, Detection, Response

- Training records with passing score
- FAQ
- PAQ
- eLearning training curriculum.
- Interviews with random staff

The PAQ states there are 21 staff who have contact with residents who were trained or retrained on the PREA requirements.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention, Detection, Response states,
TRAINING

1. *All new staff will receive training regarding the provisions of this policy.*
2. *All staff in positions with offender contact or with access to offenders will annually review this policy. All staff will sign a receipt acknowledging the policy has been read and is understood.*

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education states,
Employee training

1. *All employees who may have contact with offenders shall be trained on:*
 - a. *The zero-tolerance policy for sexual abuse and sexual harassment;*
 - b. *How to fulfill their responsibilities under department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
 - c. *Offenders' right to be free from sexual abuse and sexual harassment;*
 - d. *The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
 - e. *The dynamics of sexual abuse and sexual harassment in confinement;*
 - f. *The common reactions of sexual abuse and sexual harassment victims;*
 - g. *How to detect and respond to signs of threatened and actual sexual abuse;*
 - h. *How to avoid inappropriate relationships with offenders;*
 - i. *How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and*
 - j. *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*
2. *Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that also houses female offenders.*
3. *All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the department shall provide each employee with refresher training every two years to ensure that all employees know the department's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the department shall provide refresher information on current sexual abuse and sexual harassment policies.*
4. *The Department shall document, through employee signature or electronic verification, that employees understand the training they have received*

(a) The auditor reviewed the eLearning training module. It addressed the following topics in nine modules: Introduction (video of a survivor talking), IDOC policy, definitions related to PREA, Incarcerated Individuals rights, red flags, all staff responsibilities (prevent, detect, respond), professional boundaries, communication (including gender non-conforming individuals) and a summary. The video and the policy address all the required topics of the standard.

(b) All staff interviewed confirmed they have received this training, at least annually. Policy confirms that staff review the policy annually. This facility houses male residents, it was reported that no staff have transferred from a facility that houses females.

(c) Records were provided demonstrating that all employees have received this training. It was confirmed by random staff interviews that it is included in the new employee orientation and annually thereafter.

(d) Per policy, all staff sign the following: *The ACKNOWLEDGEMENT OF RECEIPT OF Eighth Judicial District Department of Correctional Services Sexual abuse or sexual harassment with Offenders Policy states I acknowledge I have received the Eighth Judicial District Department of Correctional Services Sexual abuse or sexual harassment with Offenders policy. I further acknowledge that I have read this policy and was offered an opportunity to ask questions about the content. I understand I am subject to and shall be expected to comply with the Policy.* This is required of employees, contractors and volunteers. Additionally, the training records reflect that staff have to pass a quiz in order to be considered to have understood and completed the training.

Finding of compliance based on the following: Policy, review of training curriculum, review of training records, and interviews with staff.

Standard 115.232: Volunteer and contractor training

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education
- Documentation showing volunteer acknowledgements from 2020 four total
- PREA Training for volunteers and contractors - website for the facility
- Observations
- PAQ

The PAQ states there are zero volunteers or contractors who have contact with residents who were trained or retrained on the PREA requirements. Due to the coronavirus pandemic, they have not had volunteers services within the facility. The facility does not utilize contractual staff.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education states,

Volunteer and contractor training

1. *The department shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.*
2. *The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.*
3. *The department shall maintain documentation confirming that volunteers and contractors understand the training they have received.*

(a) (c) Contractors, volunteers sign the following: *I acknowledge I have received the Eight Judicial District of Correctional Services Sexual Abuse or sexual harassment with Offenders policy. I further acknowledge that I have read this policy and was offered an opportunity to ask questions about the content. I understand I am subject to and shall be expected to comply with the policy.*

(b) Policy supports the requirements of this provision to ensure that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contract they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The training provided to contractors and volunteers is a sixteen-slide power point presentation that does inform them of the agency's zero tolerance policy. It is also on the facility's website.

Although volunteers were not present during the onsite audit, the auditor found sufficient evidence to support a finding of compliance – policy, interviews with the PREA Coordinator, and documentation of volunteer training which supports compliance with the provisions of the standard.

Standard 115.233: Resident education

115.233 (a)

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

- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education
- Random staff interviews
- Random resident interviews
- Intake Staff interviews
- Observations Posters, other information
- PREA Intake packet
- Documentation of resident participation in education sessions

The PAQ indicates that 195 residents were admitted to the program and were given resident education at intake.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education states,
Offender Education

1. *During the intake process, offenders shall receive information explaining the department's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding department policies and procedures for responding to such incidents.*
2. *The department shall provide refresher information whenever an offender is transferred to a different facility.*
3. *The department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as offenders who have limited reading skills.*
4. *The department shall maintain documentation of offender participation in these education sessions.*
5. *In addition to providing such education, the department shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.*

(a) (d) (e) Resident Officers conduct intake. It was reported that each resident arriving receives the PREA intake packet. It is an eleven page document containing the following information: history regarding the law, definitions of sexual abuse and sexual harassment, zero tolerance, staff reporting/offender reporting, 24 hour reporting options (address/phone number to RVAP, policy department, Iowa Department of Corrections Victim Services, National Sexual Abuse Hotline), information on services provided by RVAP, medical treatment, trauma, retaliation, grievances, disciplinary sanctions, notification of investigation findings, and recovery. A list of resources is included as an attachment. Residents sign acknowledging receipt of this information. This was corroborated by the request for random documents for the last five residents to arrive at the facility.

Posters were visible throughout the facility educating residents of their right to be free from sexual abuse and harassment, retaliation and the option to report anonymously and third party.

(b) The PAQ reports that all residents have received this education.

(c) It was reported by staff that the video has closed captioning and can be shown in Spanish closed captioning also. See comments to 115.216.

Finding of compliance based on the following: Observations of posters with information about PREA, phone numbers by the resident telephones, interviews with the residents, supporting documentation randomly requested all provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.234: Specialized training: Investigations

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education
- Training curriculum
- Training certificates
- Interview with Investigator
- Documentation demonstrating general PREA training received.

The PAQ indicates that this facility has two staff qualified to conduct sexual abuse in confinement investigations. Two staff indicated they are scheduled to take the training.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education states,

Specialized training: Investigations

1. *In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings to techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.*

2. *The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.*

(a) (c) Certificates of completion were provided for four staff demonstrating completion of the Training for Correctional Investigators, Iowa Department of Corrections. Interviews and training records provided reflected that the trained investigators have also received the general PREA training annually.

(b) A review of the curriculum for the PREA Investigator Iowa Department of Corrections confirmed that it addresses the following:

- Identify techniques for interviewing juveniles during investigations of sexual abuse in confinement settings.
- Describe the dynamics of sexual abuse and sexual harassment in confinement settings.
- Identify best practice and policy requirements on first response procedures.
- Identify best practice and policy requirements on evidence collection in confinement settings, per the requirements of 115.(3)34.
- Understand what a final investigative report should contain.
- Identify techniques for writing the final report to ensure accuracy
- Explain criteria required for administrative action and prosecutorial referral, per requirements of PREA standard 115.(3)34.
- Identify techniques for writing the final report to ensure accuracy and clarity.
- Explain criteria required for administrative action and prosecutorial referral, per requirements of PREA standard 115. (3)34.

- Apply your understanding to increase prosecutions of cases that are substantiated and criminal in nature.
Miranda v Arizona is addressed throughout the training module. Garrity warnings is also addressed. Weingarten Rights are reviewed.

(d) Auditor is not required to audit this provision.

The interview with the investigator supported all the requirements of the standard. The Residential Manager confirmed that due to staff transitions (promotions, etc) two staff are scheduled to participate in the next training provided.

Policy, training curriculum, training records and interview with one of the qualified trainers all provide the auditor with sufficient evidence to support a finding of compliance.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education
- Interview with PREA Coordinator

According to the PAQ, the facility does not employ medical or mental health staff. The auditor found this credible.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Training/Education states,

Specialized training: Mental health care

1. *The Department shall ensure that all full- and part-time mental health care practitioners who work regularly in its facilities have been trained in:*
 - a. *How to detect and assess signs of sexual abuse and sexual harassment;*
 - b. *How to preserve physical evidence of sexual abuse;*
 - c. *How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and*
 - d. *How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.*
2. *The department shall maintain documentation that mental health practitioners have received the training referenced in this standard either from the department or elsewhere.*
3. *Mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the department.*

Interview with the PREA Coordinator indicated that when needed, a mental health professional from another facility in the district can provide services. He confirmed that this professional has received the specialized training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:
Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA:
Screening for Risk of Victimization or Abusiveness

- SVP Scoring Guide (Objective screening instrument) - Confidential
- PAQ
- Randomly requested SVP forms, initial and 30-day review - five total
- Observations
- Interviews Staff who perform risk screens
- Interview random residents
- Interview PREA Coordinator
- Interview PREA Manager
- FAQ

The PAQ indicates that 195 residents entered the facility in the twelve month review period that were screening within 72 hours for risk of victimization and/or sexual abusiveness towards other residents 190 stayed 30 days and were reassessed for their risk of victimization and/or sexual abusiveness towards other residents.

POLICY AND PROCEDURE PREA #104 Screening for Risk of Sexual Victimization and Abusiveness, states,

POLICY: The Eighth Judicial District Department of Correctional Services shall follow state procedures on identifying potential victim and aggressor profiles in the offenders assigned to its residential correctional facilities.

PROCEDURES:

A. *Screening for Risk of Victimization and Abusiveness § 115.241*

1. All offenders assigned to one of the residential correctional facilities shall be assessed prior to or at intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.
2. Intake screening shall ordinarily take place within 72 hours of arrival at the facility.
3. Such assessments shall be conducted using the state approved Sexual Violence Propensity (SVP) screening instrument.
4. The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the department, in assessing offenders for risk of being sexually abusive.
5. Within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
6. An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.
7. Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked through the SVP instrument.
8. The Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders.

Sexual Violence Propensity (SVP) Assessment Scoring Guide for Offenders (confidential) is used for direction when completing the risk assessment. It is the same assessment used by the Iowa Department of Corrections. It states, *the assessment shall be utilized for assigning housing units, cells, rooms, and beds for offenders at all custody levels. It should also be utilized in determining programming and work assignments when constant or frequent sight and sound supervision is not possible. Offenders may not be disciplined for refusing to answer questions or not disclosing complete information.*

The propensity assessment distributes offenders into seven categories with designations of: A. VP (Victim Potential): Offenders designated by the assessment as having characteristics of a person with a higher than normal likelihood to be sexually assaulted inside a correctional facility. B. VI (Victim Incarcerated): Offenders who have already been victims of sexual assault inside a correctional facility. C. AP (Aggressor Potential): Offenders designated by the assessment as having characteristics of a person with a higher than normal likelihood to be sexually aggressive towards other offenders inside a correctional facility. D. AI (Aggressor Incarcerated): Offenders identified in the assessment who have sexually assaulted an offender in a correctional setting. The finding is based on a preponderance of the evidence. E. NS (No Score): Offenders who did not score with victim or aggressor characteristics. F. Mixed Codes: Offenders designated by the assessment as having characteristics of persons with a higher than normal likelihood to be both sexually aggressive and sexually assaulted. Contact the SVP-R Master Trainer at your correctional facility to review the case and make a determination of the correct assessment code for the offender.

In addition to the required review detailed in the standard, the SVP considers additional aggressive behaviors for determining an SVP risk.

(a) (b) IDOC conducts a screen called a Sexual Violence Propensity Assessment Scoring Guide for Offenders (SVP-R) during the intake screening, 30 days of admission or transfer, annually an upon transfer to another facility. Instructions for completing this assessment is in the Sexual Violence Propensity Assessment Scoring Guide for Offenders (confidential document). Per facility procedure, *All residents coming into the facility will have a SVP assessment completed prior to assigning housing. The SVP will also be updated within 30 days of arrival.* The auditor confirmed through interviews with

staff and residents that the screening occurs immediately upon arrival. Random interviews of Resident Officers from all three shifts confirmed that they complete the SVP and have been trained on how to complete the assessment.

(c) Sexual Violence Propensity Assessment Scoring Guide for Offenders is a 29-page guide on how to complete the assessment. Additionally, it was reported by staff that they have been trained in conducting the assessments and one staff is designated as the master trainer. There are seventeen items assessed based on records available, resident responses and scorer interpretation.

(d) The auditor reviewed and analyzed the assessment tool. The risk assessment includes the following in addition to other questions:

- (1) Whether the resident has a mental, physical, or developmental disability;
 - (2) The age of the resident;
 - (3) The physical build of the resident;
 - (4) Whether the resident has previously been incarcerated;
 - (5) Whether the resident's criminal history is exclusively nonviolent;
 - (6) Whether the resident has prior convictions for sex offenses against an adult or child;
 - (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - (8) Whether the resident has previously experienced sexual victimization;
 - (9) The resident's own perception of vulnerability;
- Other assessment questions relate to non-sexual predatory violence, aggressive behavior demonstrating an intimidating attitude, experience or familiarity with prison culture or "street wise" behavior and possible gang involvement.

(e) The initial screening does also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

(f) Per facility procedure, all residents coming into the facility will have a SVP assessment completed prior to assigning housing. The SVP will also be updated within 30 days of arrival. Resident and intake staff interviews confirmed this process, ensuring the auditor that both assessments are completed individually, privately and verbally – not by having the resident complete a questionnaire. The auditor requested and received the SVP for the first five residents to enter in February 2021. All confirmed that an initial assessment and 30 day assessment was completed.

(g) Policy and the Sexual Violence Propensity Assessment Scoring Guide for Offenders both require that a resident's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. It requires transgender residents to be reassessed every six months and all other residents to be reassessed annually.

(h) Policy, Sexual Violence Propensity Assessment Scoring Guide for Offenders, interviews with staff who complete the assessment and resident interviews all confirmed that residents would not be disciplined for refusing to answer or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

(i) During the audit, the auditor confirmed that all staff have access to the information that led to the score. The auditor finds this is appropriate controls on the dissemination within the facility, due to the small size of the facility and that resident officers are trained and complete the risk assessment upon arrival.

Policy supports all aspects of the standard provisions. Review of the SVP confirmed that it addresses all requirements of the provision, in addition to a few others. Random requests for completed risk assessments confirmed that it is being conducted upon arrival and within 30 days. Resident interviews confirmed that they are asked the key questions verbally, privately and at both assessments. Interviews with intake staff confirmed that they are trained, use the guidance of the written directions and educate all residents upon intake and within 30 days. Therefore, the auditor found ample evidence to support a finding of compliance.

Standard 115.242: Use of screening information

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless 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 lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless 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 lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless 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 lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Screening for Risk of Victimization or Abusiveness

- Observations facility tour – housing/living conditions
- Interviews PREA Compliance Manager/ PREA Coordinator
- Interview with staff who conduct Risk screens
- Sexual Violence Propensity Assessment Scoring Guide for Offenders - Confidential
- Intake Acknowledgement form

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: : Screening for Risk of Victimization or Abusiveness states
 POLICY AND PROCEDURE PREA #104 Screening for Risk of Sexual Victimization and Abusiveness, states

Use of Screening Information

1. *The Department shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.*
2. *The Department shall make individualized determinations about how to ensure the safety of each offender.*
3. *In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety, and whether the placement would present management or security problems.*
4. *A transgender or intersex offender’s own views with respect to his or her own safety shall be given serious consideration.*
5. *Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.*
6. *The Department shall not place lesbian, gay, bisexual, transgender or intersex offenders 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.*

(a) (b) The Sexual Violence Propensity Assessment Scoring Guide for Offenders give specific directions on how residents are to be housed based on the outcome of the assessment. Based on the operation of the facility and that residents are leaving to go to work assignments/programming, the auditor concluded that this provides sufficient guidance on keeping residents safe by making an informed decision on housing, per facility procedure.

(c) (d) (e) (f) No transgender residents were housed at the facility at the time of the audit. It was confirmed in policy and interviews that a transgender or intersex resident’s own view with respect to his or her own safety will be given serious consideration. Anecdotal information provided to the auditor during the tour regarding prior residents who identified as transgender confirmed to the auditor that the facility considers on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. Additionally, policy and interviews confirmed that a transgender and intersex resident would be given the opportunity to shower separately from other residents. As stated, per the SVP Scoring Guide, transgender residents are re-assessed every six months.

At intake, the following is addressed immediately upon arrival:

1. Birth Sex: Male ≤ Female ≤ 2. Gender Identification: Male ≤ Female ≤ 3. Are you Transgender or Intersex? No ≤ Yes ≤ IF NO, FORM IS COMPLETE, STOP AND SIGN HERE: Offender’s Signature Date Staff’s Signature Date IF YES, COMPLETE REMAINING QUESTIONS: 3a. Transgender Status: Male to Female ≤ Female to Male ≤ Name Preference: 3b. Intersex: No ≤ Yes ≤ Preferred Pronoun: He ≤ She ≤ Offender’s Signature Date Staff’s Signature Date FOR OFFICE USE ONLY: ICON #: 1.) Notify Supervisor of Transgender/Intersex Status

(g) The auditor concludes that the agency, nor this facility places lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. There is no consent decree, legal settlement, or legal judgment in place requiring this. This is based on agency policy, facility policy and observations of three prisons and three residential facilities.

Based on the policy, the SVP guide, interview with the staff who is a master trainer, anecdotal information provided regarding how transgender/intersex residents have been housed, review of resident rosters with SVP score, staff knowledge of the score and its use, and the interview with the Program Managers all provided ample evidence for the auditor to find the facility in compliance with the requirements of this standard.

REPORTING

Standard 115.251: Resident reporting

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting
- Interviews with residents
- Interview random staff
- FAQ
- Communication with the Iowa Ombudsman's office

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting states,
Offender Reporting

1. *The Department shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.*
2. *The Department shall also inform offenders of at least one way to report abuse or harassment to a public or private entity or office that is not part of the department and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to department officials, allowing the offender to remain anonymous upon request.*
3. *Staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.*
4. *The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders. The expectation is that staff report verbally to supervisory staff in a private setting.*

(a) (b) At intake, the residents are provided with the PREA intake packet. As stated, It is an eleven page document a list of resources is included as an attachment. Residents sign acknowledging receipt of this information. Additionally, the Iowa Office of Citizens' Aide/Ombudsman is a public entity that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

(c) Policy supports the requirements of this provision which includes that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. All random staff interviews confirmed to the auditor that staff are aware of these requirements regarding reporting as well. Residents are able to mail letters directly through the post office when in the community and do not have to rely on staff for processing mail.

(d) All random staff interviews confirmed to the auditor that they have numerous options for reporting privately and provided the auditor specific examples of how they would accomplish this.

Therefore, the auditor concluded that the facility is compliant with the standard based on the following: interviews with the residents, interviews with the staff, review of the resident information, observations of the posters and announcements in the facility.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting
- Observations
- Interviews PREA Coordinator
- Offender Grievance Procedure
- PAQ

The PAQ indicated the following:
 zero grievances regarding sexual abuse
 zero of emergency grievances
 zero grievances written in bad faith
 zero third party grievances.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting states,

Exhaustion of Administrative Remedies

1. *The Department shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.*
2. *The Department may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.*
3. *The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.*
4. *Nothing in this section shall restrict the Department's ability to defend against a lawsuit filed by an offender on the ground that the applicable statute of limitations has expired.*
5. *The Department shall ensure that—*
 - a. *An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and*
 - b. *Such grievance is not referred to a staff member who is the subject of the complaint.*
6. *The Department shall issue a final department decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.*

7. *Computation of the 90-day time period shall not include time consumed by offenders in preparing any administrative appeal.*
8. *The Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender in writing of any such extension and provide a date by which a decision will be made.*
9. *At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.*
10. *Third parties, including fellow offenders, staff members, family members, attorneys and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.*
11. *If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.*
12. *If the offender declines to have the request processed on his or her behalf, the department shall document the offender's decision.*
13. *The Department shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse.*
14. *After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours and shall issue a final department decision within 5 calendar days. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.*
15. *The Department may discipline an offender for filing a grievance related to alleged sexual abuse only where the department demonstrates that the offender filed the grievance in bad faith.*

The Offender Grievance Procedure instructs residents on filing of grievances. It informs residents that while under the supervision of the 8th Judicial District Department of Correctional Services they have the right to file a grievance in the following manner: Additionally, "Any offender may file a grievance with the appropriate official anytime he/she feels that his/her rights have been violated or are about to be violated by administrative actions, conditions, correctional control, treatment or services. This includes but is not limited to sexual misconduct as defined in the Prison Rape Elimination Act materials."

It further informs the residents that they are not restricted to making complaints through the District Grievance Procedure. "For complaints concerning sexual misconduct you may contact the Department of Corrections Office of Victim and Restorative Justice, 510 E 12th Street Des Moines, IA 50319. There is also a hotline number to Department of Corrections to report sexual abuse - at 866-778-5815. Offenders may also lodge a complaint with the office of the Citizen's Aide/Ombudsman at anytime by calling (515) 281-3592 or 1-888-426-6283 (toll-free nationwide) or by writing Office of Citizens' Aide/Ombudsman, Ola Babcock Miller Building 1112 East Grand, Des Moines, Iowa 50319 or email ombudsman@legis.state.ia.us." It additionally addresses emergency grievances.

(a) (b) (c)(d) (e) (f) (g) Policy supports the requirements of this standard. It was reported by the PREA Coordinator that formal grievances are extremely rare. The auditor found no reason to believe otherwise during the audit process. The resident grievance procedure provides brief directions regarding how to file a grievance.

For the reasons stated above, the auditor found the facility to be compliant with the requirements of this standard.

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting
- Observations
- Interviews Random residents
- Resident information
- MOU
- RVAP postings

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting states,
Offender Access to Outside Confidential Support Services

1. *The facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between offenders and these organizations, in as confidential a manner as possible.*
2. *The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.*
3. *The Department shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The Department shall maintain copies of agreements or documentation showing attempts to enter into such agreements.*

(a) The Resident Intake packet includes the name, address and a toll free phone number for RVAP. The Resident intake packet includes the following information. *RVAP: Services offered by sexual assault advocates include: Accompanying victims through each component, from initial contact and actual exam to discharge and follow-up appointments; Serving as an information resource for victims: To answer questions, To explain the importance of law enforcement involvement, and; Explaining the medical and legal aspects of the exam; Assisting in coordination of victim transportation to and from the exam site; Providing the victims with crisis intervention and support to help cope with the trauma and begin the healing process; Actively listening to victims to assist in sorting through and identifying their feelings;. Advocating for victims' self-articulated needs to be identified and their choices to be respected; Supporting victims in voicing their concerns to relevant responders; Providing replacement clothing when clothing is retained for evidence; Aiding victims in identifying individuals who could support them as they heal; Helping victims' families and friends cope with their reactions to the assault, providing information, and increasing their understanding of the type of support victims may need from them; Assisting victims in planning for their safety and well-being.*

(b) Resident interviews confirmed to the auditor that they are aware of a number available, posted by the phones. They believe the call is free and confidential. Currently, telephones available to the residents are pay phones. They can use the "house phone" but typically have to tell the resident office who they are calling. Additionally, some residents earn cell phone privileges which can be used when outside the facility.

(c) The facility has a signed MOU with RVAP. Agreements include the following:

- Forwarding any PREA related reports made by a third party with a signed release
- Provide an advocate to be available to the resident-victim at no cost
- Allow RVAP to visit a resident victim at any time and provide a room to meet privately (PREA training to be provided to RVAP staff and volunteers)
- Provide residents with the 24-hour number for RVAP

Finding of compliance is based on the following: The facility does provide access to outside victim support advocated for emotional support services by giving both a toll-free phone number and mailing address. Residents are informed that it is confidential; additionally, they have the ability to use a pay phone, house phone or cell phone when earned. Therefore, there is the ability to have reasonable communication with staff from this organization. They are able to place mail in the post office box without having to have a staff do it for them. As noted, there is an MOU with RVAP to provide the services outlined above.

Standard 115.254: Third-party reporting

115.254 (a)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting
- PAQ
- Interviews random offenders
- Interviews with random staff
- Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents – facility website

The PAQ indicates that information regarding how to file a third party complaint is posted on the facility website.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Reporting states,
Third-party Reporting
The Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The facility website provides information (phone numbers, names) for reporting concerns regarding sexual abuse or sexual harassment.

Policy, facility website and random staff interviews all confirm that information is publicly posted regarding how to report and all staff are aware that they are to accept third party allegations.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

115.261 (a)

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

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

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- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report
- Interviews Random staff
- Interview with the Director
- Interview with the investigator

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report states,
Staff and Department Reporting Duties

1. *Staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.*
2. *Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security and management decisions.*
3. *Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse pursuant to paragraph (1) of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.*
4. *If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.*
5. *The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.*

(a) All random staff interviews confirmed to the auditor that staff are aware they are required to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation as required in policy. The interview with the Director further confirmed that the expectation of this operation is for all allegations of sexual abuse and sexual harassment, including third party and anonymous reports be immediately reported to supervisors, the PREA Coordinator, then to the Director for proper action to be initiated.

(b) Staff interviews confirmed that they are aware they are to maintain confidentiality after making a report as required to make treatment, investigation, and other security and management decisions.

(c) This does not apply to this agency; they do not employ medical or mental health professionals.

(d) The facility reports there are no documents of reports to designated State agency in accordance with mandatory reporting for under 18 or those considered a vulnerable adult. The interview with the Director confirmed that the investigator/PREA Coordinator would ensure that if an allegation was regarding an elder as defined by state law, a report would be forwarded to the Elder Abuse hotline number. They confirmed that the facility does not allow for residents under the age of 18 to be housed at this program. The auditor found no reason to dispute this during the audit process.

(e) All random staff confirmed their knowledge of who completes investigations. The investigator confirmed that all investigations, or potential investigations (Knowledge, suspicion, retaliation, staff neglect) have been immediately reported to the person assigned to conduct the investigation.

Policy supports the requirements of the standard. Resident and staff interviews all confirmed to the auditor that if an allegation or suspicion is received, it will be immediately forwarded to the supervisor. Staff all confirmed they are aware of the requirement to maintain confidentiality. The PREA Coordinator/investigator confirmed that mandatory reporting to other agencies would occur. Therefore, this standard is deemed to be in compliance.

Standard 115.262: Agency protection duties

115.262 (a)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report
- Interview Director
- Interviews with Program Manager
- Interviews with random staff

The PAQ indicates there have been no instances in which a resident was subject to substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report states,
Agency Protection Duties

When the Department learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender.

Interviews with the Director, Program Managers and all random staff confirmed that intervention would occur if a staff believed a resident was at imminent risk of sexual abuse, and their intervening actions would be supported by supervisors, management and administration. The Director demonstrate support of this intervention by confirming that he would consider transferring the resident to another residential facility in his district if necessary.

Finding of compliance is based on the following: Policy supports the findings of the standard. Based on the interviews with staff and residents, the auditor believes this facility has a culture of supporting all staff who believe an incident is imminent and would talk actions to stop it before it gets physical.

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report
- Interview Director
- Interviews with Program Managers (PREA Coordinator and PCM)

The PAQ indicates there were no allegations received that resident was abused while confined at another facility, no allegations received from another facility about sexual abuse that occurred in this facility. The auditor found this statistic credible.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report states,
Reporting to Other Confinement Facilities

1. *Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Facility Manager shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.*
2. *Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.*
3. *The Department shall document that it has provided such notification.*
4. *Upon notification from another facility/agency that an offender was sexually abused at one of the facilities operated by this department, that allegation shall be investigated fully by policy.*

(a), (b) (c) (d) Interviews with the Director and Program Managers affirmed to the auditor that action would be taken immediately (within 72 hours), from the head of the facility to the head of the other facility, if allegations were received at their facility about abuse that occurred at another facility; an investigation would commence immediately upon receiving information from another facility regarding abuse that allegedly occurred at this facility.

Policy supports compliance with the standard. Interviews with the Director, the staff, the PAQ and observations provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.264: Staff first responder duties

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report
- Observations
- Interviews with Random staff
- Interviews with the Director
- Interview with food service staff

The PAQ indicates there were no instances where a resident was sexually abused allowing for the collection of evidence. The auditor found this credible.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report states,

Staff First Responder Duties

Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;*
- If the first staff responder is not a Residential Officer, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify the on-duty Residential Officer or facility management;*
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;*
- If the abuse occurred within a time period that still allows for the collection of physical evidence, up to 120 hours, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and*
- If the abuse occurred within a time period that still allows for the collection of physical evidence, up to 120 hours, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.*

(a), (b) Resident officers confirmed that they are knowledgeable regarding the first responder duties should they be the first employee to become aware of allegations of sexual abuse. The food service staff was aware of her role if she is the one who becomes aware of a sexual abuse allegation at this facility.

Initially, the response plan was not specific about security staff and non-security staff. The auditor requested the facility to update the policy to reflect this. This was completed and an updated copy sent to the auditor for review. Review of policy and staff interviews confirming the required actions provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.265: Coordinated response

115.265 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report
- Offender on Offender Sexual Assault Allegation Flow sheet
- Staff on Offender Sexual Assault Allegation Flow sheet
- Random staff interviews

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report states,
Coordinated response

The facilities shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.

The sexual assault flow sheets include all requirements of the standard. All staff interviewed clearly understood the process on how to respond, including the notification to supervisors, investigators, medical and mental health needs.

Review of policy the response plan, flow charts for Offender-on-Offender Sexual Abuse and Staff on Offender Sexual Abuse, and staff interviews confirmed that the facility has provided sufficient evidence to support a finding of compliance with the requirements of this standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- AFSCME 2019-2021
- Interview with the PREA Coordinator

Review of the contract, interview with the PREA Coordinator confirmed that this union has no power or authority to interfere with changing staff assignments ending an investigation. Therefore, the standard is concluded to be compliant.

Standard 115.267: Agency protection against retaliation

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report
- Observations
- Interview with the Director
- Interview with the Designated staff member charged with monitoring for retaliation
- PAQ

The PAQ indicates there have been no instances of retaliation; there have been no instances of reported sexual abuse or sexual harassment. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Official Response Following an Offender Report states,
Agency Protection Against Retaliation

1. *The Department shall protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. Multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offenders abusers from contact with victims and emotional support services will be employed for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.*
2. *The Department shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.*
3. *For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items the Department should monitor include any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency shall continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PREA Compliance Managers (Residential Managers) shall be responsible for said monitoring.*
4. *In the case of offenders, such monitoring shall also include periodic status checks.*
5. *If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation.*
6. *The Department's obligation to monitor shall terminate if the Department determines that the allegation is unfounded.*

The interview with the Director confirms a strong commitment to ensuring that no one experiences retaliation for reporting sexual abuse, sexual harassment, retaliation or staff neglect that may have led to sexual abuse or sexual harassment. He supported this with indicating that the situation would be dealt with swiftly, quick removal of the retaliator, and even considering moving that person experiencing retaliation to the other operation in the district, if needed.

The interview with the Director, PREA Coordinator and PCM all confirmed that they are aware of the requirements of the standard and will monitor using the IDOC data base upon report of an allegation. The auditor reviewed the IDOC data and determined it does prompt the person monitoring for retaliation to meet all of the provisions of the standard. Policy supports the requirements of the standard. Therefore, the auditor deems this to be compliant.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Investigations
- Interviews Investigative staff
- PAQ
- Review of the agency wide data base
- Interview with the Director

- IDOC data base

The PAQ indicates there have been no substantiated allegations referred for criminal prosecution since last PREA audit. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Investigations states

Criminal and Administrative Investigations

1. *When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports.*
2. *Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.*
3. *Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.*
4. *When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.*
5. *The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. No Department shall require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.*
6. *Administrative investigations:*
 - a. *Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and*
 - b. *Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.*
7. *Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible.*
8. *Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.*
9. *The Department shall retain all written reports referenced in paragraphs (6) and (7) of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.*
10. *The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.*
11. *When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.*

(a)(b)(c)(d) (e) (f) (g)(h)(i)(j) The policy supports the requirements of all provisions of the standard. The interviews with the investigators/PREA Coordinator and the Director indicate that they are aware of the requirements and would ensure they are met. The Director further noted that with the ongoing investigation, he has experienced excellent communication with the local police department and the county attorney. There were no completed investigations for the auditor to review. The facility reported that they would use the Department wide data base for initiating and tracking investigations, including suspicions.

(k) Auditor not required to audit this provision.

The policy requires that all provisions of the standard be addressed. The interview with the investigator confirmed that all provisions of the standard would be part of any investigation initiated. Further support from the Director provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.272: Evidentiary standard for administrative investigations

115.272 (a)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Investigations Interview Investigative staff

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Investigations states,

Evidentiary Standard for Administrative Investigations

The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy and the interview with investigators/PREA Coordinator confirm that this is the standard to substantiate an administrative hearing. Therefore, the standard is compliant.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Investigations Interviews Investigative staff
- PAQ
- MOU with Burlington PD
- Resident Intake packet
- Interview with the Director

The PAQ indicates the following:

Zero investigations of alleged sexual abuse completed

Zero investigations of alleged sexual abuse completed where resident was notified of the results (verbally or in writing)

Zero sexual abuse investigations completed by an outside agency

Zero notifications of the results of an investigation completed by an outside agency

Zero substantiated cases of staff sexual abuse

Zero notifications made pursuant to those

Zero notifications provide to residents

Zero of those that are documented

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Investigations states,

1. *Following an investigation into an offender's allegation of sexual abuse suffered in a Department facility, the Department shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.*
2. *If the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender.*
3. *Following an offender's allegation that a staff member has committed sexual abuse against the offender, the Department shall subsequently inform the offender (unless the Department has determined that the allegation is unfounded) whenever:*
 - a. *The staff member is no longer in the offender's facility;*
 - b. *The staff member is no longer employed at the facility;*
- c. *The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or*
- d. *The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*
4. *Following an offender's allegation that he or she has been sexually abused by another offender, the Department shall subsequently inform the alleged victim whenever:*
 - a. *The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*
 - b. *The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*
5. *All such notifications or attempted notifications shall be documented.*
6. *The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.*

(a) (b)(c)(d) (e) The facility's policy supports the requirements of the standard. The facility has reported it has no investigations during the reporting time frame, the auditor did not find evidence to dispute this statement. The investigator(s)/PREA Coordinator confirmed that notices are required and would be sent. The interview with the Director further supported that the facility will make a notification of whether the investigation was substantiated, unsubstantiated or unfounded to all residents who have made an allegation of sexual abuse. Additionally, residents are informed of this requirement in the resident intake packet. Finally, there is an MOU with the Burlington PD and County Attorney that ensures agreement and cooperation with the investigation process.

Policy, MOU with the County Attorney and interviews with the Director and investigator all confirmed to the auditor that there is sufficient evidence to support a finding of compliance.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Discipline
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PERSONNEL: Code of Conduct and Work Rules
- Interviews with the PREA Coordinator
- PAQ

The PAQ indicates there have been zero of staff who have been disciplined for violation of agency sexual abuse or sexual harassment policies, zero staff who have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies. The auditor found no reason to dispute this during the audit process. One ongoing investigation that may lead to staff discipline and/or termination was discussed with the PREA Coordinator.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Discipline states

Disciplinary Sanctions for Staff

1. *Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.*
2. *Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.*
3. *Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.*
4. *All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.*

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PERSONNEL: Code of Conduct and Work Rules states,

Employees may have no physical contact with inmates, offenders, visitors, or the public except when such contact is a part of the employee's duties. Such contact will be performed in a professional manner.

Abuse of and employee's position or authority by requesting, forcing, or engaging in consensual or non-consensual sexual relations or sexually-related activities, including sexually aggressive remarks, with inmates or offenders is considered serious misconduct and will result in discipline up to and including discharge, and may result in legal action against the employee.

Employees may not correspond with an inmate or offender, or with any outside party on behalf of an inmate or offender, or assist in conducting such correspondence, or be a medium of communication in any way between an inmate or offender and any other person without proper authorization.

Employees must report to their supervisor, or designee, within 24 hours any employee, including himself or herself, who violates any law, rule, or regulation at any time that affects the security, reputation or well-being of the district, including its residential correctional facilities.

Employees will report known violations. Any employee who observes or has knowledge of a violation of any law, rule, or regulation and who willfully or through negligence fails to report the offense to their supervisor, or designee, within 24 hours is in violation of this rule.

(a) (b) (c)(d) Policies noted above supports the requirements of the standard. The PREA Coordinator and Director confirmed that these provisions would be followed in the event that a staff member is the subject of a sexual abuse investigation, which is substantiated. Discussion of one ongoing investigation confirms to the auditor this would be true. Therefore the facility is deemed to be compliant with the requirements of this standard.

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Discipline
- Interviews PREA Coordinator/Program Manager
- PAQ
- Interview with the Director

The PAQ indicates there have been no contractors or volunteers who have been reported to law enforcement and/or relevant licensing bodies. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Discipline states,

POLICY: The Eighth Judicial District Department of Correctional Services shall develop a policy Corrective Action for Contractors and Volunteers

- 1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.*
- 2. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.*

(a) (b) Policy supports the requirements of the standard. The PREA Coordinator confirmed that these provisions would be followed in the event that a volunteer/contractor is the subject of a sexual abuse investigation, which is substantiated. He confirmed that he has the authority and would prohibit the volunteer or contractor from contact with offenders pending the outcome of the investigation. The interview with the Director provided additional confirmation of this facilities ability and commitment to ensuring a contractor/volunteer is not allowed further contact with a resident.

Based on above, the auditor found sufficient evidence to support a finding of compliance with the requirements of the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Discipline
- Interviews Director/PREA Coordinator
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES DISCIPLINARY SANCTIONS
- Document showing sanctions commensurate
- State of Iowa Department of Corrections Chapter 8 Work Release/OWI Programs Community Based Programs Rule Violations, Disciplinary Process, time loss and Appeals
- Interview with the Director

The PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA Discipline states,
Disciplinary Sanctions for Offenders

1. *Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.*
2. *Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories.*

3. *The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.*
4. *If the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.*
5. *The Department may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.*
6. *For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.*
7. *The Department may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity. The Department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.*

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES DISCIPLINARY SANCTIONS states,

1. *The district shall establish clearly defined written rules and regulations for residential facilities. In addition, each residential facility of the district shall establish local rules and regulations to insure offender accountability and proper operation of the facility.*
2. *When offenders are found to be in violation of facility regulations, it is the responsibility of the staff to take appropriate disciplinary action in accordance with due process safeguards and in accordance with generally accepted practices of effective correctional interventions.*
3. *Facility staff are afforded considerable authority and discretion in utilizing the following disciplinary measures. Disciplinary measures available to staff include but are not limited to:*
 - A. *Reprimand.*
 - B. *Special conditions added to the release plan or agreement (drug treatment, marital counseling, etc.).*
 - C. *Placement in any phase of the facility level/phase system.*
 - D. *Restriction of privileges or activities.*
 - E. *Extra duty in the facility.*
 - F. *Forfeiture of earned time (DOC offenders only).*
 - G. *Imposition of several disciplinary measures at the same time (restriction, extra duty, special conditions, etc.).*
 - H. *Assessed damages for damaged, destroyed, or stolen property related to the rule violation.*
 - I. *Recommendation for revocation (Probation and Parole offenders)*
 - J. *Recommendation for removal from program. (OWI and WR offenders)*
 - K. *Treatment or behavior contract(s)*
4. *The following standards indicate when it would be appropriate to impose the above disciplinary measures.*
 - A. *Reprimand - As a preventive measure or following minor violations.*
 - B. *Special Conditions - When specific behavior problems or offender needs are identified by facility staff and treatment measures are incorporated as part of the offender's Work Release Plan, OWI Plan, Probation or Parole Agreements (psychological or psychiatric assistance, substance abuse treatment, family counseling, etc.).*
 - C. *Placement in Phase/Level System - For any violation or in conjunction with other restrictions or sanctions imposed by the committee.*
 - D. *Restriction of privileges or activities following violations after previous reprimands and repeated violations or major violations. Can include restriction of furlough privileges, in-house recreation, or room restrictions.*

- E. *Extra duty - (usually cleaning in the facility) - following minor violations or in conjunction with restriction or other sanctions.*
- F. *Forfeiture of Good Time - For OWI/Work Release offenders. Refer to State Policies concerning Time Loss.*
- G. *Assessed Damages - Items broken/stolen - itemized list of item costs on decision sheet.*
- H. *Recommendation of Revocation - For Probation/Parole offenders. Usually used when it becomes apparent that the offender is not complying with objectives of treatment or is otherwise refractory.*
- 5. *Disciplinary sanctions may be suspended subject to the following conditions:*
 - A. *Time frames must be specified in the disciplinary hearing decision in ICON and shall not exceed sixty (60) days.*
 - B. *Conditions of the suspension (duration and reasons for invoking penalty) shall be documented.*
 - C. *The suspension may be invoked only upon a finding of guilt for a subsequent major violation.*
 - D. *The violation shall be applied to the offender's record and not be expunged.*
 - E. *When several sanctions are imposed, the committee may suspend part or all of the sanctions.*
- 6. *Depending on the particular violation, several disciplinary measures maybe taken at one time, as noted below:*
 - A. *A reprimand in conjunction with any other disciplinary.*
 - B. *Special conditions along with any other disciplinary measure, so long as the offender remains at the facility.*
 - C. *Extra duty along with any other disciplinary action.*
 - D. *Recommendations for loss of good time.*
- 7. *For applicable procedures, see Policy on Disciplinary Process.*

Resident Intake packets include the following: Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. The facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Eighth Judicial District Department of Correctional Services 8 of 11 08/12/2014 For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility prohibits all sexual activity between offenders in-house and may discipline offenders for such activity. The facility may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

(a) (b) (g) In addition to policy, the State of Iowa Department of Corrections Chapter 8 Work Release/OWI Programs Community Based Programs Rule Violations, Disciplinary Process, time loss and Appeals is a 24-page policy that applies to community programs that dictates all the requirements for the disciplinary process including a formal hearing, the sanctioning process and confirms that

sanctions are commensurate with the nature and circumstances of the abuse, disciplinary sanctions are progressive.

(c) (d) (e) (f) Policy supports the following: the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed; if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits; the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact; and for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interview with the Director supported that sanctions can include in-house sanctioning to revocation to prison, to being arrested for new charges. Additionally, he stated that the facility would treat every case individually and look for mitigating and aggravating factors before making decisions on discipline. The facility had no examples of disciplinary action for sexual abuse to review.

Finding of compliance is based on the following: Facility policy directs that all requirements of the standard be enforced. As stated, the PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period. Residents are informed of the expectations and sanctions for violating rules. The interview with the Director and PREA Coordinator provided further assurance that the provisions of the standard would be followed.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA: Access to Medical and Mental Health Services
- Iowa Domestic Abuse Comprehensive Program - map of locations
- Iowa SAE Protocol
- MOU RVAP
- National Protocol for sexual assault medical forensic examinations
- Interviews with potential first responders
- Coordinated response plans - Offender on Offender, Staff on Offender
- MOU with the medical center

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA: Access to Medical and Mental Health Services states
Access to Emergency Medical and Mental Health Services

1. *Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.*
2. *Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.*
3. *Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*

(a)(b) Policy supports that victims will receive unimpeded access to emergency medical treatment and crisis intervention services. This is further supported by the MOU with RVAP and the medical center. The coordinated response plans and responses to random staff interviews both provided evidence for the auditor to believe that medical assistance would be immediately sought for the resident victim of sexual abuse.

(c) Policy and the MOU with the medical center both confirm that the resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually

transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) Iowa SAE Protocol states, APPENDIX C - PAYMENT FOR SEXUAL ASSAULT EXAMS
The State of Iowa pays for a sexual assault examination regardless of whether the victim reports the crime to law enforcement.

All resident medical treatment is provided in a community setting. Based on this and the documentation provided, the auditor finds that the requirements of the standard are required to be met if a sexual abuse incident occurred at this facility.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

115.283 (a)

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

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA: Access to Medical and Mental Health Services
- Iowa SAE appendix

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: PREA: Access to Medical and Mental Health Services states,

Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

1. *The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility.*
2. *The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.*
3. *The facility shall provide such victims with medical and mental health services consistent with the community level of care.*
4. *Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.*
5. *If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.*
6. *Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.*
7. *Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*

8. *The facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.*

(a) (b) (c) (f) In addition to policy, SAE Iowa Protocol provides the following information regarding resources for follow up care which can be used by the residents of this facility and continued onto release:

Sexually Transmitted Infections For current treatment guidelines: Centers for Disease Control & Prevention Sexually Transmitted Diseases Treatment Guidelines 2015:

<http://www.cdc.gov/std/tg2015/tg-2015-print.pdf> or, the Pocket Guide can be downloaded at:

<http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf>). For information on HIV prophylaxis in

adults/adolescents, see: Centers for Disease Control & Prevention, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines.

<http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf> See also Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States.

MMWR, January 21, 2005 / 54(RR02); 1-20. Centers for Disease Control & Prevention homepage:

<http://www.cdc.gov/> New York Health Department HIV Clinical Resources:

<http://www.hivguidelines.org/clinicalguidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupationalexposure-including-sexual-assault/> National Clinician's HIV/AIDS Consultation Center for

warm/hot lines: <http://www.nccc.ucsf.edu/> For STD clinic sites in Iowa see the Iowa STD Clinics

website: <http://yourstdhelp.com/iowa.html> For Iowa STD program information/statistics:

<http://idph.iowa.gov/hivstdhep/std/resources> For information on HIV testing and treatment sites and HIV/AIDS information/stats in Iowa see Iowa Department of Public Health website:

<http://idph.iowa.gov/hivstdhep/hiv> Emergency Contraception The Emergency Contraception Website.

Operated by Princeton University and the Association of Reproductive Health Professionals (it has no connection with pharmaceutical companies). <http://ec.princeton.edu/>. Iowa Adult Sexual Assault

Protocol Appendix C APPENDIX C - PAYMENT FOR SEXUAL ASSAULT EXAMS The State of Iowa

pays for a sexual assault examination regardless of whether the victim reports the crime to law enforcement. This is done to ensure that prosecutors and law enforcement officers will have evidence

efficiently and effectively collected if the victim later reports that crime. Funds for the Sexual Abuse

Examination Payment Program come from the Crime Victim Compensation Fund. That fund is

comprised entirely of fines and penalties paid by convicted criminals. Iowa Code 709§10, states that

"The cost of a medical examination for the purpose of gathering evidence and the cost of treatment for the purpose of preventing venereal disease shall be paid from the fund established in section 915.94."

Hospitals, physicians and other medical providers who collect and process evidence of sexual abuse

submit bills directly to the Sexual Abuse Examination Payment Program. In the event that a victim is

erroneously billed and pays for the cost of the evidence collection, the program will reimburse that

victim. Bills should be sent to: Sexual Assault Examination Program Iowa Attorney General's Office

Lucas Building, Ground Floor 321 E. 12th St. Des Moines IA 50319 For questions, contact (515) 281-

5044 or Toll Free: (800) 373-5044 See also the Iowa Attorney General's Office website, "Sexual

Assault Examination Payment Program:" ([https://www.iowaattorneygeneral.gov/for-crime-](https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examinationpayment-program/)

[victims/sexual-assault-examinationpayment-program/](https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examinationpayment-program/)) For more information regarding how to apply for

payment for sexual assault exams in your institution, see the Iowa Administrative Rules website,

section 61-9.82(915), "Application for Sexual Abuse Examination Payment." In some cases, particularly

when the victim does choose to report the crime to law enforcement, additional expenses for medical

treatment, counseling, lost wages due to the crime, or reimbursement for clothing may be covered by

the Iowa Crime Victim Compensation Program. For more information, go to:

<https://www.iowaattorneygeneral.gov/for-crimevictims/crime-victim-comp>. Additionally, the facility also

provided the following resources in the State of Iowa that would be afforded to residents of the facility

and continued into the community: Crime Victim Compensation Program and Iowa Protective Order

Notification for Domestic Abuse Program (IPONDA).

In addition to policy, the SAE Iowa Protocol supports that treatment is provided in the community and therefore consistent with community level of care.

(d) (e) are not applicable to this facility as it houses only males.

(g)The policy confirms that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The MOU confirms that the treatment for STDs would be a no cost to the victim.

(h) It is highly unlikely that a known resident-on-resident abuser would be allowed to remain at the residential center, therefore, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners would be conducted at the receiving prison. The auditor reviewed policy when conducting audits at the facility and found this provision to be compliant.

Finding of compliance is based on the following: Policy supports the requirements of the standard. Medical and mental health care for residents is through community providers therefore services would be consistent with community standards of care. Additionally, the State of Iowa offers numerous resources that would be afforded to the residents as they are in the community to get follow up care as required by this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection
 - Iowa Department of Corrections Investigation Data base
 - Interviews PREA Coordinator /Incident Review Team Member
 - PAQ
 - Interview with the Director

The PAQ indicates there have been zero criminal/administrative investigations completed found to be substantiated or unsubstantiated so therefore zero completed sexual abuse incident reviews that occurred within 30 days. The auditor found no reason to dispute this during the audit process.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection states,
Sexual Abuse Incident Reviews

1. *The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.*
2. *Such review shall ordinarily occur within 30 days of the conclusion of the investigation.*

3. *The review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners.*
4. *The review team shall:*
 - a. *Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;*
 - b. *Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;*
 - c. *Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;*
 - d. *Assess the adequacy of staffing levels in that area during different shifts;*
 - e. *Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and*
 - f. *Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a) through (4)(d) of this section, and any recommendations for improvement, and submit such report to the District Director and PREA Coordinator.*
5. *The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.*

(a) (b) (c) (d) (e) Policy and interview with the staff who would be a member of the sexual abuse incident review team, currently the investigator, both support all aspects of the standard provisions. Evidence of prior reviews at other operations from the data base confirmed to the auditor that all provisions of the standard are addressed through this data base. The interview with the Director provided to the auditor a strong commitment to the requirements of the review, ensuring that all aspects as required by this standard would be addressed. Therefore, the auditor believes the facility would review an incident as required and considers the facility to be in compliance.

For the reasons noted above, the auditor found sufficient evidence to support a finding of compliance with all provisions of the standard.

Standard 115.287: Data collection

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Interview - Facility PREA Coordinator
- Definitions used for collecting data
- Annual report of findings from data reviews/corrective actions
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection states,

1. *The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.*
2. *The Department shall aggregate the incident-based sexual abuse data at least annually.*
3. *The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.*
4. *The Department shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.*
5. *Upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.*

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning, states

The Eighth Judicial District Department of Correctional Services has a Zero Tolerance Policy towards sexual abuse and sexual harassment and will have planning in place to help prevent such abuse or harassment.

(b) Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention, Detection, Response states, *PURPOSE: To ensure that all staff, contractors, vendors, volunteers, or agents of the Judicial District understand that engaging in a sex act with an individual committed to the custody of the Department of Corrections or a Judicial District Department of Correctional Services is an aggravated misdemeanor.*

POLICY: The Eighth Judicial District Department of Correctional Services has a zero tolerance policy toward all forms of sexual abuse and sexual harassment in facilities it operates.

DEFINITIONS:

Definitions related to sexual abuse.

For purposes of this part, the term—

Sexual abuse: includes—

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and*
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.*

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident: includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) Contact between the mouth and the penis, vulva, or anus;*
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and*
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.*

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer: includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) Contact between the mouth and the penis, vulva, or anus;*
- (3) 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;*
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;*
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;*
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;*
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and*
- (8) Voyeurism by a staff member, contractor, or volunteer.*

Voyeurism by a staff member, contractor, or volunteer: means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment: includes—

(1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another: and

(2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

The annual report includes the following categories:

Offender-on-Offender Abusive Contact
Offender-on-Offender Non-Consensual Acts
Offender on Offender Precursor Behavior
Offender on Offender Retaliation
Offender on Offender Other PREA
Staff Sexual Harassment
Staff Sexual Misconduct
Staff Retaliation

(a) Policy defines the behavior relevant to a PREA violation. It is consistent with the definition in the Prison Rape Elimination Act.

(b) An annual report has been completed from 2013 to present which aggregates the incident-based sexual abuse data at least annually.

(c) The data can provide information consistent with the questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

(d) All data, including investigation summaries and sexual abuse incident reviews would be stored in the Department of Corrections (Iowa) data base and therefore is securely stored.

(e) This facility does not contract with private facilities.

(f) Not applicable

The auditor found the standard to be in compliance for the following reasons: Policy supports the requirements including using standardized definitions of behavior, the auditor reviewed the annual reports and found it has uniform data from all sexual harassment, sexual misconduct, or sexual abuse allegations, which occurred in Eighth District DCS Residential Facilities.

Standard 115.288: Data review for corrective action

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection
- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning
- Interviews PREA Coordinator & PREA Compliance Manager
- Annual report of findings from data reviews/corrective actions
- Facility website

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection states,

Data Review for Corrective Action

1. *The Department shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including:*
 - a. *Identifying problem areas;*
 - b. *Taking corrective action on an ongoing basis; and*
 - c. *Preparing an annual report of its findings and corrective actions.*
2. *Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.*
3. *The Department's report shall be approved by the District Director and made readily available to the public through its Web.*
4. *The Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.*

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention Planning, states

The Eighth Judicial District Department of Correctional Services has a Zero Tolerance Policy towards sexual abuse and sexual harassment and will have planning in place to help prevent such abuse or harassment.

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Prevention, Detection, Response states, *PURPOSE:* *To ensure that all staff, contractors, vendors, volunteers, or agents of the Judicial District understand that engaging in a sex act with an individual committed to the custody of the Department of Corrections or a Judicial District Department of Correctional Services is an aggravated misdemeanor.*

(a) Upon review of the annual report for 2020, dated February 2021, there is data aggregated to help assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report has sections for the following:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; it addressed training for staff, extra rounds by staff, staff turnover and review of monitoring equipment.

(b) The report additionally includes a comparison of the current year's data and corrective actions with those from prior years and a review of the decreased allegations that have occurred, concluding this to represent progress in achieving the goal of eliminating sexual abuse and sexual harassment.

(c) The report is approved by the District Director. The auditor found the report on the facility webpage.

(d) The auditor reviewed the most current Annual report. No redactions were required on the Corrective Action Plan.

Policy, review of the Annual Report, and interview with the Director provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.289: Data storage, publication, and destruction

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

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

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection
- Interviews PREA Coordinator
- Annual report of findings from data reviews/corrective actions – 2013, 2014, 2015, 2016, 2017, 2018, 2019 and 2020
- Facility website - <http://www.8thjdcbc.com/offenderservices.html>

Eighth Judicial District Department of Correctional Services POLICIES AND PROCEDURES PREA: Data Collection states,

Data storage, Publication and Destruction

1. *The Department shall ensure that data collected pursuant to § 115.287 are securely retained.*
2. *The Department shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its Web site.*
3. *Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.*
4. *The Department shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.*

(a) (b) (c) (d) Facility policy ensures that data collected pursuant to § 115.87 are securely retained. Review of the report supports that it includes data from all residential operations in the 8th district. The facility does not contract with private facilities. The auditor checked the facility webpage and found reports for 2013, 2014, 2015, 2016, 2017, 2018, 2019 and 2020. The reports are on the facility webpage at <http://www.8thjdcbc.com/offenderservices.html>. Review of the reports concluded that no personal identifiers need to be removed. Policy supports that the data collected will be retained for at least ten years. This data is stored in the IDOC data base. The interview with the PREA Coordinator confirmed compliance with the requirements of the data collection standards.

Based on above, the auditor finds the requirements of the standard have been met.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Burlington Residential Facility is one of two facilities contracted by the Iowa Department of Corrections in the Eighth district. It has been audited every three years.

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

No referral or recommendation has been made by the Department of Justice regarding this facility.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire, sent by Burlington Residential Facility; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process.

(e) The agency shall bear the burden of demonstrating compliance with the standards. **Documentation used to support compliance was provided by the agency/facility.**

(f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type. **See comments in the report.**

(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. **See comments in the report.**

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities. **See comments in the report.**

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). **The auditor was not denied access to or copies of any documents requested.**

(j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. **The auditor has retained documents used to determine compliance.**

(k) The auditor shall interview a representative sample of residents, residents, and detainees, and of staff, supervisors, and administrators. **See report – methodology.**

(l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

The auditor was able to view and analyze video monitoring stations at the facility.

(m) The auditor shall be permitted to conduct private interviews with residents, residents, and detainees.

The auditor was allowed to conduct private interviews with residents, and staff.

(n) Residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Posters were visible during the audit. The auditor asked residents if they saw the posters and/or were aware of the audit. Most indicated yes but were not concerned about sexual abuse or sexual harassment. No confidential correspondence letter was received from staff or residents.

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. **An attempt was made via email to contact the administrator of the noted victim advocate organization. No return information was provided. The auditor contacted a qualified sexual abuse victim advocate by calling the hotline number. The auditor is confident based on the MOU and contact with an advocate employed by this organization that they provide services as represented by this facility.**

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review. – **noted in report**

(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards - **noted in report**

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: 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). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. – **noted in report**

(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action. – **noted in report**

(e) Auditors shall redact any personally identifiable resident or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice. **No redactions required**

(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public. **See policy and interview with Facility PREA Coordinator**

AUDITOR CERTIFICATION

I certify that:

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

Amy J. Fairbanks

June 20, 2021

Auditor Signature

Date