

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

Interim     Final

Date of Interim Audit Report: 09/22/2020     N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: 10/09/20

## Auditor Information

Name: Sonya Love    Email: sonya.love-smith@nakamotogroup.com

Company Name: The Nakamoto Group

Mailing Address: 11820 Parklawn Drive, Suite 240    City, State, Zip: Rockville, MD 20852

Telephone: 478-278-8022    Date of Facility Visit: August 18-19, 2020

## Agency Information

Name of Agency: Eighth Judicial District Department of Correctional Services

Governing Authority or Parent Agency (If Applicable): Iowa Department of Corrections

Physical Address: 1805 W. Jefferson    City, State, Zip: Fairfield, Iowa 52556

Mailing Address: P.O. Box 1060    City, State, Zip: Fairfield, Iowa 52556

The Agency Is:     Military     Private for Profit     Private not for Profit

Municipal     County     State     Federal

Agency Website with PREA Information: [www.8thjdcbc.com](http://www.8thjdcbc.com)

## Agency Chief Executive Officer

Name: Daniel T. Fell, District Director

Email: dan.fell@iowa.gov    Telephone: (319) 753-5478 ext. 326

## Agency-Wide PREA Coordinator

Name: Gary Peitz

Email: gary.peitz@iowa.gov    Telephone: (319) 753-5478 ext. 321

PREA Coordinator Reports to:  
District Director    Number of Compliance Managers who report to the PREA  
Coordinator: 2

## Facility Information

<b>Name of Facility:</b> Ottumwa Residential Facility			
<b>Physical Address:</b> 245 Osage Drive		<b>City, State, Zip:</b> Ottumwa, Iowa 52501	
<b>Mailing Address (if different from above):</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Website with PREA Information:</b> www.8thjdcbc.com			
<b>Has the facility been accredited within the past 3 years?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>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):</b>			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Iowa Department of Corrections)			
<input checked="" type="checkbox"/> N/A			
<b>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</b> Click or tap here to enter text.			
<b>Facility Director</b>			
<b>Name:</b> Ted Robinson			
<b>Email:</b> ted.robinson@iowa.gov		<b>Telephone:</b> 641 682 3069 ext. 202	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> same			
<b>Email:</b> Click or tap here to enter text.		<b>Telephone:</b> Click or tap here to enter text.	
<b>Facility Health Service Administrator</b> <input checked="" type="checkbox"/> N/A			
<b>Name:</b> Click or tap here to enter text.			
<b>Email:</b> Click or tap here to enter text.		<b>Telephone:</b> Click or tap here to enter text.	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b>	76		
<b>Current Population of Facility:</b>	72		
<b>Average daily population for the past 12 months:</b>	71.24		
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	21-63
Average length of stay or time under supervision	4.5 months
Facility security levels/resident custody levels	Community Confinement Facility (Half-way House)
Number of residents admitted to facility during the past 12 months	267
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	265
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	235
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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	26
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
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:	2

## Physical Plant

<p><b>Number of buildings:</b></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>	2
<p><b>Number of resident housing units:</b></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 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>	5
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	31
<p><b>Number of open bay/dorm housing units:</b></p>	11
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<p><b>Are medical services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></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: <a href="#">Click or tap here to enter text.</a> )

## 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:**

7

**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.**

- Facility investigators
- Agency investigators
- An external investigative entity

**Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)**

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

### 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?**

7

**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**

- Facility investigators
- Agency investigators
- An external investigative entity

**Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)**

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

## Audit Findings

### Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

### Pre-audit Preparation

Prior to the onsite portion of the audit, this Auditor had discussions with the PREA Coordinator for the Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility begin requesting and collecting data relative to the upcoming PREA audit.

### Document Request

The Auditor completed a document review of the Ottumwa Residential Facility Pre-Audit Questionnaire (PAQ), applicable policies, procedures, and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator and the Auditor to discuss logistics for the onsite portion of the audit. The following documentation were requested for the onsite visit:

- Roster of inmates by unit/room
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmate census the first day of the audit
- A roster of new employees hired in the past 12 months
- Facility Staffing Plan
- List of contact information for volunteers (if applicable)
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors (if applicable)

Prior to the on-site visit, the PREA Coordinator reviewed the Pre-Audit Questionnaire (PAQ) and provided evidence in support of standards and substandard. Examples of documentation provided included policies, documents, forms, and memos. Pre-audit information was provided to this Auditor via email before the onsite audit began at Ottumwa Residential Facility. The visit was initially scheduled for May 4-5, 2020 with PREA notices posted in the facility. The

PREA Coordinator provided the Auditor with a time stamped photographic of the PREA notice for her records.

This audit was delayed out of an abundance of caution due to the Corona pandemic. The timeframe for the audit remained fluid as events presented themselves. Residents in quarantine because of the pandemic were not included in the resident sample. It should also be mentioned that the pandemic (Coronavirus 19) also delayed the publishing of this report. Best efforts were made to conduct this PREA audit in accordance with the PREA Auditor's Handbook dated September 2017.

### **Entrance Briefing and Tour (On-site audit)-First day**

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of Eight Judicial District Department of Correctional Services, Ottumwa Residential Facility held on August 19-20th, 2020 by The Nakamoto Group, PREA certified Auditor Sonya Love. The population on the first day of the audit was 76 male/female residents. The age range of the population was 18 and up. A meeting took place with the Residential Manager/PREA Compliance Manager, agency PREA Coordinator, retired PREA Coordinator and Residential Manager/PREA Retaliation Monitor. The previous Assistant District Director/PREA Coordinator retired July 9, 2020. The Auditor outlined her sampling strategy, discussed logistics for the facility tour, interview schedule and the need to review additional policies and supplemental documents. Moreover, the first day of the onsite portion of the audit at Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility with the Residential Manager/PREA Compliance Manager, agency PREA Coordinator, and Residential Manager/PREA Retaliation Monitor.

**Note:** the facility staff size and roles required the Auditor to interview some staff as random and specialized staff.

The auditor interviewed the following categories of specialized and random staff and random and targeted residents, during the onsite phase of the audit:

<b>Category of Staff Interviewed</b>	<b>Interviews Conducted</b>
Random Staff	10
Specialized Staff	13
<b>Other Staff Interactions During the Facility Tour</b>	<b>Interviews Conducted</b>
Staff Interactions during the facility tour	4
Staff who refused to be interviewed	0
Total Staff Interviewed	27
<b>Category of Specialized Staff Interviewed</b>	<b>Interviews Conducted</b>
Agency Contract Administrator	0
Agency PREA Coordinator	1
Intermediate or higher-level facility staff responsible for conducting an unannounced round	1

Line staff who supervise youthful inmates if any	0
Education staff who work with youthful inmates if any	0
Program staff who work with youthful inmates if any	0
Medical staff	0
Mental health staff	1
Administrative staff	2
SAFE and SANE staff	1
Volunteers who have contact with inmates	0
Contractor who have contact with inmates	1
Facility Investigative staff	1
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise inmates in segregated housing	0
Intake	1
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Total	13

Random staff interviews included random staff from each shift operated at the facility. The facility operates (8) hour shifts for Residential Officers.

**Other specialized interviews and contact included:**

1. District Director/Eighth Judicial District Department of Correctional Services, agency head
2. Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
3. Residential Manager/PREA Retaliation Monitor, Ottumwa Residential Facility
4. Human Resources representative, Eighth Judicial District Department of Correctional Services

**National/State Advocacy Organizations**

<b>Name of Organization</b>	<b>Contact Information</b>
Iowa Department of Corrections	1-800-778-1182, Office of Victim of Services, Ed Cummings
Just Detention International (JDI)	Just Detention International, Cynthia Totten, CA Attorney Registration #199266 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010
State of Iowa Ombudsman Office	Office of Ombudsman Ola Babcock Miller Building 1112 East Grand Des Moines, Iowa 50319 Email: ombudsman@legis.iowa.gov



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**Residents**

<b>Resident Interviews</b>	<b>Interviews Conducted</b>
Random resident	7
Targeted resident	6
Youthful resident	0
Total resident interviews	13
<b>Category of Targeted Resident Interviews</b>	<b>Interviews Conducted</b>
Youthful Inmates	0
Resident with a Physical Disability	0
Residents who are Blind, Deaf, or Hard of Hearing	0
Resident who are Limited English Proficient (LEP)	0
Resident with a Cognitive Disability	1
Resident who Identify as Lesbian, Gay, or Bisexual	1
Resident who Identify as Transgender or Intersex	0
Resident in Segregated Housing for High Risk of Sexual Victimization	0
Resident who Reported Sexual Abuse that occurred at the Facility	0
Resident who Reported Sexual Victimization During Risk Screening	4
Total number of targeted resident interviews	6

**Facility Characteristics**

*The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

**The Iowa Department of Corrections**

The Iowa Department of Corrections (IDOC) has funding and oversight responsibilities for the State's Eight Judicial District Departments of Correctional Services, which provide the community supervision and correctional services component of Iowa's adult correctional system across the state. The legislatively appropriated budget is administered and allocated by the Iowa Department of Corrections (IDOC), and the IDOC oversees Eighth Judicial District's compliance with requirements of the Iowa Administrative Code through an annual purchase of service agreement with the Department of Corrections which sets forth programming, administrative, financial and operational requirements. Iowa's corrections system is comprised of institution and community services, that provide a continuum of custody, supervision, and correctional programming for adult offenders.

Diversion and reentry are crucial to successfully managing the offender population. IDOC's current focus involves the following principles:

1. Incarcerate only those who need it
2. Focus on individuals most likely to reoffend
3. Focus on evidence-based practices
4. Expand Effective Community Supervision

### **Eighth Judicial District Department of Correctional Services**

The Eighth Judicial District Department of Correctional Services is an independent public agency, with a board of directors, created and established under Chapter 905 of the Code of Iowa. Its mission is to provide community-based correctional services to the fourteen counties in southeast Iowa that comprise the Eighth Judicial District: Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee (North and South), Louisa, Mahaska, Monroe, Poweshiek, Van Buren, Wapello and Washington. The District provides all correctional services through a variety of supervisory and specialized treatment programs. In addition, the District maintains two residential correctional facilities in Burlington and Ottumwa, respectively.

Community-based corrections was established in the Burlington and Ottumwa areas in the early 1970s as part of a pilot project funded through the federal Law Enforcement Assistance Act. At that time, services were also provided by the Division of Corrections within the Iowa Department of Social Services.

In 1977, the Eighth Judicial District Department of Correctional Services was established and assumed all community corrections functions in the District with the exception of state parole and work release. That same year the District's Eighth community residential correctional facility opened in Burlington.

On July 1, 1984, the Legislature turned over the administration of state parole and work release to the district departments from the State Department of Corrections. In May of 1991, a second residential correctional facility opened in Ottumwa. In addition, community-based corrections expanded which allowed the District to create a dedicated treatment services division. As of June 30, 2019, 111 staff members provide comprehensive adult community corrections supervision and programming to 2,607 clients.

## Ottumwa Residential Facility

The Ottumwa Residential Facility is a co-ed facility housing adult male (64 beds) and female (16 beds) offenders. Facility policy and rules limits contact between male and female residents. Male and female residents are housed in separate wings, have separate hygiene areas, separate yards, and separate dining areas. They do share a common visiting room and vending area; both of which are under direct staff observation.

The facility also operates a “weekend dorm” program which utilizes a self-contained, 6 bed dorm area. This program operates over a 48-hour weekend period and is designed to house field offenders who have committed minor technical violations of their probation. On any given weekend, 6 same gender offenders will reside in this dorm area from 6:00 PM Friday night until 4:30 PM Sunday afternoon. The weekend dorm is in the north end of the building.

### Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

#### Standards Exceeded

**Number of Standards Exceeded:** 1  
**List of Standards Exceeded:** 115.216

#### Standards Met

**Number of Standards Met:** 38

#### Standards Not Met

**Number of Standards Not Met:** Click or tap here to enter text.  
**List of Standards Not Met:** Click or tap here to enter text.

## PREVENTION PLANNING

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

#### All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 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 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*)

#### Instructions for Overall Compliance Determination Narrative

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

The IDOC and the Eighth Judicial District Department of Correctional Services each have written policies mandating zero tolerance toward all forms of sexual abuse and sexual harassment.

The Eighth Judicial District Department of Correctional Services, PREA: Prevention, Detection, Response, PREA-100 and PREA: Prevention Planning, PREA-102 support Standard 115.211. 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.

The Eighth Judicial District Department of Correctional Services, PREA: Prevention, Detection, Response, PREA-100 was established to ensure that all staff, contractors, vendors, volunteers, or agents of the Eighth 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.

Iowa Code Section 709.16(1), Sexual misconduct with offenders and juveniles states, “an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor”.

The written policies outlined by the Eighth Judicial District Department of Correctional Services is evidence of the agency’s efforts to prevent, detect, and respond to all allegations of sexual abuse and sexual harassment. The Eighth Judicial District Department of Correctional Services has a designated PREA Coordinator. A review of the organization chart illustrates that the position of Assistant District Director/PREA Coordinator is located in the upper level of the agency hierarchy and reports to Eighth Judicial District Director, agency head. Ottumwa Residential Facility met the requirements for Standard 115.211.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, PREA: Prevention, Detection, Response, PREA-100
3. Eighth Judicial District Department of Correctional Services, PREA: Prevention Planning, PREA-102
4. Iowa Code Section 709.16(1), Sexual misconduct with offenders and juveniles
5. Eighth Judicial District Department of Correctional Services Organizational Chart
6. Interviews with the following:
  - a. District Director/Eighth Judicial District Department of Correctional Services, agency head
  - b. Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services (retired)
  - c. Residential Manager/PREA Compliance Manager (PCM), Ottumwa Residential Facility
7. Table of Organization

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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 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 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*)

### Instructions for Overall Compliance Determination Narrative

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

Not Applicable-The facility does not contract with other entities for the confinement of residents. Ottumwa Residential Facility met the requirements for Standard 115.212.

### Standard 115.213: Supervision and monitoring

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action*



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

The Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Prevention, Detection, Response, PREA-100, Staffing, RCF-36, PREA: Prevention Planning, PREA-102 support Standard 115.213.

Ottumwa Residential Facility has Post Orders/Desk Control duties and responsibilities outlined for all shifts effective 11/20/13 and last revised 5/29/14. More, the original staffing plan was developed on 12/07/2016. The 2020 staffing plan is dated 1/30/2020, signed by Assistant District Director/PREA Coordinator on 2/5/2020 and the District Director/agency head on 2/6/2020.

During his interview Eighth Judicial District Director/agency head, indicated that compliance with PREA standards and other efforts to prevent, detect and respond to sexual abuse and sexual harassment is an agency priority, when then Eighth Judicial District Department of Correctional Services reviews or makes adjustments a facility staffing plan.

The 2020 staffing plan provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse which addresses Standard 115.213. The review process when applicable could include a modification, recommendations, or substantial changes when necessary to the staffing plan. After the review occurs the review process culminates with a review by the Eighth Judicial District Director/agency head for his approval of the staffing plan. Ottumwa indicated no adjustments were needed to the staffing plan.

In circumstances where the staffing plan is not complied with, the PREA Coordinator/Assistant District Director indicated that Ottumwa Residential Facility would document the incident and justify any deviation from the plan. The Auditor examined an example of a circumstance where the staffing plan was not complied with during this reporting period (March 25, 2020). The facility documented and justified the deviation from the plan.

The 2019 and 2020 staffing plans included the following considerations:

- a) The staffing plan provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse
- b) The physical layout of each facility
- c) The composition of the resident population (male/female)
- d) The need for additional video monitoring
- e) Any other relevant factors

The PAQ, Standard 115. 213 (b)1, indicated that in 2019 and 2020 there were deviations from the facility staffing plan during the current reporting period. The information contained in the PAQ with respect to Standard 115.213 (b) 1 was confirmed during an interview with the

Ottumwa Residential Facility, Residential Manager/PREA Compliance Manager (PCM) and the agency District Director/PREA Coordinator.

The agency District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager confirmed that the facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards.

The audit included an examination of all video monitoring systems, resident access to telephones, documentation (staffing rosters) and staff interviews. There is sufficient staffing and observation cameras to ensure a safe environment for residents and staff. Ottumwa Residential Facility met the requirements of Standard 115.213.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility (ORF) Staffing Plan Review 2020
3. Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility (ORF) Staffing Plan, deviations sample (email) dated 2/13/204.
4. Eighth Judicial District Department of Correctional Services, Control Desk/Post Orders
5. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
6. Interview with District Director/Eighth Judicial District Department of Correctional Services, agency head
7. Interview with the Residential Manager/PREA Compliance Manager (PCM), Ottumwa Residential Facility
8. Floor Plans: ORF facility floor plans

### **Standard 115.215: Limits to cross-gender viewing and searches**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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 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

### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policy and Procedures, RCF-34, Policies and Procedures, PREA: Prevention Planning, PREA-102, and address Standard 115.215.

PREA: Prevention Planning, PREA-102 indicates that residential facilities shall not permit cross-gender pat-down searches of female offenders/residents, absent exigent circumstances. Facilities shall not restrict female offenders' access to regularly available programming or other outside opportunities to comply with this provision.

The Auditor included female residents in the sample of participants interviewed during the audit. Female residents (100%) sampled during the audit denied that the facility restricted female residents' access to regularly available programming or other outside opportunities to comply with this provision.

Search and Seizure Policy, RCF-34, authorizes employees to initiate search and seizure procedures with any resident assigned to the agency's supervision, any visitors entering department property or any agency employee so long as the search is within the scope of the employee's responsibilities, when appropriate and necessary to accomplish the goals and objectives of the agency and to maintain the security of the residential facility.

According to the Assistant District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager all strip searches require supervisory approval prior to being performed and requires a justifiable cause such as a breach in security. The policy specifically indicates:

Strip searches shall be conducted only when it is believed that an offender/resident 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.

Random interviews with Residential Officers confirmed their understanding of the agency's policy regarding cross-gender strip or cross-gender visual body cavity searches, that it should occur only in exigent circumstances or performed by medical practitioners. Residential Officers were able to provide the Auditor with one example of an exigent circumstance.

Eighth Judicial District Department of Correctional Services, Policy and Procedure, Prevention Planning, PREA-102, mandates that all staff shall announce their presence when entering an area where residents of the opposite sex are likely to be showering, performing bodily functions, or changing clothing.

Residents (random and targeted) (100%) sampled reported that staff of the opposite gender announce their presence before entering the housing areas and rooms. Moreover, residents (random and targeted) (100%) indicated that Ottumwa staff (100%) are respectful of their privacy when on the toilet, showering or changing clothes without being viewed by the opposite gender except in exigent circumstances or when such viewing is incidental to routine cell checks.

PREA 102 also states that 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.

Staff (random and specialized) were educated on the policy prohibiting the search of transgender or intersex residents to determine their genital status. The same staff were also knowledgeable that if a resident's genital status is unknown, the facility could determine the genital status during a private interview 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 in the community or review of secondary documents such as medical records.

During this audit period the Auditor interviewed zero transgender or intersex residents. The PAQ specifically Standard 115.215 (e)-2 indicated that zero searched of transgender or intersex resident occurred at the facility likewise zero cross-gender pat-down searches were

conducted at the facility during this reporting period. The Assistant District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager both confirmed contained in Standard 115.215 (e)-2 as accurate.

Problematic, the facility does not train staff on how to conduct cross-gender pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. After corrective action Ottumwa Residential Facility met the requirements of Standard 115.215.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Prevention Planning, PREA-102
3. Eighth Judicial District Department of Correctional Services, Search and Seizure Policy, RCF-34
4. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
5. Interview with Random staff (Residential Officers)
6. Interview with Random and Targeted Residents
7. Interview with the Residential Manager/PREA Compliance Manager (PCM), Ottumwa Residential Facility.
8. Facility tour of the Ottumwa Residential Facility
9. Contraband Training

### **Corrective Action:**

1. Ottumwa Residential Facility will train staff on how to conduct cross-gender pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs using training resources obtained from the PREA Resource Center's library. Ottumwa trained 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. The facility provided the Auditor with documented evidence of compliance with Standard 115.215 (f) in the form of training acknowledgements.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Prevention Planning, PREA-102 address Standard 115.216.



The agency and the Ottumwa Residential Facility 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, such as a resident who is deaf or hard of hearing, with cognitive challenges, blind or has low vision, limited English proficiency (LEP), or a residents who has speech disabilities. The agency utilizes the Iowa's Roster of State Court Interpreters as on-demand interpreters.

The roster includes both "certified" and noncertified interpreters. Only certified court interpreters have passed a rigorous, nationally recognized interpreting performance exam to confirm their bilingual knowledge and interpreting skills. The minimal requirements for a noncertified interpreter to be listed include passed a written translation exam that includes 10 sets of two to three sentences in written English, and the interpreter is required to write the translation of those sentences into his or her second language.

To be listed on the Roster an interpreter must meet the basic requirements (at least 18 years old; high school diploma or equivalent; submit an official application to be a court interpreter showing sufficient education and experience to be a qualified interpreter; pass a criminal background check; sign an oath confirming knowledge and understanding of the Code of Professional Conduct for Judicial Branch Interpreters) -- AND:

- (1) Attended a two-day court interpreter orientation program.
- (2) Passed a multiple-choice exam (135 questions in English) on general English vocabulary, slang, and legal terms & procedures; and
- (3) Passed a multiple-choice exam (25 questions) on court interpreter ethics.

**Classification of Court Interpreters:** Chapter 47 of the Iowa Court Rules identifies three classes of court interpreters based on the level of testing and training successfully completed. Iowa's courts should appoint the interpreter with the highest classification among the interpreters who are reasonably available:

**CLASS A** – Certified oral language interpreters: Have met the criteria for being on the Roster of Court Interpreters (see above) -- AND -- taken a nationally recognized oral exam for court interpreter certification and achieved scores that meet Iowa's standards for certification (i.e., scored at least 70% correct on each of the three parts of the certification exam (sight interpretation of documents, simultaneous interpretation, and consecutive interpretation) in a single test session.

– Certified sign language interpreters: Have passed specialized performance exams in court interpreting and obtained a "Specialist Certificate: Legal" (SCL) from the National Testing System of the Registry of Interpreters for the Deaf (NTSRID).

(Sign language interpreters are not required to take this exam.) Oral language interpreters in Iowa must pass this test to qualify to take the court interpreter certification exams.

**CLASS B** – Noncertified oral language interpreters: (1) achieved certification outside of Iowa by meeting test standards that are less stringent than Iowa's standards; -- or -- (2)

completed nationally recognized oral interpretation exams for court interpreter certification in Iowa or another state and achieved scores that came within 5 percentage points of passing each of the three parts of the exam; -- or -- (3) completed an approved college-level court interpreter training program (e.g., Des Moines Area Community College) and achieved a GPA of at least 3.0.

Noncertified sign language interpreters who have passed basic sign language competency exams and holds a valid comprehensive skills certificate (CSC), a master comprehensive skills certificate (MCSC), or both a certificate of interpretation (CI) and a certificate of transliteration (CT) from the NTSRID. These are the minimum qualifications for a sign language interpreter to interpret in court.

**CLASS C** – Noncertified oral language interpreters who have not met the requirements to be a Class A or B interpreter:

- (1) On the Roster of Court Interpreters: have met all training and testing requirements to be on the Roster
- (2) Non-roster: interpreters who have not met the training or testing requirements to be on the Roster.

The agency also provides for a variety of interpretive services for residents in over 240 languages and uses multiple communication platforms using CTS Language Link. CTS allows the facility to quickly select the language desired for interpretation and be connected immediately to an interpreter without interaction with third-party.

By providing targeted resident access to a wide-range interpretive services the agency has taken appropriate steps to provide resident with interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

PREA information is made available to resident in the form of handouts, posters, and a resident handbook all of which are available in English and Spanish. During the facility tour the Auditor made note of PREA related information in English and Spanish.

Staff (random and specialized) interviewed were aware that except in exigent circumstances resident interpreters or assistants are prohibited to assist another resident with a PREA incident. Ottumwa Residential Facility met the requirements for Standard 115.216.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, PREA: Prevention Planning, PREA-102
3. Instruction for accessing interpretive services CTS Language Link Interactive Voice Response System (1-888-338-7394) and account number

4. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
5. Interview with Random staff (Residential Officers)
6. Interview with the Residential Manager/PREA Compliance Manager (PCM), Ottumwa Residential Facility.
7. Facility tour of the Ottumwa Residential Facility
8. List of interpretive languages provided by service provider, Iowa's Roster of State Court Interpreters

### Standard 115.217: Hiring and promotion decisions

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policy and Procedure, PREA: Prevention Planning, PREA-102 and Hiring and Selection Process, PERS-2 address Standard 115.217.

Eighth Judicial District Department of Correctional Services, Policy and Procedure, Hiring and Selection Process, PERS-2 disqualifies applicants found to have:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.
2. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threat of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

3. Been civilly or administratively adjudicated to have engaged in the sexual activity in the community facilitated by force, overt or implied threat of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents. A Human Resources (HR) representative for the agency confirmed that the Eighth Judicial District Department of Correctional Services prohibits 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.

The HR representative also indicated that all employees and contractors had background checks completed prior to hiring and that the agency prohibits the hiring of individuals 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 has been civilly or administratively adjudicated to have engaged in criminal activity as described in Standard 115.217.

The agency imposes upon employees a continuing affirmative duty to disclose any such misconduct to a supervisor. Further, the same HR representative indicated that the agency would 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 Assistant District Director/PREA Coordinator submitted evidence of compliance with this standard by presenting personnel form, that is completed by potential employees being considered for employment. Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination. The employment form contains a background information section which ask the applicant to:

Have you ever been convicted, civilly adjudicated or administratively adjudicated 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?

1. List any prison, jail, lock-up, community confinement facility, juvenile facility, or other institution you have previously worked in.
2. Have you engaged in sexual abuse in a prison, jail, lock-up, community confinement? facility, juvenile facility, or other institution?
3. Have you 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?
4. Have you been civilly or administratively adjudicated to have engaged in the activities described in the previous two questions?

The Auditor reviewed employment documentation to support compliance with Standard 115.217. All employees and contractors sampled had an initial background checks completed through the National Crime Information Center (NCIC). Criminal background checks include criminal/driving record, education, military, and employment/personal references.

According to the Assistant District Director/PREA Coordinator, the agency has a process in place to monitor criminal background checks and ensure that updated background checks are conducted at least every five years. Staff promotions require a criminal background check before a selection is approved by managers.

Problematic, the Auditor found six (6) of eleven (11) criminal background checks of Ottumwa staff records sampled were not performed at least every five years. Three (3) of six (6) staff promoted during this review period the agency failed to complete

The facility corrected this problem by completing a criminal background check on the employee in question, re-training HR staff, managers and supervisory with the authority to approve staff promotions.

Review of the Hiring and Selection Process, PERS-2, policy and review of the employee application form confirmed that the agency considers material omissions regarding criminal activity and engaging or attempting to engage in PREA related sexual misconduct, or the provision of materially false information, grounds for termination or dismissal. After corrective action, the facility met the requirement of Standard 115.217.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, employment application
3. Eighth Judicial District Department of Correctional Services Department, Policy and Procedure, Hiring and Selection Process, Personnel, PER-2
4. Eighth Judicial District Department of Correctional Services Department, Policy and Procedure, PREA: Prevention Planning, PREA-102
5. Interview with an HR representative, Eighth Judicial District Department of Correctional Services
6. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
7. Interview with the Residential Manager/PREA Compliance Manager (PCM), Ottumwa Residential Facility
8. Interview with staff (random and specialized)

### **Corrective Action:**

1. The agency completed a criminal background check on an employee promoted in the last 12-month period. The agency provided the Auditor with a copy of a completed background check.



2. The PREA Coordinator issues a memorandum to HR reviewing the requirements of Standard 115.217.

### Standard 115.218: Upgrades to facilities and technologies

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 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*)

#### Instructions for Overall Compliance Determination Narrative

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

There have been no major upgrades at this facility or to technologies since the previous PREA audit. Ottumwa Residential Facility met the requirements for Standard 115. 218.



## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 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 *a/ways* 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 *a/ways* 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, Department Policy and Procedure, PREA: Responsive Planning, PREA-103, addresses Standard 115.221. The 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.

The agency offers 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. Where possible examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

The agency documented attempts to obtain a memorandum of understanding with a local hospital dated March 19, 2020. The local hospital, Ottumwa Regional Health Center (ORHC's) does not employ SANE/SAFE examiners. PAQ 115.221 (c)-3 confirms that SANE/SAFE examiners are not employed at the local hospital. Instead of a being examined by a SANE/SAFE examiner a victim of sexual abuse would be seen by a qualified medical practitioner at the local hospital. A qualified medical practitioner would perform the forensic medical examination. ORHC's emergency room (ER) operates as a Level IV Trauma Center. It provides 24-hour, provider covered acute and urgent care. Staffing includes registered nurses, paramedics, and emergency medical technicians.

The service's primary response area is Wapello County, but Ottumwa Regional Mobile Intensive Care Services (ORMICS) provides mutual aid and tiered response upon request to any regional service program. A minimum of two ambulances of ORHC's four are always staffed through on-duty and on-call paramedic staffing.

The agency documented attempts to make available to the victim a victim advocate from a rape crisis center, Crisis Intervention Services (CIS). CIS provides counseling and support

services for victims of violent crimes to help families, friends and loved ones begin to cope with their loss and navigate necessary systems and services including: Homicide, Attempted murder, Sexual assault, Assault, Burglary, Hate Crime, OWI accident, Other violent crimes. CIS also provides prevention education, short-term crisis counseling referral, advocacy, and support groups for survivors of domestic and dating violence and/or sexual assault. The Auditor attempted to contact CIS via email. A victim advocate team member document the exchange. The victim advocate confirmed that CIS would be able to aid a resident of sexual assault but did not go into any detail. Among the services provided by CIS if an individual needs immediate assistance is a hotline, Sexual Assault/Violent Crime Hotline: 1-800-270-1620 (Sexual Assault Services).

The Auditor spoke by phone to the Director of Advocacy at Crisis Intervention Services (CIS). This is a new position for her. The request for a MOU was emailed to Katie Johnson for her review. By phone on 9/14/20, the director expressed a desire to provide services to the Ottumwa Residential Facility in the event of a PREA incident that required an advocate. The facility and the victim advocacy agency are currently in talks regarding a MOU.

The District Director/PREA Coordinator confirmed PAQ 115.221 (c) 6-7 was correct:

1. The number of forensic medical exams during the past 12 months: 0
2. The number of exams performed by SANE/SAFE during the past 12 months: 0
3. The number of exams performed by qualified medical practitioners during the past 12 months: 0

Eighth Judicial District Department of Correctional Services is not responsible for investigating allegations of sexual abuse, the agency has a MOU with the Ottumwa Police Department. The MOU request that the investigating agency follow the 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 paragraphs (a) through (e) of this section.

Staff were aware who was responsible for conducting investigations. There were no forensic medical examinations conducted during the previous 12 months.

Compliance to this standard was determined through interviews with staff, a victim advocate (email), a hospital management official and policy review. Ottumwa Residential Facility met the requirements of Standard 115.221.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Memorandum of Understanding, Ottumwa Police Department
3. Eighth Judicial District Department of Correctional Services, Department Policy and Procedure,

4. Iowa Code Section 709.16(1) states, “an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor”.
8. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
9. Interview with the Residential Manager/PREA Compliance Manager (PCM), Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
10. Interviews with staff (random and specialized)
11. Interview with Katie Johnson, Director of Advocacy, Crisis Intervention Services (CIS)
12. Reviewed email dated 3/10/20 to CIS to establish a MOU with the victim advocacy agency
13. Reviewed email dated 3/12/20 to CIS to establish a MOU with the victim advocacy agency
14. Reviewed email dated 3/19/20 to CIS to establish a MOU with the victim advocacy agency
15. MOU with the Ottumwa Police Department

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, Responsive Planning, PREA-103, address this standard.

According to Eighth Judicial District Director/agency head, the agency ensures an administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. Furthermore, the agency has 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.

The practice in place was also outlined to the Auditor by the PREA Coordinator. Ottumwa Residential Facility utilized the Ottumwa Police Department to investigate prosecutable crimes. The agency has a MOU with the Ottumwa Police Department. The agency website is

www.8thjdcbc.com. The following is an excerpt from information published on the agency website:

Allegations of sexual harassment, sexual misconduct, or sexual abuse which involve criminal behavior will be referred to the proper criminal investigating authority as appropriate and determined by Department Management staff, and any such referrals will be documented. (PREA 115.222 & 115.271).

Ottumwa Residential Facility met the requirements of Standard 115.222.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, Responsive Planning, PREA-103
3. Interview with Eighth Judicial District Department of Correctional Services, agency head
4. Interview with the Assistant District Director/PREA Coordinator
5. Internet search www.8thjdcbc.com for policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation

## **TRAINING AND EDUCATION**

### **Standard 115.231: Employee training**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

## Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA 104 and Prevention, Detention, Response, PREA 100, address Standard 115.231. The Ottumwa Residential Facility has an Annual Training Plan that supports this standard.

The Iowa Department of Corrections (IDOC) provides Eighth Judicial District, Eighth Judicial District Department of Correctional Services, with web-based E-Learning modules on PREA standards.

Ottumwa staff are required to successfully complete PREA training. The Auditor interviewed a sample of random staff. All staff (100%) persons interviewed confirmed that PREA training included all elements of 115.231 outlined in the standard. By examination of training files (108), the Auditor determined that Ottumwa staff completed PREA refresher training at least every two years. Moreover, all staff are required to participate in a yearly refresher training offered by the facility includes PREA related subject matter.

Random staff sampled during the audit confirmed that the agency provides PREA related information on a continuous basis throughout the year. The Auditor examined training records for each sample participant (random and specialized). All staff (random and specialized) interviewed indicated they had received PREA training. Policies and procedures:

1. Employee rights and responsibilities
2. Sexual and Discriminatory Harassment Policy
3. Sexual Misconduct Policy

Ottumwa Residential Facility met the requirements of Standard 115.231.

## Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, Training/Education, PREA 104
3. Eighth Judicial District Department of Correctional Services, Policies and Procedures, Prevention, Detention, Response, PREA 100
4. Eighth Judicial District Department of Correctional Services, training records (108) (electronic form)
5. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
6. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
7. Interview with a contractor, Eighth Judicial District Department of Correctional Services
8. Interview with a random staff, Ottumwa Residential Facility
9. The Iowa Department of Corrections (IDOC) provides Eighth Judicial District, Eighth Judicial District Department of Correctional Services, with web-based E-Learning modules on PREA standards

### Standard 115.232: Volunteer and contractor training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, PREA: Prevention, Detection, Response, PREA-100, address Standard 115.232.

The Iowa Department of Corrections (IDOC) provides Eighth Judicial District, Eighth Judicial District Department of Correctional Services, with web-based E-Learning modules on PREA standards.

The agency ensures 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. The facility has zero volunteers.

Any contractor or volunteer providing services to the Ottumwa Residential Facility is also provided PREA training and orientation based upon their respective duties and responsibilities. The Residential Manager/PREA Compliance Manager confirmed that when applicable a contractor or volunteer would be required to complete PREA training before providing services to the Ottumwa Residential Facility.

Moreover, Ottumwa staff, contractors and volunteers are required to successfully complete PREA training. The Auditor interviewed a sample of random staff. All staff (100%) persons interviewed confirmed that PREA training included all elements of Standard 115.231 and 115.232 as outlined. By examination of an electronic training record (108), the Auditor determined that Ottumwa staff completed PREA refresher training at least every two years.

Moreover, all staff are required to participate in a yearly refresher training offered by the facility includes PREA related subject matter. Random staff sampled during the audit confirmed that the agency provides PREA related information on a continuous basis throughout the year. The Auditor examined training records for each sample participant (random/specialized/contractor). All staff (random/specialized/contractor) interviewed indicated they had received PREA training and training records support this fact. Ottumwa Residential Facility met the requirements of Standard 115.232.

## Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, PREA: Prevention, Detection, Response, PREA-100
3. Eighth Judicial District Department of Correctional Services, PowerPoint presentation PREA, For Contractors and Volunteers
4. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
5. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
6. Examined Sexual Abuse/Harassment and PREA for Contractors, training acknowledgement of receipt form dated 6/10/19 - contractor, Scott Van Wyk, Eighth Judicial District Department of Correctional Services
7. Examined Sexual Abuse/Harassment and PREA for Contractors, training acknowledgement of receipt form dated 6/10/19 - contractor, Blake Lange, Eighth Judicial District Department of Correctional Services
8. Examined Sexual Abuse/Harassment and PREA for Contractors, training acknowledgement of receipt form dated 1/23/17 - contractor, Jason Grubb, Eighth Judicial District Department of Correctional Services
9. Examined Sexual Abuse/Harassment and PREA for Contractors, training acknowledgement of receipt dated 2/1/17 - contractor, Win Mosier, Eighth Judicial District Department of Correctional Services
10. Examined Sexual Abuse/Harassment and PREA for Contractors, training acknowledgement of receipt dated 2/14/17 - contractor, George Watts, Eighth Judicial District Department of Correctional Services Interview with a random staff, Eighth Judicial District Department of Correctional Services
11. Interview with a specialized staff, Eighth Judicial District Department of Correctional Services

## Standard 115.233: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, Training/Education, PREA-104 addresses Standard 115.233. The Eighth Judicial District Department of Correctional Services shall develop a policy for training of all staff and education of offenders of its residential correctional facilities on PREA guidelines.

The Eighth Judicial District Department of Correctional Services has zero tolerance for sexual misconduct, sexual harassment, or sexual violence of any kind and is committed to prevention, detection, reduction, and punishment of perpetrators.

During intake, Ottumwa residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment, their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. Furthermore, residents receive information regarding agency policies and procedures for responding to such incidents in the form of posters displayed on the living units, common areas and pamphlets.

Staff who conducts intake of new residents confirmed that the facility and by extension the agency would provide refresher information whenever a resident is transferred to a different facility. A resident transferring to Ottumwa Residential Facility would be considered a new admission and therefore complete the entire intake and orientation process which includes PREA education and resident rights and responsibilities. Staff who conduct the PREA education sessions will make a notation of completion of the training in ICON electronic database.

Interviews with a sample of random and targeted residents confirmed that each resident's PREA related education was delivered on a platform understandable and accessible to all residents, including those who: Are limited English proficient, deaf, suffers with visual impairment, with limited reading skills or otherwise (See Standard 115.216). The Auditor sampled documentation maintained by the facility validating a resident's participation in PREA related education using ICON. According to the Residential Manager/PREA Compliance Manager and the PAQ zero number of residents were transferred from a different community

confinement facility during this review period. Ottumwa Residential Facility met the requirements for Standard 115.233.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, PREA Offender Training guide and handout
3. Eighth Judicial District Department of Correctional Services, Iowa's Roster of State Court Interpreters
4. Eighth Judicial District Department of Correctional Services, Policies and Procedures, Training/Education, PREA-104
5. Video: PREA Education (English)
6. Video: PREA Education (Spanish)
7. Random and targeted residents
8. Interview with a Residential Officer, Intake
9. Facility tour

### **Standard 115.234: Specialized training: Investigations**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, Training/Education, PREA-104, address Standard 115.234. The Eighth Judicial District Department of Correctional Services shall develop a policy for training of all staff and education of offenders of its residential correctional facilities on PREA guidelines.

According to the Residential Manager/PREA Compliance Manager, Ottumwa staff receives training consistent with the needs of their job classification, frequency of contact with residents, skill levels, and personal and professional growth.

The agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement setting.



More, the Auditor examined certificates of completion for specialized investigators (7) training on the, Introduction to Conducting PREA Investigations for staff such as the PREA Coordinator, Residential Manager, and other members of administration in the Eighth District Department of Correctional Services. Eighth District Department of Correctional Services investigations are limited to administrative investigation with criminal investigations being conducted by an entity with the legal to conduct criminal investigations such as the Ottumwa Police Department. Ottumwa Residential Facility met the requirements for Standard 115.234.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Certificate of Completion of Specialized Training, Nicholas Baker
4. Certificate of Completion of Specialized Training, Ted Robinson
5. Certificate of Completion of Specialized Training, Don Bruess
6. Certificate of Completion of Specialized Training, Gary Peitz
7. Certificate of Completion of Specialized Training, Linda Norton
8. Certificate of Completion of Specialized Training, Patrick Lacy
9. Certificate of Completion of Specialized Training, Colby Kreiss
10. Training Modules: Training for Correctional Investigators, Interview to Confession, PowerPoint presented by the Iowa Department of Corrections- Inspector General Investigators Training

### **Standard 115.235: Specialized training: Medical and mental health care**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, Training/Education, PREA-104, address Standard 115.235. The agency has a policy in place that mandates that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in specialized areas such as: How to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Ottumwa obtains medical services in the community. The facility has a full-time psychologist on staff. The psychologist was on leave during the onsite portion of this audit. The Auditor conducted a telephonic interview with the staff psychologist on 9/25/2020. The psychologist detailed his role and responsibilities at the facility. The psychologist has completed all general and specialized training mandated in this standard. Ottumwa meets the requirements for Standard 115.235.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Interview with the Assistant Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
4. Interview with the incoming Assistant Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
5. Interview with staff psychologist, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
6. Interview with the staff psychologist

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.241: Screening for risk of victimization and abusiveness**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 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 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Screening for Risk of Victimization or Abusiveness, PREA-105 address this standard. Related Iowa Department of Corrections policies include: PREA-01 Offender PREA Information; PREA-02 Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Offenders. PREA-03 Staff Response to Offender on Offender Sexual Violence or Retaliation; AD-

PR-13 Employee Investigations; Iowa Department of Corrections, Institutional Operations, Housing Plan, Policy Number IO-HO, Sub Chapter Housing Operations (HO - 01-04), General Population Housing; IO-HO-05, Administrative Segregation; IO-HO-06 Protective Custody, PP-OH-01 Offender, Housing; IS-CL-02 Offender Classification; IS-RO-01 Offender Admission Procedures; IS-RO-02 Offender Intake.

The agency has a policy that mandates that each facility follow state procedures for identifying potential victims and aggressors assigned to its residential facilities. Ottumwa is one such facility. All residents assigned to Ottumwa Residential Facility are assessed during the intake process for risk of being sexually abused, sexual abusive behaviors or perception of vulnerability while incarcerated. All residents are screened prior to or at point of entry in intake or on transfer from another facility for risk of sexual victimization or abusiveness toward others ordinarily within 72 hours of arrival at the facility.

The screening process includes screening a resident using an instrument termed the Iowa Department of Corrections Sexual Violence Propensity Assessment (SVP). The SVP assesses residents/inmates for sexual violence tendencies/sexual victimization using the Sexual Violence Propensity Assessment Scoring Guide for Offenders. The Sexual Violence Propensity Assessment (SVP-R) is completed by the current case manager prior to entry into a Residential Facility. The SVP-R considers all factors outlined in 115.241 such as: age, physical build, and prior convictions for sex offenses against an adult or child. In assessing residents for risk of being sexually abusive Ottumwa Residential Facility also assess for other factors like prior acts of sexual abuse, prior convictions for violent offenses and any history of prior institutional violence or sexual abuse.

The Auditor interviewed a Probation/Parole Officer who screen residents for risk of victimization and abusiveness. The Parole/Probation Officer confirmed that within a set time period but not more than 30 days from the resident's arrival at the facility, Ottumwa would reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. A review of thirteen (13) SVP confirmed that residents are reassessed within 30 thirty days of their arrival. Furthermore, the same Parole/Probation Officer outlined that a reassessed when a resident's risk level warrants a review because of a resident's risk level, incident of sexual abuse or new information comes to the attention of authorities.

Passwords are required to access the electronic data (ICON) for sensitive information relevant to a Sexual Violence Propensity Assessment. Staff review all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. The Ottumwa Residential Manager/PCM and the Assistant District Director/PREA Coordinator each indicate that residents do not receive disciplinary reports for refusing to answer questions during the process. Residents sampled during this audit confirmed that they were not disciplined for failing to answer questions during the intake process.

The PREA Coordinator also confirmed that the Eighth District for Correctional Services has implemented appropriate controls on the dissemination of sensitive information within the

facility to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Ottumwa met the requirements for Standard 115.241.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
4. Interview with a Parole/Probation Officer/SVP assessment
5. Interviews with residents (Random and Targeted)
6. SVP Scoring Guide
7. SVP samples
8. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Screening for Risk of Victimization or Abusiveness, PREA-105, PREA/Sexual Violence Propensity Assessment
9. Internet search: Iowa Department of Corrections policies include: PREA-01 Offender PREA Information; PREA-02 Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Offenders; PREA-03 Staff Response to Offender on Offender Sexual Violence or Retaliation; AD-PR-13 Employee Investigations; Iowa Department of Corrections, Institutional Operations, Housing Plan, Policy Number IO-HO, Sub Chapter Housing Operations (HO - 01-04), General Population Housing; IO-HO-05, Administrative Segregation; IO-HO-06 Protective Custody, PP-OH-01 Offender, Housing; IS-CL-02 Offender Classification; IS-RO-01 Offender Admission Procedures; IS-RO-02 Offender Intake.

### **Standard 115.242: Use of screening information**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Screening for Risk of Victimization or Abusiveness, PREA-105, PREA/Sexual Violence Propensity Assessment address Standard 115.242.

Eighth Judicial District Department of Correctional Services uses information from the risk screening required by § 115.241 and 115.242, 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, program and bed assignments using the Sexual Violence Propensity (SVP) Assessment as needed but on arrival to the facility.

The Auditor conducted interviews with the Residential Manager/PCM and the Assistant District Director/PREA Coordinator regarding this standard. Both the Residential Manager/PCM and the Assistant District Director/PREA Coordinator confirmed that during the intake process, Eighth Judicial District makes individualized determinations about how to ensure the safety of each resident during the intake process.

The facility Residential Manager/PCM confirmed that Eighth Judicial District does not house residents who self-identify as lesbian, gay, bisexual, transgender or intersex in a segregated housing, unit, or wing that is the result of a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents. The Auditor interviewed a resident from the targeted group. She denied being placed in a segregated unit, wing or facility based upon her gender identification.

The Auditor also examined 20 Sexual Violence Propensity Assessments completed by the Parole/Probation Officer. The SVP assessments confirmed that factors outlined in Standard 115.241 and in 115.242 are considered with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

More, the facility Residential Manager/PCM also confirmed that Eighth Judicial District always refrains from placing lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely based on such identification or status. The facility tour in addition to documentation reviewed all support Standard 115.242 and confirm that Ottumwa Residential Facility met the requirements for Standard 115.242.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
4. Eighth Judicial District Department of Correctional Services, District Residential Specific, DRS 45, PREA/Sexual Violence Propensity Assessment
5. Interview with a Parole/Probation Officer/SVP assessment (115.241)

6. Interviews with residents (Random and Targeted)
7. SVP Scoring Guide
8. SVP samples
9. Facility tour
10. Interview with targeted resident

## REPORTING

### Standard 115.251: Resident reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures PREA: PREA Reporting, PREA 106, address Standard 115.251.

The Eighth Judicial District Department of Correctional Services has zero tolerance for sexual misconduct, sexual harassment, or sexual violence of any kind and is committed to prevention, detection, reduction, and punishment of perpetrators. Further, the Department is committed to maintaining a culture in all Residential Facilities and Field Services offices that promotes respect and safety and that does not tolerate sexual misconduct of any kind.

Eighth Judicial District has provided multiple internal ways for residents to privately report sexual abuse, sexual harassment, and retaliation by:

- 1). Filing a grievance without submitting the grievance to the staff member who is the subject of the complaint. Grievance reports are accepted by the agency for all PREA related allegations. The agency places no time-limit for filing a grievance. If the resident alleges a substantial risk of imminent sexual abuse the grievance is promptly reviewed by Ottumwa Residential Facility management staff and action taken to protect the resident. An initial response shall be completed within 48 hours, and Management staff shall issue a final decision within 5 calendar days. The initial response and final 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 risk of imminent sexual abuse.

2). Telling any staff person, verbally or in writing. All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. Interviews with random and specialized staff confirmed for the Auditor that all staff sampled understood their responsibility to accept reports of sexual abuse or sexual harassment from any resident.

3). Third party reports which includes fellow residents, staff members, family members, attorneys are accepted internal ways for a resident to report sexual abuse or harassment.

4.) Community advocacy organization include:

Crisis Intervention Services (CIS)

24 Hour Crisis Line: (641) 673-5499 or 1 (800) 270-1620

Victim Advocates: (712) 328-0266 or 1 (888) 612-0266

Ottumwa Police Department

330 W 2nd St

Ottumwa, IA, US, 52501

Emergency: 911

Non-Emergency: (641) 683-0661

National Sexual Abuse Hotline

1-800-656-HOPE (4673)

5.) Iowa State/County Advocacy Entities include:

Office of Ombudsman

Ola Babcock Miller Building

1112 East Grand

Des Moines, Iowa 50319

(515) 281-3592

1-888-426-6283

[ombudsman@legis.iowa.gov](mailto:ombudsman@legis.iowa.gov)

Iowa Department of Corrections

510 East 12th St.

Des Moines, IA 50319

Mary Roche, Office of Victims and Restorative Justice

1-800-778-1182

Iowa Office of the Ombudsman investigates complaints against an agency, official or employee of Iowa state and local government independently and impartially, and in a confidential manner, to the extent possible as provided by law. The Ombudsman's office works with an agency to attempt to resolve a problem when an investigation shows that the agency has acted contrary to law, unreasonably or unfairly, or has made a mistake.

- 6.) Eighth Judicial District Department of Correctional Services online at [www.8thdcbc.com](http://www.8thdcbc.com) .  
in the contact us section of the internet site.

The Ottumwa Residential Facility, PREA Resident Handbook informs resident of multiple ways report a PREA related incident either in verbally, person, by telephone, anonymously, or in writing. Random and targeted resident sampled during the audit were able to provide the Auditor with multiple way that they could report a PREA incident. Most residents interviewed indicated being comfortable telling a staff person about a PREA incident.

Interviews with staff (random and specialized) sampled during the audit detailed several ways for residents to report sexual abuse, harassment or retaliation to include: anonymously, a verbal report to staff, in writing, using the PREA hotline, cell/payphone telephone calls and third-party reporters.

During the facility tour the Auditor noted PREA related posters displayed throughout the facility and in common areas. Posters displayed provided residents with multiple ways to report PREA violations. Documentation review and interviews with residents and staff confirmed that the facility meets compliance with this standard. Ottumwa met the requirements of Standard 115.251.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services.
4. Eighth Judicial District Department of Correctional Services, Policies and Procedures PREA: PREA Reporting, PREA 106
5. Interviews with 13 residents (Random and Targeted)
6. Interviews with staff (random and specialized)
7. Review of 13 resident PREA training records
8. Iowa Code Section 709.16(1)
9. Facility tour
10. Ottumwa Residential Facility, PREA Resident Reporting Procedural Document

### **Standard 115.252: Exhaustion of administrative remedies**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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 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) take 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) take 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures PREA: PREA Reporting, PREA 106 and Resident Grievance Policy, Offender-1, address Standard 115.252. The agency is not exempt from this standard.

Eighth Judicial District Department of Correctional Services has developed a policy for reporting sexual assault and sexual harassment. During the intake process the resident educational training includes the issuance of a leaflet termed, Offender Training. The document provides the resident with important information such as rules, guidelines for reporting sexual abuse and sexual harassment, definitions related to sexual abuse, and PREA reporting options with contact numbers to national and local advocacy organizations.

Excerpt from the Offender Grievance, Policies and Procedures, Number: Offender-1:

Step 1: A grievance may be submitted either verbally or in writing to any district staff person within 15 calendar days of the incident.

The agency provides residents with an administrative avenue to initiate a formal complaint, the first step in the policy and procedure, Offender Grievance, three-step process places a time-limit for filing a grievance. The agency's application of a time limit for a grievance that does not allege an incident of sexual abuse is acceptable under this standard.

Excerpt from the Offender Training Guide:

The facilities provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents:

- Report to staff verbally
- Report to staff in writing
- Report via a Kite/note or a grievance form
- Report to the Ombudsman's Office

Under the same policy, a resident filing a PREA related grievance that alleges sexual abuse can submit a grievance without submitting it to a staff member who is the subject of the complaint. A resident is not required to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

The Eighth Judicial District Department of Correctional Services, Assistant District Director/PREA Coordinator indicated that the agency issues 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. Further, Assistant District Director/PREA Coordinator confirmed his understanding of his responsibility 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).

The Assistant District Director/PREA Coordinator would then inform the resident in writing of the need for an extension and provide the resident with a date by which a decision will be made on the grievance. Furthermore, the Assistant District Director/PREA Coordinator confirmed his understanding to the Auditor that at any level of the administrative process, including the final level, if the resident does not receive a response from the District within the time allotted for reply, including any properly noticed extension, the resident should consider the absence of a response to be a denial at that level. The Eighth Judicial District Department of Correctional Services, Assistant District Director/PREA Coordinator indicated that discipline of a resident for filing a grievance related to alleged sexual abuse, could occur ONLY where the agency demonstrates that the resident filed the grievance in bad faith.

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. Random, and targeted residents sampled routinely identified the Office of the Ombudsman and family as likely ways they would report sexual abuse using the third-party reporting process. Assistant District Director/PREA Coordinator confirmed if a resident declined to have a grievance request processed on his or her behalf, the agency would document the decision made by the resident.

The Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Reporting, PREA 106, outlines established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance as described above, the agency would provide an initial response within 48 hours and document the agency's action(s) taken in response to the emergency grievance. The agency would also issue a final agency decision within 5 calendar days.

An interview with the Residential Manager/PCM confirmed that if a staff person learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall be immediately reported to the Residential Manager or supervisor-on-duty and immediate action shall be taken to protect the resident.

The initial response by the Ottumwa Residential Facility would outline and document steps taken by the facility on behalf of the agency and constitutes the initial response to the emergency grievance. According to the Residential Manager/PREA Compliance Manager and the Assistant District Director/PREA Coordinator, in the past 12 months zero grievances, emergency or otherwise were filed that alleged sexual abuse. The Residential Manager/PREA Compliance Manager and the Assistant District Director/PREA Coordinator confirmed during separate interviews that a resident would be informed of findings related to a PREA grievance in writing.

The Auditor interviewed random and specialized staff. All staff (100%) confirmed a duty to accept third-party reports of sexual abuse from other residents, staff members, family members, attorneys, and outside advocates. Staff sampled (100%) confirmed that third party reporters are also permitted to file a PREA report on behalf of a residents. If a third-party files a PREA report on behalf of an resident, the PREA Compliance Manager indicated that Ottumwa Residential facility would require that the victim/resident 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 processes. More, the PCM also indicated that if the resident declined to have a third-party report processed the agency would document the offender's decision. Ottumwa Residential Facility met the requirements of Standard 115.252.

## **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Offender Training Guide

3. Eighth Judicial District Department of Correctional Services, Resident Grievance Policy, Offender-1
4. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Reporting, PREA 106
5. Eighth Judicial District Department of Correctional Services, Policies and Procedures, Training/Education, PREA-104
6. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
7. Interview with the Assistant District Director /PREA Coordinator, Eighth Judicial District Department of Correctional Services
8. Interview with random and specialized staff
9. Interview with random and targeted residents
10. Interview with the Iowa Office of the Ombudsman
11. Interview with a contractor (foodservice)

### **Standard 115.253: Resident access to outside confidential support services**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

## Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Reporting, PREA 106 address Standard 115.253.

Ottumwa provides 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.

Currently, Ottumwa does not have a memorandum of understanding (MOU) with a local victim advocacy organization. The agency maintained documented evidence of several attempts to enter a memorandum of understanding with Crisis Intervention Services (CIS), a community service organization that provides victims of crimes with confidential emotional support services related to sexual abuse. The Auditor conducted a phone interview with the new Director of Victim Advocacy, CIS. Currently Ottumwa and CIS are negotiating a MOU. Ottumwa provided the Auditor with examples of prior attempts to obtain a MOU with CIS. After an investigation, CIS indicated that emails from Ottumwa were routed to the director spam mailbox and therefore went unanswered by CIS.

The Auditor noted that the resident training leaflet furnished to residents at intake provides each resident with victim advocacy information to:

### National and Local Victim Advocacy Organizations

Crisis Intervention Services (CIS)  
500 High Avenue West  
Oskaloosa, Iowa 52577  
641-673-5499/800-270-1620

Sexual Assault/Violent Crime Hotline: 1-800-464-8340

CIS provides counseling and support services for victims of violent crimes to help families, friends and loved ones begin to cope with their loss and navigate necessary systems and services including: Homicide, Attempted murder, Sexual assault, Assault, Burglary, Hate Crime, OWI accident, Other violent crimes. Counseling and support groups include short-term crisis counseling referral, advocacy, and support groups for survivors of domestic and dating violence and/or sexual assault. Legal advocacy is provided during crime reports, criminal and civil proceeding, and obtaining pro se protective orders.

National Sexual Abuse Hotline

1-800-656-HOPE (4673)

Iowa Statewide Sexual Abuse Hotline

1-800-284-7821

Deaf Iowans Against Abuse

332 South Linn Street

Suite 100

Iowa City, Iowa 52240

1-800-284-7821

Text only: 515-867-8177

TDD:319-294-4181

Office: 319-531-7717

DIAAHELP@c-s-d.org

LUNA (English to Spanish)

4313 Fluer Drive

Des Moines, Iowa 50321

Office:515-271-5060

24-hour Hotline 800-942-0333

TTY:800-787-3224

Crisis Line 866-256-7668

National Crisis Line: 800-799-7233

In as confidential a manner as possible, Ottumwa provides reasonable communication using personal cell phones, written communication, a private phone room, walk-ins, and a pay phone system. The Auditor contacted Just Detention International (JDI) victim advocacy organizations. The national organization indicated no concerns regarding sexual safety or communication with residents in the facility.

During the facility tour the Auditor observed victim advocacy and PREA related posters displayed in common areas on all living units (male and female). Interviews with staff (random and specialized) confirm residents' have access to advocacy organization using multiple communication platforms. Likewise, residents (random and targeted) confirmed that they were made aware of local victim advocacy organization for residents experiencing sexual abuse or a



history of sexual abuse. The majority (90%) of residents sampled did not remember specifics about any advocacy group. All residents (100%) (random and targeted) knew where to go in the facility to obtain additional information on local victim advocacy if needed. Ottumwa Residential Facility met the requirements for Standard 115.253.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Reporting, PREA 106
3. Eighth Judicial District Department of Correctional Services, Offender Training Guide
4. Facility Tour
5. Email attempt #1: dated March 10, 2020
6. Email attempt #2: dated March 12, 2020
7. Email attempt #3: dated March 19, 2020
8. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
9. Interview with the Assistant District Director /PREA Coordinator, Eighth Judicial District Department of Correctional Services
10. Interview with random and targeted residents
11. Iowa Code Section 709.16(1) states, “an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor”.

### **Standard 115.254: Third-party reporting**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### **Instructions for Overall Compliance Determination Narrative**

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

All Eighth Judicial District Department of Correctional Services staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons to include anonymous and third-party reports. This includes any third party or anonymous reports. Staff who fail to do so may be subject to disciplinary action.

The agency distributes publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. More, the agency has established a process to receive third-party reports of sexual abuse and sexual harassment on the agency website.

#### **Iowa Ombudsman's Office 1-888-426-6283**

Interviews with staff (random and specialized) confirm their understanding of the agency's mandate for all staff to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other person. The reporting mandate includes anonymous and third-party reports. Staff who fail to do so may be subject to disciplinary action.

A sample of residents (random and targeted) interviewed during the audit confirmed that they received information at intake about the agency's zero-tolerance policy and how to report an incident or suspicion of sexual abuse, specifically third-party reporting. Resident PREA acknowledgement Memo forms were examined during the audit process to confirm that each resident received PREA education and advocacy information at intake. Furthermore, residents interviewed provided the Auditor with examples of different types of third-party reporter such as: family, girlfriend, other residents, lawyer and, Ombudsman Office. The examples provided by the residents confirmed for the Auditor that residents sampled understood this method of reporting sexual abuse. Ottumwa Residential Facility met the requirements for Standard 115.254.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Reporting, PREA 106
3. Leaflet: Resident Training (PREA Education and Advocacy information)

4. Form: Eighth Judicial District Department of Correctional Services, Offender PREA Acknowledgement Memo
5. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
6. Interviews with staff (random and specialized)
7. Interviews with residents (random and targeted)
8. Interview with CIS, Director of Advocacy
9. Interview with Victim Advocate, Iowa Ombudsman's Office
10. Email: Just Detention International
11. Web search: Iowa Ombudsman's Office

<b>OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT</b>
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**Standard 115.261: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107, addresses Standard 115.261

The District Director, agency head, explained to the Auditor the agency's process in place to report and investigate an incident of sexual misconduct. All Eighth Judicial District Department of Correctional Services staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons to include anonymous and third-party reports. Moreover, the procedure requires staff to:

1. Immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether 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.

Staff interviewed (random and specialized) confirmed that they refrain from revealing sensitive confidential information or any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to establish or to develop a plan for treatment, investigation, or other security matters and management decisions.

The services of a medical practitioner are obtained in the community. Likewise, the facility does not house residents under the age of 18.

The Assistant District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager confirmed for the Auditor that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Both the Assistant District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager are PREA administrative investigators. Both investigators confirmed that they are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons to include anonymous and third-party reports. Ottumwa Residential Facility met the requirements for Standard 115.261.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107
4. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
5. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
6. Interview with the District Director, agency head
7. Interview staff (random and specialized)

## Standard 115.262: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107, Standard 115.262.

Interviews with the District Director, agency head, Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager all confirm that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse to take immediate action to protect the resident for harm.

Interviews with staff (100%) (random and specialized) also confirm that staff understood their responsibility when the agency/facility/staff learns that a resident is subject to a substantial risk of imminent sexual abuse to take immediate action to protect the resident. Ottumwa Residential Facility met the requirements for Standard 115.262.

#### Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107

3. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
4. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
5. Interview with the District Director, agency head, Eighth Judicial District Department of Correctional Services
6. Interview staff (random and specialized)

### Standard 115.263: Reporting to other confinement facilities

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and*

*reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107, address Standard 115.263.

Interviews with the District Director, agency head, Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager confirmed that when the agency receives an allegation that a resident was sexually abused while confined at another facility, the head of the facility (Residential Manager/PREA Compliance Manager) that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours after receiving the allegation.

According to the PAQ and confirmed by the District Director, agency head, Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility received zero number of allegations that a resident was abused while confined at another facility. Ottumwa Residential Facility met the requirements for Standard 115.263.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107
3. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
4. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
5. Interview with the District Director, agency head, Eighth Judicial District Department of Correctional Services
6. Examined the number of SANE/SAFE incidents (zero) in the past 12-month period
7. Form: PREA Notification Letter template
8. Interview targeted and random residents

### **Standard 115.264: Staff first responder duties**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **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*)

#### Instructions for Overall Compliance Determination Narrative

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Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107, address Standard 115.264.



The Auditor conducted interviews with staff (random and specialized) 100% indicated that on learning of an allegation that a resident was sexually abused, the first responder would: Separate the alleged victim and abuser, protect the crime scene and preserve all evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence the first responder will ensure that the alleged victim and abuser both not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

An interview with a non-security staff member regarding this standard. She confirmed that as a first responder (non-security) secretary, she would request that the alleged victim not take any actions that could destroy physical evidence, and then notify the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility or a Residential Officer of the incident then document the incident. Ottumwa Residential Facility met the requirements for Standard 115.264.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, PREA: Official Response Following an Offender Report, PREA 107
3. Interview with staff (random and specialized)
4. Interview with a (non-security) first responder, Eighth Judicial District Department of Correctional Services, secretary
5. Interview with a (non-security) first responder, Eighth Judicial District Department of Correctional Services, Re-Entry Coordinator

### **Standard 115.265: Coordinated response**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

## Instructions for Overall Compliance Determination Narrative

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Ottumwa Residential Facility has developed a written plan. The written facility plan is denoted in the form of two organizational flow charts, Offender-on-Offender Sexual Assault Allegation Flow Chart and Staff-on-Offender Sexual Assault Allegation Flow Chart. Inclusive in each flow chart are designated duties for staff such as the first responder, direct supervisor, Assistant Director/PREA Coordinator and PREA Investigators. Ottumwa Residential Facility would access community medical and victim advocacy resources to augment the facility institutional plan and to coordinate actions in the event of an incident of sexual abuse.

The Auditor interviewed the District Director, agency head, Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager regarding the institutional plan and coordinated response to an incident of sexual abuse. The written plan coordinates actions among staff and the community.

Interviews with staff (random and specialized) confirm their understanding of their role and responsibility during a coordinated response to an incident of sexual abuse at the facility. Ottumwa Residential Facility met the requirements for Standard 115.265.

### Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Prison Rape Elimination Act (PREA) Flow Chart, Offender-on-Offender Sexual Assault Allegations
3. Eighth Judicial District Department of Correctional Services, Prison Rape Elimination Act (PREA) Flow Chart, Staff-on-Offender Sexual Assault Allegations  
Interview with staff (random and specialized)
4. Interview with the Residential Manager/PREA Compliance Manager, Ottumwa Residential Facility
5. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
6. Interview with the District Director, agency head, Eighth Judicial District Department of Correctional Services
7. MOU with the Ottumwa Police Department
8. Interview with CIS

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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### Instructions for Overall Compliance Determination Narrative

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

The Collective Bargaining Agreement Between the State of Iowa and the American Federation of State, County, and Municipal Employees Council 61, expired June 2017. Ottumwa Residential Facility met the requirements for Standard 115.266.

### Standard 115.267: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107, addresses this standard.

The Eighth Judicial District Department of Correctional Services mandates that staff 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. any type of retaliation to any staff person or resident who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation.

The District Director/agency head indicated that in his role he ensures that all offenders are provided with information about behaviors that constitute sexual misconduct 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. The District Director/agency head also confirmed that in his role he would take immediate action to remedy any retaliation linked to an investigation of a PREA related allegation. More, the District Director/agency head indicated the agency would also take appropriate actions to protect all residents/staff/volunteers/contractors against retaliation.

The Assistant District Director/PREA Coordinator confirmed that at the facility level a Residential Manager has been designated the Retaliation Monitor for Ottumwa Residential Facility. The Residential Manager/Retaliation Monitor was interviewed during the audit. He stated in his role as monitor if a resident reported retaliation, he would conduct periodic status or well-fair checks with the resident who reported the sexual abuse to determine if changes exist such as: Increased or unsupported disciplinary reports, and negative program or job assignment changes. The Retaliation Monitor for Ottumwa Residential Facility stated that the agency continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need or for the duration of the facility placement. Further, the monitor explained that if staff indicated retaliation as result of a PREA related allegation he would monitor the staff for signs of retaliation that included monitoring negative performance review ratings or job reassignments.

The Eighth Judicial District Department of Correctional Services provides emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Assistant Director/PREA Coordinator confirmed to the Auditor that during the prior 12 month-period zero instances of retaliation incidents occurred.

Staff (random and specialized) explained their understanding of the agency's PREA: Official Response Following an Offender Report, PREA 107, and how it relates to Standard 115.267. All staff interviewed indicate at least one method to report sexual abuse or retaliation to a supervisor such as by email, incident report, letter or face-to-face.

Likewise, residents sampled (100%) indicated multiple ways to report sexual abuse/harassment and retaliation. Each resident provided the Auditor with examples of

reporting measures such as: Third-party report by a family member or friend, call the hot-line or write the Iowa Ombudsman Office at:

Iowa Ombudsman Office  
Ola Babcock Miller Building  
1112 E. Grand Avenue  
Des Moines, IA 50319

The Auditor telephoned the Iowa Ombudsman's Office. The office representative for victim services confirmed that they accept and immediately notify the Iowa Department of Corrections and the District Director, Eighth Judicial District Department of Correctional Services, if sexual abuse/harassment allegations are received in that office. Ottumwa Residential Facility met the requirements for Standard 115.267.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Official Response Following an Offender Report, PREA 107
3. Interview with staff (random and specialized)
4. Interview with residents (random and targeted)
5. Interview with the Residential Manager/PREA Compliance Manager/Retaliation Monitor, Ottumwa Residential Facility
6. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
7. Interview with the District Director, agency head, Eighth Judicial District Department of Correctional Services
8. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor".

## **INVESTIGATIONS**

### **Standard 115.271: Criminal and administrative agency investigations**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **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 based on 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*)

## Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Investigations, PREA-108, address Standard 115.271.

The Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager, each confirmed that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it acts promptly, thoroughly, and objectively. The Assistant District Director/PREA Coordinator and the Residential Manager are both trained to conduct administrative investigations. There are no investigators employed by the agency and/or facility who are responsible for conducting administrative investigations into allegations of sexual abuse or sexual harassment at the facility. The Auditor examined certificates of completion for each investigator. According to the Assistant District Director/PREA Coordinator, where sexual abuse is alleged, the agency uses investigators who have received specialized training in sexual abuse investigations as required by Standard 115.234. Further, the agency conducts investigations for all allegations, including third party and anonymous reports.

An administrative investigation includes on the part of the agency a determination to ascertain if a staff action(s) or failure (s) to act contributed to the abuse. Administrative investigators are required to document in a written report at a minimum, a description of any physical evidence, testimonial evidence, credibility assessments, investigative facts, and findings. All substantiated allegations of conduct that appears to be criminal are referred for prosecution to a legal entity with the authority to investigate criminal cases. Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager each confirmed that the departure of an alleged abuser or victim from the employment or control of the agency would not provide a reason to terminate an investigation.

The Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager each confirmed during the audit that the role of investigator included responsibilities such as to: Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence obtained at the crime scene or as a result of a SANE/SAFE examination, review any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, review prior reports and complaints of sexual abuse involving the suspected perpetrator. A resident is not required to submit to a polygraph examination or other truth-telling device as a condition for the agency to continue with the investigation of an allegation of sexual abuse.

During their respective interviews, the Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager detailed an understanding of the proper investigative procedures for administrative and criminal investigation and/or prosecution of PREA related cases. The Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager confirmed that there was zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution during the last 12-month period, according to information contained in the PAQ (Standard 115.271 (h)-2).

When the quality of evidence appears to support criminal prosecution, the Eighth Judicial District Department of Correctional Services immediately contacts the Ottumwa Police Department to investigate prosecutable crimes. The agency has a MOU with the Ottumwa Police Department a law enforcement entity with the legal authority to conduct a compelled interview but only after consulting with the prosecutor's office. The prosecutor's office will determine if compelled interviews may be an obstacle for subsequent criminal prosecution.

Criminal investigations would be 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. When an outside law enforcement entity investigates sexual abuse, the Ottumwa Residential Facility would fully cooperate with the outside investigators.

The Assistant District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager indicated that in the event of a criminal investigation the facility would cooperate fully with any outside agency who investigates. The Eighth Judicial District Department of Correctional Services, retains all written reports pertaining to the administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the allege abuser is incarcerated or employed by the agency, plus five years. Ottumwa Residential Facility met the requirements of Standard 115.271.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Certificate of Completion of Specialized Training, Nicholas Baker
4. Certificate of Completion of Specialized Training, Ted Robinson

5. Certificate of Completion of Specialized Training, Don Bruess
6. Certificate of Completion of Specialized Training, Gary Peitz
7. Certificate of Completion of Specialized Training, Linda Norton
8. Certificate of Completion of Specialized Training, Patrick Lacy
9. Certificate of Completion of Specialized Training, Colby Kreiss
10. Training Modules: Training for Correctional Investigators, Interview to Confession, PowerPoint presented by the Iowa Department of Corrections- Inspector General Investigators Training
16. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Investigations, PREA-108
17. Eighth Judicial District Department of Correctional Services, Policies and Procedures, Training/Education, PREA-104
18. MOU with the Ottumwa Police Department

## Standard 115.272: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Investigations, PREA-108, address Standard 115.272.

Eighth Judicial District Department of Correctional Services does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators, the Residential Manager/PREA Compliance Manager and the Assistant District Director/ PREA Coordinator, each confirmed that the benchmark for evidence during an investigation is a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. Ottumwa Residential Facility met the requirements of Standard 115.272.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
4. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Investigations, PREA-108

### **Standard 115.273: Reporting to residents**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Investigations, PREA-108, address Standard 115.273.

During an interview with the Assistant District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager each explained in detail that following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, but within 30 days after rendering the final decision and closing a sexual abuse investigation, except in cases where the allegation was unfounded, an Incident Review will be completed by the Management staff who completed the investigation, with input from the PREA Compliance Manager, the Assistant Director, the District Director, and other appropriate staff.

If an investigation was not performed by the agency relevant information is requested from the investigative entity to inform the resident in a timely manner unless the agency has determined that the allegation is unfounded.

More, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, the agency would inform the resident whenever: The staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility,

The Assistant District Director/PREA Coordinator and the Residential Manager/PREA Compliance Manager explained that 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, the agency will inform the resident whenever: The staff member is no longer posted within the resident's unit, the staff member has been indicted or convicted on a charge related to sexual abuse in the facility.

According to the PAQ and confirmed by the Assistant District Director/PREA Coordinator, the number of investigations of alleged resident sexual abuse in the agency's facility (Ottumwa) that were completed by an outside agency in the past 12 month period was zero (0).

Residents were notified verbally of the findings of the investigation. Problematic, the agency and Standard 115.273 requires a facility to document all notifications or attempted notifications. The facility failed to produce documentation of the delivery or attempted delivery of the findings to residents alleging sexual abuse. After corrective action Ottumwa Residential Facility met the requirements of Standard 115.273.

**Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
4. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Investigations, PREA-108

**Corrective Action:**

The agency will develop a mechanism to document all notifications or attempted notifications made to a resident of the outcome of an investigation. The agency will provide the Auditor with a copy of the said document. The agency shall notify all managers of the changes regarding this standard. The agency will provide the Auditor with a copy of the directive on notification.

**DISCIPLINE**

**Standard 115.276: Disciplinary sanctions for staff**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Discipline, PREA-109 and Code of Conduct and Work Rules, PERS-3, address Standard 115.276.

During an individual interview with one (1) Human Service Representatives and a subsequent joint interview two (2) other representatives of the Eighth Judicial District Department of Correctional Services, the Auditor determined that employees are required to meet satisfactory performance requirements, follow Department and other applicable, rules, regulations, policies, and procedures; observe common codes of conduct; follow supervisory instructions and orders; and refrain from insubordinate acts. Failure to do so may subject them to disciplinary action. Any terminations for violations of agency sexual abuse or harassment policies will be reported to the local law enforcement department according to the HR representatives. Furthermore, the policy also indicates that a sexual abuse allegation made in good faith based upon a reasonable belief that the alleged conduct occurred does not establish a false report, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The PAQ indicates that during the last 12-month period, zero (0) the number of staff for isolating agency sexual abuse or sexual harassing policies. There were zero (0) reported cases of staff engaging in sex with residents during the previous 12 months. An interview with two agency investigators and a review of documentation confirm that the facility follows Standard 115.276. Ottumwa Residential Facility met the requirements of Standard 115.276.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
3. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
4. Eighth Judicial District Department of Correctional Services, Human Services Representative
5. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Discipline, PREA-109, address Standard 115.276.
6. Eighth Judicial District Department of Correctional Services, Policies and Procedures, Code of Conduct and Work Rules, PERS-3

### **Standard 115.277: Corrective action for contractors and volunteers**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Discipline, PREA-109, addresses Standard 115.277.

Eighth Judicial District Department of Correctional Services has a policy that requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement and to relevant licensing bodies. The Auditor interviewed the District Director/agency head. He detailed what remedial measures the agency would take if any contractor or volunteer engaged in sexual abuse. The contractor or volunteer would immediately be prohibited from contact with residents and access to the facility denied pending the outcome of an investigation. Based on the outcome of the investigation a contractor or volunteer could also be reported to: Local law enforcement authorities and/or relevant licensing bodies. Ottumwa has zero volunteers. The Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager each confirmed information contained in the PAQ regarding Standard 115.277 (a) – 4, which indicated in the past 12 month-period, zero contractors or volunteers were reported to local law enforcement for engaging in sexual abuse of residents of the Ottumwa Residential Facility.

Iowa Code Section 709.16(1) states, “an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor. Ottumwa Residential Facility met the requirements of Standard 115.277.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager/Administrative Investigator, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility

3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Eighth Judicial District Department of Correctional Services, District Director, agency head
5. Eighth Judicial District Department of Correctional Services, Human Services Representative #1
6. Eighth Judicial District Department of Correctional Services, Human Services Representative #2
7. Eighth Judicial District Department of Correctional Services, Human Services Representative #3
8. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Discipline, PREA-109
9. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor.

### **Standard 115.278: Interventions and disciplinary sanctions for residents**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, DISCIPLINARY SANCTIONS, RCF-8, and PREA: PREA Discipline, PREA-109 addresses Standard 115.278.

Resident rules provided during the intake process explain the consequences of illegal behavior: When an offender plans, participates, assists, condones, or encourages others to violate a local, state, or federal law, whether the offense is committed inside or outside the residential facility and whether the offense actually occurs.

As a condition of residential placement in a community setting, sexual misconduct is prohibited. 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. The Residential Manager/PREA Compliance Manager explained to the Auditor that any sanctions levied would 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. Sanctions imposed during a disciplinary proceeding could include but not be limited to a revocation of parole or probation or return to prison. Discipline of a resident for sexual contact with a staff member would only occur after a finding that the staff member did not consent to such contact.

A PREA report of sexual abuse made in good faith by a Ottumwa resident based upon a reasonable belief that the alleged conduct occurred does NOT constitute false reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Residential Manager/PREA Compliance Manager confirmed when determining what types of sanction, if any, should be imposed on a resident, the disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to her behavior.

Any therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, would be offered in the community. Moreover, medical, and mental Health services are all accessed in the community. In the past 12 month-period and according to the PAQ, the number of administrative/criminal findings of resident-on-resident sexual abuse that occurred at the facility was zero. The Auditor verified this information with the Assistant District Director/PREA Coordinator. Ottumwa Residential Facility met the requirements of Standard 115.278.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services,
3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Interview with the Residential Manager/PREA Compliance Manager/Administrative Investigator, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility

5. Eighth Judicial District Department of Correctional Services, Policies and Procedures, DISCIPLINARY SANCTIONS, RCF-8
6. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Discipline, PREA-109
7. Iowa Code Section 709.16(1) states, “an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor.

<b>MEDICAL AND MENTAL CARE</b>
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**Standard 115.282: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**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*)

## Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Access to Medical and Mental Health Services, PREA-110, addresses Standard 115.282.

Interviews with the Assistant District Director/PREA Coordinator and the Residential Manage./PREA Compliance Manager confirmed that 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. The facility will refer residents to the local hospital for emergency medical care. The facility does not have a MOU a local hospital. On 9/21/2020, Ottumwa Residential Facility and Crisis Intervention Services signed a MOU to provide victims with advocacy services, offender-victim information about options and resources and help assist them through the criminal/civil justice system when applicable, assist the offender-victim in safety planning, and accompaniment and support through the forensic examination process and investigatory interviews, even after release from the facility without financial cost, ( i.e. using victim assistance programs) and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy states that resident 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. Furthermore, resident 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. Each Residential Officers sampled during the audit confirmed that as a first responder he/she would immediately notify the appropriate on duty supervisor, PREA Compliance Manager, PREA Coordinator, and mental health practitioner of the incident. Medical services would be accessed in the community. Interviews with



administrative staff and a review of policy confirmed compliance with this standard. Ottumwa Residential Facility met the requirements of Standard 115.282

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services,
3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Interview with the Residential Manager/PREA Compliance Manager/Administrative Investigator, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility
5. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Access to Medical and Mental Health Services, PREA-110
6. Iowa Code Section 709.16(1) states, “an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor.
7. Email attempt #1: dated March 10, 2020
8. Email attempt #2: dated March 12, 2020
9. Email attempt #3: dated March 19, 2020
10. MOU: On 9/21/2020, Ottumwa Residential Facility and Crisis Intervention Services signed by both agencies.

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

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Access to Medical and Mental Health Services, PREA-110, addresses Standard 115.283.

According to the Residential Manager/PREA Compliance Manager, in the community, a resident of sexual abuse would receive ongoing medical services and trauma informed counseling and emotional services related to the sexual abuse incident at no cost to the resident. The level of services will be equivalent to services and treatment that is consistent with the community level of care. The evaluation and treatment of victims will also include follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities.

Ottumwa is a residential male/female facility. Residents' victims of sexually abusive involving vaginal penetration while incarcerated would be offered pregnancy tests and tests for sexually transmitted infections as medically appropriate. According to the policy and the PREA Assistant District Director/PREA Coordinator the agency has a system in place to 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 the staff Psychologist. Ottumwa Residential Facility met the requirements of Standard 115.282.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: Access to Medical and Mental Health Services, PREA-110
3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor
5. Web search: Iowa Code Section 709.61 (1).

6. Interview with the Residential Manager/PREA Compliance Manager/Administrative Investigator, Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA -111, addresses Standard 115.286.

The Residential Manager/PREA Compliance Manager/PREA Investigator, confirmed that the agency mandates that within 30 days after closure of a sexual abuse investigation, except in cases where the allegation was unfounded, an incident review will be completed by members of an incident review team, with input from the, Residential Manager/PREA Compliance Manager, Assistant Residential Manager, and other appropriate staff such as the staff Psychologist.

The Auditor interviewed a member of the incident review team, Residential Manager/PREA Compliance Manager. He indicated during his interview that the review team considers factors such as: Whether the allegation or investigation indicates a need to change policy or practice

to better prevent, detect, or respond to sexual abuse, the motivation for the incident, staffing levels on each shift, and the need for video monitoring.

Other considerations include factors such as: Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, 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, assessment of staffing levels in that area during different shifts, whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings to include recommendation for corrective action when necessary. All recommendations from findings of the investigation are forwarded to the Assistant District Director/PREA Coordinator and the District Director/agency head for review, recommendation, modifications, and implementation. Ottumwa Residential Facility met the requirements of Standard 115.282

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA -111
3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Interview with a member of the incident review team, Residential Manager/PREA Compliance Manager
5. Web search: local hospitals for an examination performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or a qualified medical practitioner
6. Interview with the District Director/agency head

### **Standard 115.287: Data collection**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA-111, address Standard 115.287.

The Administrator of the Iowa Department of Corrections' (IDOC) Inspector General's Office (IGO) is responsible for collecting accurate, uniform data for every allegation of sexual violence that occurs in IDOC prisons and in all residential facilities in each Iowa Judicial District Department of Correctional Services. To that end, each Judicial District Department of Correctional Services is responsible for sending all allegations and summaries of sexual violence investigations to the IDOC IGO Administrator. The information from the investigations, including data required by the Bureau of Justice Statistics, shall be entered into the PREA database for tracking and reporting purposes by IGO until such time as access for database entry can be created for each district. The IDOC IGO Administrator, or designee, will complete all BJS reporting requirements for all prisons and judicial district departments by entering the data from the PREA database into the BJS data collection website annually. The IDOC IGO Administrator is responsible for the following tasks as they pertain to PREA Community Confinement standards 115.287, 115.288 and 115.289.

- Collecting accurate, uniform data for every allegation of sexual violence from Iowa's community confinement facilities. The types of incidents that shall be reported to IGO are to be determined according to the sexual violence definitions in IDOC policies PREA-02 Staff, Contractor or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- PREA-03 Staff Response to Offender on Offender Sexual Violence or Retaliation
- Aggregate the incident-based sexual violence data at least annually
- Ensure the incident-based data collected includes, 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
- Provide an annual report on the incident-based data to the Department of Justice no later than June 30 for the previous calendar year
- Provide each Judicial District Department a report of the data collected from the previous calendar year; and
- Ensure the data collected pursuant to 115.287 is securely retained in the PREA database.

The Ottumwa Residential Facility collects uniform data for every allegation of sexual abuse/harassment and provides the said data to the IDOC as indicated above. The District Director/agency head confirmed for the Auditor that he reviews and approves the data before the work product forwarded to the IDOC for aggregation on a state-level.

The Auditor interviewed the District Director/agency head, Assistant District Director/PREA Coordinator and Residential Manager/PREA Compliance Manager regard the methodology used to gather data for the annual report.

Eighth Judicial District Department of Correctional Services does not contract for the confinement of its residents therefore 115.287 (e) is not applicable. Upon request, IDOC would provide all such data from the previous calendar year to the Department of Justice no later than June 30th.



### **Identification of problem #1**

Indicates that Ottumwa Residential Facility still struggles being a co-ed facility which leads to some difficulty with ensuring same gender staffing on all shifts. There has been some significant staff turnover this past year and when positions are posted a review of staffing patterns is done to determine if it needs to be a gender specific posting. When staffing plans are unable to be followed, those instances are noted when they happen. The facility alarm system on windows and doors was inoperable for part of the year but repaired.

The annual report made note that the problem identified above was resolved and the facility continues to conduct more frequent facility rounds to increase the sexual safety of staff and residents alike.

### **Identification of problem #2**

The Ottumwa Residential Facility leadership continues to review staffing patterns that tries to ensure same sex staff on all shifts when possible. Staff continue to try to conduct extra rounds to monitor client movements. The security alarm system has now been repaired and is fully operational again, however extra rounds have continued.

Ottumwa Residential Facility's comparison of current data to data collected in previous years— This is the seventh year of compiling this report as part of the PREA Standards. We note that reports of incidents of sexual abuse/sexual harassment have significantly decreased this calendar year as compared to previous years. The department believes that our continued efforts at PREA education and appropriate staff interactions with clients allow for clients understanding the departments zero tolerance policy for sexual misconduct. Ottumwa Residential Facility met Standard 115.287.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA-111
3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Interview with a member of the incident review team, Residential Manager/PREA Compliance Manager
5. Interview with the District Director/agency head, Eighth Judicial District Department of Correctional Services
6. 2019 Annual PREA Report to IDOC, Ottumwa Residential Facility, dated 1/13/2020
7. Definitions - Translation: DOJ Terms in PREA Standards v BJS Terms for Reporting-
8. Web search: Survey of Sexual Victimization, 2019, State Prison Systems, Summary Form

9. Web search: Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility, PREA Annual Report
10. Letter from the Director of the Iowa Department of Corrections, Beth Skinner, regarding data collection, dated 1/20/2020

### Standard 115.288: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA-111, addresses Standard 115.288.

The Eighth Judicial District Department of Correctional Services reviews 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, taking corrective action on an ongoing basis, preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Eighth Judicial District Department of Correctional Services, the agency's annual report includes 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. 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.

Eighth Judicial District Department of Correctional Services, if material is redacted in the annual report when publication is published only if the material presents a clear and specific threat to the safety and security of a facility according to the Assistant District Director/PREA Coordinator. Ottumwa Residential Facility met the requirements of Standard 115.288.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA-111
3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Interview with a member of the incident review team, Residential Manager/PREA Compliance Manager
5. Interview with the District Director/agency head, Eighth Judicial District Department of Correctional Services
6. Definitions - Translation: DOJ Terms in PREA Standards vs. BJS Terms for Reporting-
7. Web search: Survey of Sexual Victimization, 2019, State Prison Systems, Summary Form
8. Web search: Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility, PREA Annual Report.
9. Letter from the Director of the Iowa Department of Corrections, Beth Skinner, regarding data collection, dated 1/20/2020

### **Standard 115.289: Data storage, publication, and destruction**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **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*)

## Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA-111, addresses Standard 115.289.

Eighth Judicial District Department of Correctional Services, the agency ensures that data collected pursuant to §115.287 are securely retained as confirmed by the Assistant District Director/PREA Coordinator and the District Director/agency head.

Eighth Judicial District Department of Correctional Services, the agency ensures that 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. The Auditor examined prior Annual Report for reporting period of 2019. The same report was found on the internet and was readily available to the public. Ottumwa Residential Facility met the requirements of Standard 115.289.

## Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Eighth Judicial District Department of Correctional Services, Policies and Procedures, PREA: PREA Data Collection, PREA-111
3. Interview with the Assistant District Director/PREA Coordinator/Administrative Investigator, Eighth Judicial District Department of Correctional Services
4. Interview with a member of the incident review team, Residential Manager/PREA Compliance Manager
5. Interview with the District Director/agency head, Eighth Judicial District Department of Correctional Services
6. Definitions - Translation: DOJ Terms in PREA Standards vs. BJS Terms for Reporting-

7. Web search: Survey of Sexual Victimization, 2019, State Prison Systems, Summary Form
8. Web search: Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility, PREA Annual Report
9. Letter from the Director of the Iowa Department of Corrections, Beth Skinner, regarding data collection, dated 1/20/2020

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Eighth Judicial District Department of Correctional Services ensures that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. In 2019, two facilities were audited. The agency ensures 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. The Auditor was given access to, and the ability to observe, all areas of the Ottumwa Residential Facility. The Auditor was permitted to request and receive copies of any relevant documents for the audit. The Auditor was permitted to conduct private interviews with residents during the on-site portion of the audit. Residents were permitted to send confidential information or correspondence to the Auditor. This Auditor did not receive correspondence from any resident from the Ottumwa Residential Facility. Ottumwa Residential Facility met the requirements of Standard 115.401.

### Policy, Materials, Interviews and Other Evidence Reviewed

1. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
2. Web search: Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility, PREA Annual Report
3. Interview with the Residential Manager/PREA Compliance Manager
4. Interview with the District Director/agency head, Eighth Judicial District Department of Correctional Services

### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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 appeals 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*)

#### Instructions for Overall Compliance Determination Narrative

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

The agency has published on its agency website the review periods for prior audits completed from 2014 - 2019. The agency provided the Auditor with a copy of the 2014 PREA audit. Ottumwa Residential Facility met the requirements of Standard 115.403.



## **Policy, Materials, Interviews and Other Evidence Reviewed**

1. Interview with the Assistant District Director/PREA Coordinator, Eighth Judicial District Department of Correctional Services
2. Web search: Eighth Judicial District Department of Correctional Services, Ottumwa Residential Facility, PREA Annual Report 2019
3. Interview with the Residential Manager/PREA Compliance Manager
5. Interview with the District Director/agency head, Eighth Judicial District Department of Correctional Services

## 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.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love \_\_\_\_\_

10/9/20 \_\_\_\_\_

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.