

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility: Eighth Judicial District Dept. of Correctional Services - Ottumwa Residential Facility	
Physical address: 1805 W. Jefferson, Fairfield, Iowa 52556	
Date report submitted: August 20, 2014	
Auditor Information	
Address: 864 Great Egret Circle, Sunset Beach, N.C. 28468 / 11820 Parklawn Dr., Suite 240 Rockville, MD 20852	
Email: stephen.huffman@aol.com / stephen.huffman@nakamotogroup.com	
Telephone number: 614-940-4696	
Date of facility visit: July 30-31, 2014	
Facility Information	
Facility mailing address: (if different from above) 245 Osage Drive, Ottumwa, Iowa 52501	
Telephone number: 641-682-3069	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Community treatment center <input checked="" type="checkbox"/> Community based confinement facility <input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> Halfway house <input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center
Name of Facility Head: Donn Bruess	Title: Residential Manager
Email address: donn.bruess@iowa.gov	Telephone number: 641-682-3069 Ext. 201
Name of PREA Compliance Manager (if applicable): Gary Peitz	Title: Asst. District Director
Email address: gary.peitz@iowa.gov	Telephone number: 319-753-5478 Ext. 321
Agency Information	
Name of agency: Eighth Judicial District Dept. of Correctional Services - Ottumwa Residential Facility	
Governing authority or parent agency: (if applicable) Board of Directors	
Physical address: 1805 W. Jefferson, Fairfield, Iowa 52556	
Mailing address: (if different from above) 245 Osage Drive, Ottumwa, Iowa 52501	
Telephone number:	
Agency Chief Executive Officer	
Name: Daniel T. Fell	Title: District Director

Email address: <i>dan.fall @ iowa.gov</i>	Telephone number:	<i>641-472-4242 Ext. 101</i>
Agency-Wide PREA Coordinator		
Name: <i>Gary Peitz</i>	Title:	<i>Asst. District Director</i>
Email address: <i>gary.peitz @ iowa.gov</i>	Telephone number:	<i>319-753-5478 Ext. 321</i>

AUDIT FINDINGS

NARRATIVE:

[Following information to be populated automatically from auditor compliance tool]

See attached:

DESCRIPTION OF FACILITY CHARACTERISTICS:

[Following information to be populated automatically from auditor compliance tool]

See attached:

SUMMARY OF AUDIT FINDINGS:

[Following information to be populated automatically from auditor compliance tool]

See attached:

Audit Findings

Eighth Judicial District Department of Correctional Services

Ottumwa Residential Facility

Ottumwa, Iowa

Narrative:

The site visit for the PREA audit of the Eighth Judicial District Department of Correctional Services Ottumwa Residential Facility, Ottumwa, Iowa was conducted on July 30-31, 2014. During the two days the auditor toured the facility and conducted formal staff and resident interviews and reviewed documentation. Thirteen male and female randomly selected residents from the three housing units were interviewed. Fourteen staff from all shifts was interviewed including District Director Daniel Fell. One substance abuse volunteer was also interviewed. Staff were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation.

An entrance meeting was held with the following persons in attendance: Gary Peitz, Assistant Director / PREA Coordinator and Ted Robinson, Residential Supervisor to discuss the audit schedule of activities. Following the entrance meeting I toured the facility from 8:30 a.m. to 9:30 a.m. In the past twelve months the facility has had three sexual assault / harassment allegation cases. On February 10, 2014 a female resident was harassing a male for sex and harassing his family and refused to cease the harassment resulting in parole revocation. The sexual harassment case was found to be substantiated through an investigation and review process. On June 30, 2014 a sexual abuse case was filed by a female resident who claimed she was sexually abused by two male residents while on an outside work detail and was determined to be unfounded after interviews and video monitoring footage at the work site indicated no force was evident. On July 1, 2014 a female resident reported she was inappropriately touched by a male resident while riding the bus. She also reported the male resident was writing letters to her as well. The male resident denied touching the female resident, but admitted to writing her. Review of the bus video monitoring system did not reveal any touching by the male resident. The male resident was transferred and the case was determined to be unfounded sexual abuse. I interviewed the female resident and she was comfortable with the decision and believed she was safe at the facility.

Description of Facility Characteristics:

The community based residential work release center was originally built with 40 beds in 1990. In 1998 eleven beds were added and in June of 2012 a \$4.2 million expansion was completed. The expansion more than doubled the square footage of the facility. Twenty-five more beds were added and additional meeting rooms and offices for the District's Mental Health Court Program, Drug Court Program and Sex Offender Treatment Program. The primary goal of the facility is assisting offenders in re-entering society through identifying and addressing specific need areas in order to lower the chance of recidivating. The typical average length of stay for the residents is 60-90 days. Offenders are housed in the facility, but receive most of their programming through a network of community service providers offering employment, substance abuse, mental health, medical and social services. Groups include sex offender treatment, Iowa Domestic Violence program and treatment, reasoning skills and relationship skills.

The center is an 80 bed male (64) and female (16) facility with an average population the past twelve months of 72 residents. The facility population at the time of the audit was 73. The center is a single story building constructed of bricks and mortar. The residents housing area consists of two and four person bedrooms. The center uses local hospital, Ottumwa Regional Health Center for medical and mental health care. The center has four trained investigators for administrative investigations and uses the Ottumwa Police Department and the Iowa Department of Corrections Investigative Division for criminal investigations. The center has an excellent relationship with the local Crisis Center for advocacy programs. Ms. Michella Friesen was contacted prior to the audit to discuss any sexual abuse / harassment allegations at the center and stated the facility enforces the PREA concept at the facility and has found no issues at the facility.

The resident population consists of state offenders on parole, probation, work release and also Federal supervision. Facility policy and rules limits contact between the male and female residents. Male and female residents are housed in separate wings, have separate hygiene areas, separate recreation areas and separate dining areas. They do share common visiting rooms that are under direct supervision.

The auditor found the staff and residents to be very aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were all aware of reporting responsibilities, preservation of evidence, as well as dealing with victims and abusers of sexual assault / harassment. The staff has all had extensive training on how to identify signs of sexual assault / harassment and how to deal and treat victims of sexual assault and or harassment.

Summary of Audit Findings:

An exit meeting was held July 31, 2014 with the following persons in attendance: Gary Pietz, Assistant District Director / PREA Coordinator, and Donn Bruess, Residential Manager and Ted Robinson, Residential Manager.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.211** STANDARD INSERTED HERE *Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.*

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

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

Policy 102-A page 1 states there is a zero tolerance of sexual abuse and harassment. Human Resource documentation reviewed indicated a zero tolerance and staff sign documents stating they understand the zero tolerance. The PREA coordinator is the Asst. Director reporting directly to the District Director.

[space for comments extends as needed here]

Standard number here **115.212** STANDARD INSERTED HERE *Contracting with other entities for the confinement of residents.*

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

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

The agency has not contracted with other entities for the purpose of confinement of residents.

[space for comments extends as needed here]

Standard number here **115.213** STANDARD INSERTED HERE *Supervision and monitoring.*

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

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

The District Director and other executive staff continuously monitor the staffing plan to ensure minimum staffing levels are always met using part-time employees. The staffing plan and schedules were reviewed and found to be adequate. The plan is reviewed and approved annually by the District Director.

[space for comments extends as needed here]

Standard number here **115.215** STANDARD INSERTED HERE *Limits to cross-gender viewing and searches*

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

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

The facility does not do cross-gender searches and policy REF-34-8 page 2 states the policy clearly. PREA policies 102-3a & 4 page 2 states if searches would occur, searches would be documented and transgender residents would

shower separately. Staff announce themselves when entering housing area of opposite sex. PREA policy 102-25 page 2 states transgender or intersex residents will not be searched for sole purpose to determine resident's genital status.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.216 STANDARD INSERTED HERE Residents with disabilities and residents who are limited English proficient.

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

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

PREA policy 102-D1 page 3 covers the elements of the standard. Staff do not use residents to interpret for other residents. An Iowa State interpreter listing is used.

[space for comments extends as needed here]

Standard number here 115.217 STANDARD INSERTED HERE Hiring and promotion decisions

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

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

Based upon interviews with District Director and H.R. Supervisor the elements of the standard are met. Background checks are being conducted for hiring and promotion. PREA policy 102-E1 through E8 pages 1-5 cover all elements of the standard.

[space for comments extends as needed here]

Standard number here 115.218 STANDARD INSERTED HERE Upgrades to facilities and technology.

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

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

Based upon interviews with District Director and other executive staff upgrades and modifications are always considered to improve the operation to ensure the safety of the residents.

[space for comments extends as needed here]

Standard number here 115.221 STANDARD INSERTED HERE Evidence protocol and forensic medical exams.

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

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

The facility has MOUs with the local hospital Ottumwa Regional Health Center and Crisis Center for SAFE/SANE and advocacy services. The facility also has an MOU with the Ottumwa Police Department and Iowa Department

of Corrections Investigative Division to assist with investigations. Staff has completed the Moss Group/ PREA Resource Center Investigative Training for proper protocol of evidence gathering. Youth are not housed at the facility. PREA policy 103-A3 through A6 page 2 cover elements of standard.
[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.222** STANDARD INSERTED HERE Policies to ensure referrals of allegations for investigations.

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

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

PREA policy 103-B2-3 page 2 and 3 cover the elements of the standard. The facility has four trained investigators for administrative investigations. The facility uses the Ottawa Police Department and IDCC Investigative Division for criminal investigations. The facility had three cases investigated in the past 12 months.
[space for comments extends as needed here]

Standard number here **115.231** STANDARD INSERTED HERE Employee training.

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

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

Facility training curriculum and training records were reviewed. All staff interviewed including executive staff, line staff and volunteer clearly understood the PREA standards. The IDCC web-based E-Learning covers all elements of the standard. PREA policy 100-104-A1-4 pages 1 and 2 cover standard elements as well.
[space for comments extends as needed here]

Standard number here **115.232** STANDARD INSERTED HERE Volunteer and contractor training.

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

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

Policy 104-B2 page covers all elements of the standard. Volunteer was interviewed and he clearly had and understood PREA training.
[space for comments extends as needed here]

Standard number here **115.233** STANDARD INSERTED HERE Resident education.

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

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

Residents receive training upon intake process. They receive rules and regulations. Through resident interviews they clearly understand PREA

and their right to be free from sexual abuse and harassment. PREA policy 104-C1-5 page 3 covers all elements of the standard. PREA posters are posted in several locations throughout the facility.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.234** STANDARD INSERTED HERE *Specialized training: Investigations.*

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

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

The facility has four trained investigators through the Moss Group / PREA Resource Center investigation training. The facility uses the I DOC and Ottumwa Police Department for criminal investigations. Certifications were reviewed and PREA policy 104-D1-4 pages 1-4 cover elements of the standard.

[space for comments extends as needed here]

Standard number here **115.235** STANDARD INSERTED HERE *Specialized training: Medical and Mental Health care.*

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

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

The facility uses the local hospital @ Ottumwa Regional Health Center for medical and mental health services. PREA policy 104-E2 page 4 covers the elements of the standard.

[space for comments extends as needed here]

Standard number here **115.241** STANDARD INSERTED HERE *Screening for risk of victimization and abusiveness.*

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

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

Review of the SUP screening instruments and interviews with Residential Officers and residents confirmed residents are safely placed in facility housing and programs from sexual abuse and harassment. The screening instrument is an objective instrument. PREA policy 105-A1-8 pages 1 and 2 cover the elements of the standard.

[space for comments extends as needed here]

Standard number here **115.242** STANDARD INSERTED HERE *Use of screening information.*

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

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

Through interviews with Residential Officers, who were very knowledgeable of the instrument in placing the residents in proper housing and programs. PREA policy 105-B1-6 pages 1 and 2 cover all elements

of the standard to ensure residents of not being sexually victimized from those of high risk of being abusive, there are no consent decrees or pending judgments for the agency.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.251 STANDARD INSERTED HERE Resident reporting,

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

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

Resident and staff interviews indicated residents are aware on when and how to report any sexual abuse or harassment incidents through verbal or written reports to staff, third parties or external agencies, they are also aware they can report privately or anonymously. PREA policy 106-81-4 page 1 covers elements of the standard.

[space for comments extends as needed here]

Standard number here 115.252 STANDARD INSERTED HERE Exhaustion of administrative remedies.

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

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

PREA policy 106-81-18 pages 1-2 cover the elements of the standard allowing residents to file grievances for sexual abuse and harassment. Decisions are made within 90 days and policy allows residents to have third parties to file grievances for the resident.

[space for comments extends as needed here]

Standard number here 115.253 STANDARD INSERTED HERE Resident access to outside confidential support agencies.

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

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

The facility allows and provides resident access to outside confidential support agencies, through posters and local advocacy crisis center and advocacy agencies telephone numbers and addresses. Resident interviews indicated residents are aware of the agencies. PREA policy 106-81-3 pages 1-3 cover elements of the standard.

[space for comments extends as needed here]

Standard number here 115.254 STANDARD INSERTED HERE Third party reporting,

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

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

PREA policy 106-D1 page 4 covers the standard elements. Advocacy agencies telephone numbers and addresses are posted by the telephones, through

resident interviews, residents are aware of these agencies and know they can privately speak to them or other third parties including family and Police Department. The facility has an MOU with the local Crisis Center and interviews with the Crisis Center staff they have an excellent relationship with facility.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.261 STANDARD INSERTED HERE Staff and agency reporting duties.

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

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

Random staff interviews indicated staff are aware and well trained in reporting and responding to any sexual abuse and harassment incident. They report all incidents immediately to supervisors. PREA policy 107-A1-5 page 1-2 cover elements of the standard.

[space for comments extends as needed here]

Standard number here 115.262 STANDARD INSERTED HERE Agency protection duties.

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

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

PREA policy 107-B page 2 covers all elements of the standard. Random staff interviews including District Director indicated all staff are aware of their duty to protect residents and take immediate action of separation of residents and preserving all evidence.

[space for comments extends as needed here]

Standard number here 115.263 STANDARD INSERTED HERE Reporting to other confinement facilities.

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

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

Staff interviews including District Director and executive staff, the facility complies with the standard. The facility will fully comply and cooperate with the facility reporting an incident. PREA policy 107-C1-4 pages 1 and 2 cover the elements of the standard.

[space for comments extends as needed here]

Standard number here 115.264 STANDARD INSERTED HERE Staff first responder duties.

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

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

Interviews with Residential Officers, Parole Officers and random staff indicate staff understand and comply with all elements of standard, i.e. separation, collection of evidence, preserving incident scene and reporting to supervisory staff.

PREA policy 107-D page 2 and 107-E page 2 covers all elements of the standard.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.265** STANDARD INSERTED HERE *Coordinated response.*

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

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

A detailed PREA Plan and Policy 107-E page 3 covers the standard and is in place for a coordinated response by all first responders, including law enforcement, medical and mental health facility and advocacy crisis center. Staff interviews indicated awareness of the plan.

[space for comments extends as needed here]

Standard number here **115.266** STANDARD INSERTED HERE *Preservation of ability to protect residents from contact with abusers.*

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

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

Facility H.R. documentation and AFSCME Union agreement were reviewed and the documents protect the residents from sexual abuse and harassment by staff. Staff will be disciplined for involvement of any sexual abuse or harassment incident.

[space for comments extends as needed here]

Standard number here **115.267** STANDARD INSERTED HERE *Agency protection against retaliation.*

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

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

PREA policy 107-F1-6 pages 3 and 4 covers all elements of standard. The facility has a designated retaliation monitor who monitors incidents for at least 90 days or longer if needed. The Residential manager is the designated monitor. There have been zero incidents of retaliation the past 12 months.

[space for comments extends as needed here]

Standard number here **115.271** STANDARD INSERTED HERE *Criminal and administrative agency investigations.*

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

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

PREA policy 108-A1-10 pages 1 and 2 cover the elements of the standard. The facility has four trained investigators for administrative investigations and uses Ottumwa Police Department and IDOC Investigative Division for

Criminal investigations. The investigators were trained by the Moss Group / PREA Resource Center training program. The County's Attorney's Office is used for prosecuting of residents in criminal cases.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.272 STANDARD INSERTED HERE Evidentiary standards for administrative investigations.

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

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

PREA policy 108-B page 2 covers all elements of the standard when determining the preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated, unsubstantiated, [space for comments extends as needed here] or unfounded. Staff interviews indicated staff understand the requirements.

Standard number here 115.273 STANDARD INSERTED HERE Reporting to residents.

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

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

PREA policy 108-C1-5 pages 3 and 4 cover the elements of the standard. Staff interviews indicated residents are notified verbally whether investigation resulting in incident being substantiated, unsubstantiated or unfounded. [space for comments extends as needed here]

Standard number here 115.276 STANDARD INSERTED HERE Disciplinary sanctions for staff.

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

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

HR documentation and policy 109-A1-4 page 1 state staff are subject to discipline concerning involvement in any sexual harassment or sexual abuse incidents. Staff sign HR documentation stating they understand they can be disciplined in [space for comments extends as needed here] any involvement. There were no disciplines the past 12 months.

Standard number here 115.277 STANDARD INSERTED HERE Corrective action for contractors and volunteers.

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

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

PREA policy 109-B1 and 2 page 2 and policy 109-C1-6 page 2 covers the elements of the standard addressing corrective action taken if any involvement in a sexual abuse or harassment incident. Their services will cease until

investigation is completed.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.278** STANDARD INSERTED HERE *Disciplinary sanctions for residents.*

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

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

Resident disciplinary sanctions are clearly stated in handbook and PREA policy 109-C1-6 page 2. Residents and staff interviews indicated residents are presented disciplinary sanctions during intake process. All standard elements are covered in the PREA policy.
[space for comments extends as needed here]

Standard number here **115.282** STANDARD INSERTED HERE *Access to emergency medical and mental health services.*

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

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

The facility has MOUs with the local hospital Ottumwa Regional Health Center for medical and mental health services. Policy 110-A1-3 page 1 and 110-B7 page 3 cover all elements of the standard. Residents are not responsible for any medical or mental health service fees.
[space for comments extends as needed here]

Standard number here **115.283** STANDARD INSERTED HERE *Ongoing medical and mental health care for sexual abuse victims and abusers.*

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

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

PREA policy 110-B1-8 page 3 covers all elements of the standard to include proper follow-up care equal to or consistent to community care at no cost to the resident. The facility shall attempt to conduct a mental health evaluation of all known residents or resident abusers within 60 days of learning of abuse history.
[space for comments extends as needed here]

Standard number here **115.286** STANDARD INSERTED HERE *Sexual abuse incident reviews.*

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

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

PREA policy 111-A1-4 pages 1 and 2 covers all elements of the standard. The facility had three reported incidents and all were investigated and reviewed by the facility Review Team. One case was found unsubstantiated, one

Substantiated and one case unfounded. The Review Team consists of upper level management including Asst. District Director Residential Manager and Residential Supervisor. The Review Team interviews indicated the team considers all elements of the standard.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.287** STANDARD INSERTED HERE *Data collection.*

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

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

PREA policy 111-B1-5 page 2 covers all elements of the standard. The facility and the IDOC Investigation Division collect, review and maintain all data. The data is reviewed at least annually.

[space for comments extends as needed here]

Standard number here **115.288** STANDARD INSERTED HERE *Data review for corrective action.*

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

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

Data was reviewed by auditor and verified Residential Manager approves data annually. PREA policy 111-B1-5 page 2 covers all elements of the standard. Names are redacted from the reports.

[space for comments extends as needed here]

Standard number here **115.289** STANDARD INSERTED HERE *Data storage, publication and destruction.*

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

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

The data is retained by the facility and IDOC Investigation Division administrative offices for safety and security of the data. Policy 111-D1-2 page 3 covers all elements of the standard.

[space for comments extends as needed here]

Standard number here STANDARD INSERTED HERE *End of Report*

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

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

[space for comments extends as needed here]

Standard number here	STANDARD INSERTED HERE
-----------------------------	------------------------

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

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

[space for comments extends as needed here]

[Following information to be populated automatically from auditor compliance tool]

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

8/2/2014

Date