

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: July 8, 2021

Auditor Information

Name: Amy J. Fairbanks

Email: fairbaa@comcast.net

Company Name: AJF, Correctional Consulting & Auditing, L.L.C.

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

City, State, Zip: Lansing, MI 48910

Telephone: 517 303 4081

Date of Facility Visit: June 10-11, 2021

Agency Information

Name of Agency: Fifth Judicial District Department of Correctional Services

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 1000 Washington

City, State, Zip Des Moines, IA 50314

Mailing Address: Click or tap here to enter text.

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

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Jerry Evans, Director

Email: jerry.evans@iowa.gov

Telephone 515 242-6677

Agency-Wide PREA Coordinator

Name: Carly Millsap

Email: carly.millsap@iowa.gov

Telephone: 515-954-8490

PREA Coordinator Reports to:

Mike Brown

Number of Compliance Managers who report to the PREA
Coordinator: 0

Facility Information

Name of Facility: Fort Des Moines Men's Residential Correctional Facility

Physical Address: 68 Thayer Street

City, State, Zip: Des Moines, IA 50315

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

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information <http://www.fifthdcs.com>

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

Facility Director

Name: Mike Brown

Email: mike.brown2@iowa.gov

Telephone: 515 520-7162

Facility PREA Compliance Manager

Name: Carly Millsap

Email: carly.millsap@iowa.gov

Telephone 515 954-8490

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

249

Current Population of Facility:

119

Average daily population for the past 12 months:

85

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-67
Average length of stay or time under supervision	3.2 months
Facility security levels/resident custody levels	Community confinement – probation, parole, Bureau of Prisons
Number of residents admitted to facility during the past 12 months	460
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	460
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	460
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input 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 checked="" type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider6 <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	52
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:	1

Physical Plant

Number of buildings: 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.	3
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	3
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	61
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>5</p>
<p>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.</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>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?</p>	<p>5</p>
<p>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</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

On June 10-11, 2021, an audit was conducted at the Fort Des Moines Men's City Residential Facility to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility from 8:30am to 8:30pm Thursday, and 7:00am to 12:30am Friday. The facility was previously audited in June 2018 and found to be in compliance with all standards. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to the Request for Proposal for the State of Iowa, Iowa Department of Corrections and being awarded the bid.

Audit Methodology:

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

Pre-audit:

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on March 20, 2021 announcing the audit and identifying the auditor address in English and Spanish. Photographs were also sent to the auditor for further verification. They were observed by the auditor throughout the facility during the tour. The posters indicated that any correspondence sent to the auditor would be confidential and not disclosed unless required by law. The exceptions in the law were noted. No confidential correspondence letter was received in response to the posters announcing the audit. Documentation was provided to the auditor via Google Docs on April 21, 2021. Documentation was provided for each standard and provisions for the auditor to review prior to the on-site audit. The PAQ and corresponding documentation was reviewed prior to the on-site audit. A few minor corrections were required of the facility.

The Facility website was reviewed. Educational information regarding PREA and the law, PREA standards, policies, Contractor, Volunteer & Training Information, reporting to include phone numbers for the following:

- 5th District PREA Coordinator
- Local 24-hour Rape Crisis Center and Victim Advocates
- Iowa Statewide Sexual Abuse Hotline
- National Sexual Assault Hotline
- Mary Roche, Director of Iowa DOC Victim & Restorative Justice Programs
- State Ombudsman's Office

Grievances, how to file a third party allegation, investigation statistics, Victim Advocacy information, the prior PREA Audit report (June 2018), and annual reports from 2013 to 2020 were on the website. The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the State of Iowa prior to the audit.

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

Contact was made with the Ombudsman office. It was confirmed that they would accept reports and forward them immediately to the Supervisor of the Inspector General Office, Iowa Department of Corrections. Additionally, the auditor contacted Crisis and Advocacy Services of Polk County who provides services to residents of this facility.

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

On-site audit:

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

A complete tour of the facility was conducted on June 10, 2021. The following areas and operations were visited and observed: resident living areas, dayrooms, laundry facilities, dining area/food storage, staff offices, treatment areas, outdoor recreation areas and staff supervision stations. All areas of the facility were visited that have resident access. Supervision practices, video monitoring, blind spots, bathroom facilities, and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditor entering the living units/bathrooms. Posters announcing the audit were observed throughout the facility.

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

Formal interviews were conducted with the following:

District Director

Division Manager

PREA Coordinator

Random staff – thirteen total, eleven Resident Officers (ROs) from all three shifts, food service staff and a Resident Parole/Probation officer

Investigative staff – administrative investigations

Staff on the sexual abuse incident team

Designated staff charged with monitoring retaliation

Intake staff- two total

Staff who complete the risk assessment, two total

Human Resource staff (who hire/fire staff)/Volunteer Coordinator

Staff who has acted as a first responder

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

- one self-admitted as homosexual/bi-sexual
- zero self-identified as transgender

- one who initiated a sexual harassment complaint
- three who self-reported as having prior victimization
- two residents with a physical disability (cane, prosthesis)
- two hard of hearing resident
- one legally blind resident
- two cognitively impaired resident
- one with Limited English

Resident interviews were held in the private interview rooms.

Investigations can be conducted by five staff presently who have received the training regarding sexual abuse investigations: PREA Coordinator and staff who work in the probation office. It was reported that there have been two sexual harassment allegations (resident on resident, this occurred after the completion of the PAQ) and one sexual harassment/retaliation (staff on resident) allegations received from residents during the audit reporting period. Both were concluded to be unsubstantiated. They were initiated via resident reports to staff and by grievance in which retaliation was grieved which led the person investigating the grievance to discover that it was alleged to be the result of staff sexual harassment.

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

An Exit meeting was conducted with the Division Manager, Residential Manager and PREA Coordinator. Observations of the audit were discussed.

Post-Audit Phase:

Additional information was requested and received. Upon review and analysis, it was incorporated into the report and the final report was completed. No specific corrective action was required.

Facility Characteristics

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

The Fort Des Moines Men's Residential Facility, operated by the FJD, is a single-level structure and three level structure which began serving residents in 1981. The facility is located in Des Moines, Iowa. The physical plant was previously housing for military training and is recognized under the provisions associated with historical buildings. The program provides housing and around-the-clock supervision for residents demonstrating an inability or unwillingness to function under less restrictive supervision. Residents can be placed in the facility as a condition of probation, parole or as a transition from the Iowa Department of Corrections (IDOC). Bureau of Prisons (BOP) residents are also housed at this operation. Residents are expected to secure employment in the local community. Residents are offered several services and programs, such as Pretrial Release, Pre-Sentence Investigation, Community Service Sentencing, Informal Probation, Probation, Parole, an Intensive Supervision Program and a Sex Offender Treatment Program. Residents participate in programming to address the re-entry needs

of each individual. These programs include HiSET-GED testing preparation, mental health counseling, substance abuse treatment, employment skills training, anger and stress management techniques instruction and life-skills training. Additional services include individual assessment programs, employment assistance and housing placement assistance. Residents receive these services at the facility or mostly in the community.

Meals are cooked and served at the facility. There is a full kitchen and staff employed by the Fifth Judicial District who oversees the food service operations with a small dining room. This kitchen/dining room separate two housing wings in one building. Housing is located in three units, two in one building, one in a building across the entrance road. At the time of the audit, one wing was designated for quarantine status. Housing consisted of multiple occupancy rooms with typically four to six beds in each room with shared showers and bathrooms. Bathrooms provided stall doors. Showers were in one room with multiple shower heads located in the back area with a half wall which provides some privacy but affords staff to ensure safety. Laundry facilities are available for the residents. In the hallway area of the room are placed to sit (dayroom). There are recreational activities at the facility, religious programs are on site but were limited due to the coronavirus pandemic. The facility also has classrooms, leisure activity areas with televisions. Residents have access to a resource computer, kiosks, pay phones, house phones and can earn cell phone privileges.

Count on the day of the audit was 138 residents. The facility houses male residents only. The facility on the day of the audit has the following categories based on the risk assessment conducted:

Aggressor incarcerated - 0

Aggressor potential - 31

Victim incarcerated – 0

Victim potential – 3

No score – 103

Sexual Predator – 0

Mixed score - 0

Currently, there are fifty-two staff who work at the facility. Staff work three shifts a day. Resident Officers work 8:00am to 4:00pm, 4:00pm to midnight, midnight to 8:00am shifts. Resident Officers conduct intake with residents, including completion of the sexual abuse risk assessment. The facility does not use contractual staff to provide any services. Currently, due to the coronavirus pandemic, there have been no volunteers utilized to come into the facility and provide services. Recently one chaplain volunteer began services, and the auditor was informed one alcoholic anonymous (AA) volunteer was approved to start conducting services. Residents are provided passes to attend outside services, as approved.

Facility Philosophy: Our Vision – “A Fifth Judicial District with No More Victims. The Mission is as follows: protect the public, employees, and offenders from victimization, and we seek to help transform offenders into productive Iowa citizens” People can change. Every person should be treated with dignity and respect. Our efforts - help make people safer We must work as a team if we are to succeed.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

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

- Organization chart
- Interview with the PREA Coordinator
- Fifth Judicial District, Administration Subject: PREA 1 – Prevention
- Fifth Judicial District, Administration Subject: PREA 11 – Offender on Offender and Staff on Offender Sexual Assault

(a) (b) Fifth Judicial District, Administration Subject: PREA 1 – Prevention states,
PURPOSE

To establish policy in regard to Prison Rape Elimination Act (PREA) prevention planning.
POLICY

It is the policy of the Fifth Judicial District Department of Correctional Services to provide a safe, humane and secure environment, free from the threat of sexual violence and sexual harassment for all offenders, by maintaining a program of education, prevention, detection, response, investigation, prosecution and tracking. The Fifth Judicial District Department of Correctional Services has zero tolerance for sexual violence of any kind.

APPLICABILITY

This policy applies to all employees, prospective employees, interns, volunteers and contractors of the Fifth Judicial District Department of Correctional Services and will be maintained current by the District Director or designee.

PROCEDURES

Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

A. The Department has a zero tolerance policy toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct in the Prison Rape Elimination Act policies.

The District will designate a PREA coordinator who shall oversee Department efforts to comply with the PREA standards.

Fifth Judicial District , Administration Subject: PREA 11 – Offender on Offender and Staff on Offender Sexual Assault states,

PURPOSE

To inform offenders of the Fifth Judicial District Department of Correctional Services' zero tolerance standard for sexual violence and to provide offenders with information relative to their rights and responsibilities under the Prison Rape Elimination Act.

POLICY

It is the policy of the Fifth Judicial District Department of Correctional Services to provide a safe, humane and secure environment, free from the threat of sexual violence and sexual harassment for all offenders, by maintaining a program of education, prevention, detection, response, investigation, prosecution and tracking. The Fifth Judicial District Department of Correctional Services has zero tolerance for sexual violence of any kind. This policy shall be available to all staff and offenders and shall be reviewed and updated annually.

APPLICABILITY

This policy applies to all Fifth Judicial District Department of Correctional Services employees and offenders and will be maintained current by the District Director or designee.

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

Interviews with the PREA Coordinator supports that she has the time and authority to complete all activities to ensure prevention, detection and response to sexual abuse and sexual harassment. She indicated she is directly involved with ensuring staff are trained in addition to communicating with staff frequently to support creating and maintaining an environment of safety and prevention. She indicated she believes in being process orientated with the requirements of the standard. Current projects and accomplishments include updating the video monitoring, working with the residential manager on remodeling the bathroom/showers to provide more privacy while allowing for security and learning more about the transgender/intersex population to ensure their safety needs are met.

Policy supports the requirement of the standard, supporting the position of PREA Coordinator and providing information the facility's plan to prevent, detect and respond to sexual abuse and sexual

harassment. Policy, organization chart, interview and observations provided the auditor with sufficient evidence to support a finding of compliance with the requirements of this standard.

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Fifth Judicial District, Administration Subject: PREA 1 – Prevention
Contracting with other entities for the confinement of offenders states,
The Department does not contract with other entities for the confinement of offenders.

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

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

Standard 115.213: Supervision and monitoring

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- Fifth Judicial District, Administration Subject: PREA 1 – Prevention
- Staffing plan summary
- Documentation Demonstrating PREA Coordinator involvement
- Schedules – Nine examples of staffing for the week
- Facility diagram
- PAQ
- Observations during the tour
- Interview with the Division Manager
- Interview with the District Director

The PAQ indicates that the staffing plan is predicated on the capacity of the facility, 249 residents. It indicates that they do not deviate from the staffing plan.

Fifth Judicial District, Administration Subject: PREA 1 – Prevention

III. Supervision and monitoring states,

A. There is a documented staffing plan that provides for adequate levels of staffing, and, where allowable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, consideration is given to:

The physical layout of each facility;

The composition of the offender population;

The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

Any other relevant factors.

B. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

C. At least once per year the facilities shall assess, determine and document whether adjustments need to be made to:

The staffing plan established pursuant to paragraph (a) of this section;

Prevailing staffing patterns;

The facility's deployment of video monitoring systems and other monitoring technologies; and

The resources the facility has available to commit to ensure adequate staffing levels.

(a,b,c)The staffing plan review, April 2021, assesses staffing levels, acknowledges that use of Residential Counselors and the Manager can be utilized if needed in addition to the authorization of overtime. It reviews the layout of the facility with specifics regarding video monitoring and assessment of blind spots. The auditor was provided diagrams of the facility which identified the video monitoring and self-assessment of blind spots. As evidenced by an email, it was communicated with the District Director and the PREA Coordinator.

The interview with the Director confirmed that resources are available to ensure adequate staffing in addition to video monitoring. He confirmed that staffing plans are each year and approved by the Board of Directors. He indicated that the staffing plan is monitored daily by daily rounds. He further indicated that he does not recall a time when staffing levels were not met. He articulated that a system has been developed to address time off and when staff cannot fill their shift that may include mandatory overtime.

An example of this was provided to the auditor with the pre audit documentation. Additionally, it was reported that supervisory coverage is typically on site for approximately twenty hours of the day.

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

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

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

- *DISTRICT POLICIES TITLE: Search and Seizure*
- Fifth Judicial District, Administration Subject: PREA 1 – Prevention
- Observations
- Interviews Random staff
- Training curriculum on searches, including transgender/intersex
- Staff training records
- PAQ
- FAQ (Frequently Asked Questions, PREA Resource Center)

The PAQ indicates that no cross-gender strip searches occurred during the 12-month audit review period that involved exigent circumstance. The auditor found no reason to dispute this during the audit process.

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

Fifth Judicial District, Administration Subject: PREA 1 – Prevention states, *IV. Limits to cross-gender viewing and searches*

A. Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in urgent circumstances or when performed by medical practitioners. These urgent circumstances will be documented and reported to management and on call ahead of time.

B. As of August 20, 2015, or August 21, 2017 for a facility whose rated capacity does not exceed 50 offenders, the facility shall not permit cross-gender pat-down searches of female offenders, absent urgent circumstances. All urgent circumstances will be well documented and reported to a supervisor or on call ahead of time. Facilities shall not restrict female offenders' access to regularly available programming or other outside opportunities in order to comply with this provision.

C. The facility shall document all cross-gender strip searches and cross gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders in the log provided in the PREA binder at each control desk.

D. Facility Residents may shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. When urgent or business necessary circumstances exist or when such viewing is incidental to routine security checks then opposite gender staff shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

E. 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.

F. Staff shall be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

DISTRICT POLICIES TITLE: Search and Seizure addresses the circumstances for which a resident can be searched and requires the involvement of a supervisor.

(a) Policy supports the requirement of this standard.

(b) Only males are housed at this facility.

(c) Policy supports this requirement to document all cross-gender strip searches and cross-gender visual body cavity searches. There were no examples or reported occurrences to review. A Transgender Pat Search Log has been developed to document when a transgender was searched, reason for the search and notification to management.

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

(e) Policy supports this requirement of the standard. All random staff interviews confirmed that they absolutely know that policy forbids the search of or physical exam of a transgender or intersex resident for the sole purpose of determining the resident's genital status. Policy confirms that if the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing

medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

(f) The auditor reviewed the training video on how to conduct searches of transgender offenders and all staff confirmed they have had this training. Training records were provided that support these statements. The auditor cross-referenced the training records with the resident officers interviewed. At this facility, it has been the practice to provide transgender/intersex residents the ability to designate the gender of the staff who can perform pat down, or strip searches consistent with the gender identity of the resident, which is an acceptable option to support compliance with this standard in accordance with the clarifications provided on the FAQ. The auditor also reviewed a power point presentation and confirmed of training which further addresses education regarding transgender/intersex residents, communication and searches. Although no transgender/intersex resident was at the facility at the time of the audit, interviews with female Resident Officers confirmed they conducted the pat searches of this population when a search was needed.

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

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

115.216 (a)

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

and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

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

- Fifth Judicial District, Administration Subject: PREA 1 – Prevention
- Observations during the tour
- Random staff
- List of court approved interpreters
- Written materials regarding PREA in Spanish
- List of court approved interpreters
- Information on communication for deaf and hard of hearing residents.

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

Fifth Judicial District, Administration Subject: PREA 1 – Prevention states, *Offenders with disabilities and offenders who are limited English proficient*

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

B. The Department shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. An interpreter list is available in the PREA binder at each control desk.

C. The Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under § 115.264 or the investigation of the offender's allegations.

(a) The facility does maintain a list of interpreters, state-wide, approved for use with the court system as a resource (list provided to the auditor). This list included staff who can interpret American Sign Language (ASL). The facility provided the auditor with the following information with the pre-audit documentation:

Deaf and Hard of Hearing

1. Deaf or Hard of Hearing offenders may access Relay Iowa to communicate. Relay Iowa will identify themselves as having a caller needing to speak to an offender. The caller will use a TTY to type his/her conversation to a Communication Assistant (CA). The CA dials the number and then reads the typed conversation to a hearing person and relays the conversation between the two parties typing them back

and forth to the TTY user. Each message will end with the CA saying “go ahead” (GA). You should speak clearly and at a moderate speed. Direct your conversation to the party calling as if the CA were absent.

2. If you need to reach a Deaf or Hard of Hearing client you can use Relay Iowa. Dial 711 or 1-800-735-2942 to reach Rely Iowa. Type in the area code and telephone number you wish to call and then type “GA” The CA will dial the number and relay the conversation to and from you TTY. Type in “GA” at the end of each message.

3. When a Deaf or Hard of Hearing client comes into the facility we will provide an interpreter. The Division Manager and Residential Supervisor will keep an up to date list of available interpreters. This list can be found in the PREA binder at each control desk. If you need to contact an interpreter during your shift, please notify the officer of the day and then utilize the list of interpreters provided.

The PREA video has closed caption capabilities (in English and in Spanish).

(b) As stated, the facility maintains a list of approved interpreters for use. PREA materials and posters are available in English and Spanish (including the audit announcement posters).

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

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

Standard 115.217: Hiring and promotion decisions

115.217 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 1 – Prevention
- Application
- Interview with hiring authority
- Documents from personnel files last two recent hires
- PAQ
- Documentation of background check every year – status employees
- Documentation for a promotional candidate
- Fifth Judicial District Annual PREA Acknowledgement
- Work Rules/Code of Ethics

The PAQ indicates there have been six new staff hired in the last twelve months, zero contractual staff. The interview with PREA Coordinator confirmed that there are no contractual staff who work at this facility.

Fifth Judicial District, Administration Subject: PREA 1 – Prevention

VI. Hiring and promotion decisions

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

- 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997);*
- 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or*
- 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.*

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

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

1. Perform a criminal background records check; and

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Policy: PREA 1 - Prevention Planning

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

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

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

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

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

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

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

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

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

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

These questions are directly asked of candidates, both new candidates and promotional candidates on the application.

(b) The interview with the hiring authority confirmed that incidents of sexual harassment are considered when deciding whether to in determining whether to hire or promote anyone who may have contact with residents. She further states that this is reviewed when conducting reference checks for potential staff.

(c) The provision requires the following: Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The application requires the applicant to list/acknowledge if they have worked for a federal, state or local prison, jail lockup, community confinement facility or juvenile facility and list them. The auditor randomly requested and received the documents for the last two new staff hired – application, reference checks, background checks, acknowledge of PREA questions required in provision (a). One newly hired staff had worked at a prison in the state prior to

getting employment at this facility. Documentation was provided that reference checks were made. Documentation received of background check included the sex offender registry, the Iowa Department of Corrections records check, National Crime Information Center (NCIC) and driver's license check. Additional documentation was provided for an intern which also included background checks being conducted.

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

(e) The interview with the PREA Coordinator confirmed that background checks are conducted at least every year. The auditor requested and received examples of this for three employees, demonstrating that background checks have been conducted annually. As stated, this background check included the sex offender registry, the Iowa Department of Corrections records check, National Crime Information Center (NCIC) and driver's license check.

(f) (g) The code of ethics and work rules requires staff to disclose misconduct that occurred. These rules are reviewed and acknowledged in writing annually with the PREA Acknowledgement. The application requires the candidate to sign certifying that information provided is true and false statements or omissions may result in not getting hired or terminated.

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

As outlined above, the auditor randomly requested documentation regarding the hiring and promotional process and background checks which all demonstrated compliance. Policy supports the requirements of the standard. Staff are asked the questions in provision (a) upon hiring, promotion and annually. The application requires the candidate to sign certifying that information provided is true and false statements or omissions may result in not getting hired or terminated. Interviews with staff who hire and fire support that they would, with proper releases, provide information on former employees regarding substantiated allegations of sexual abuse. Therefore, the standard is deemed to be compliant.

Standard 115.218: Upgrades to facilities and technologies

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed

or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 1 - Prevention
- Observations during the tour
- Interview with the PREA Coordinator and Residential Manager
- PAQ
- Interview with the District Director and Division Manager

Fifth Judicial District, Administration Subject: PREA 1 - Prevention states, *Upgrades to facilities and technologies*

A. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect offenders from sexual abuse.

B. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse.

The PAQ indicates there have been no substantial expansion or modification of existing facilities; There has been upgrades to the video monitoring system.

The Staffing Plan Summary addresses the use of live (and recording) video monitoring utilizing cameras.

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

During the tour modifications planned to the bathroom/shower areas was discussed with the auditor. This demonstrated that safety and privacy were key factors when making changes to these areas. While on site at the facility, the staff reported that they were conducting a conference call to discuss these modifications.

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

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

- Iowa code Section 915.20
- Fifth Judicial District, Administration Subject: PREA 2 – Responsive Planning
- MOU with Polk County Crisis and Advocacy Services

- MOU with Des Moines Police Department
- Certifications for two staff PREA Qualified Staff Training, Iowa CASA
- Sexual Assault Examination Payment Program, Iowa Code section 709.22(1)©(8) brochure

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

Fifth Judicial District, Administration Subject: PREA 2 – Responsive Planning
PROCEDURES

Evidence protocol and forensic medical examinations

To the extent the agency is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Staff shall offer all victims of sexual abuse access to forensic medical examinations at a local hospital, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Staff shall call a local hospital and request a SANE when needed (list in PREA binder at control desk). If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Staff shall document all efforts to provide SAFEs or SANEs in the log in the PREA binder at each control desk. A list of SANEs is attached to this policy.

Staff shall make available to the victim a victim advocate from Polk County Crisis and Advocacy Center. The crisis line is available 24 hours a day and is 515-286-3600). Staff shall document efforts to secure services from rape crisis centers in the log in the PREA binder at each control desk.

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

To the extent the agency itself is not responsible for investigating allegations of sexual abuse; the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

The requirements of paragraphs (a) through (f) of this section shall also apply to:

Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in community confinement facilities;

Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Attachment: Victim Advocacy Information

To request the services of a Sexual Assault Nurse Examiner (S.A.N.E.), contact a local hospital emergency room and ask for a S.A.N.E. The S.A.N.E. nurses that provide services to the Des Moines area are:

Broadlawns Medical Center (515)282-2200

Mercy Medical Center (515)247-3121

Iowa Lutheran Medical Center (515)263-5612

Unity Point Health System (515) 241-6212

For Advocacy Services call:

Polk County Crisis and Advocacy Center contact info:

- 24-Hour Crisis Line – 515-286-3600
Iowa Statewide Sexual Abuse Hotline
- 1-800-284-7821
National Sexual Assault Hotline
- 1-800-656-HOPE (4673)
Mary Roche, Director of DOC Victim & Restorative Justice Programs
- 1-800-778-1182
- Mary.Roche@iowa.gov
Attorney General's Crime Victim Compensation Fund
- 1-800-373-5044

(a) The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination established the evidence protocol for sexual assault exams. The training given to investigators support the process in which to collect evidence to ensure uniform collection.

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

(c) Policy supports all aspects of this provision. Iowa code Section 915.20 and Sexual Assault Examination Payment Program, Iowa Code section 709.22(1)©(8) supports that a forensic exam will be conducted, SANE exam, and the exam will be provided free of costs.

(d) (e) In additional to policy, The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination states, "Iowa law states that a victim advocate cannot be denied access to a sexual assault victim if the victim has specifically requested an advocate be present." Iowa code Section 915.20 additionally states, " You have the right to request the presence of a victim counselor at any proceeding related to the offense. This includes but is not limited to, medical examination, law enforcement investigations, pretrial court hearings, trial and sentencing proceedings "The MOU with RVAP indicates this organization will provide a trained Sexual Abuse Advocate at no cost to the victim. The MOU indicates the advocate will provide support to the victim through the forensic medical examination process and investigatory interviews if requested. Additionally, this MOU indicates it will provide hotline numbers. Counseling, information and referrals. The auditor called the number provided and spoke to an advocate who confirmed she received approximately forty hours of training. She further indicated that there is a statewide system so if the local advocacy service is not able to provide a staff, it connects to the statewide system in which someone will always pick up and arrangement for the service needed based on the details of the call.

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

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

(h) This facility provides a qualified victim advocate from a rape crisis center per the MOU with Polk County Crisis and Advocacy Services.

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

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 2 – Responsive Planning
- Interview with Investigative Staff
- MOU with Des Moines PD
- PAQ

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

Fifth Judicial District, Administration Subject: PREA 2 – Responsive Planning

II. Policies to ensure referrals of allegations for investigations

An administrative and/or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment.

Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its Web site or, if it does not have one, make the policy available through other means. All referrals for investigation will be documented and tracked.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

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

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

(c) The MOU with the Des Moines PD describes the arrangements and responsibilities for conducting criminal investigations.

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

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

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 3 – Training and Education
- Training records with passing score
- FAQ
- PAQ
- eLearning training curriculum.
- Interviews with random staff

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

Fifth Judicial District, Administration Subject: PREA 3 – Training and Education

Employee training

All employees who may have contact with offenders shall be trained on:

The zero-tolerance policy for sexual abuse and sexual harassment;

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

Offenders' right to be free from sexual abuse and sexual harassment;

The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

The dynamics of sexual abuse and sexual harassment in confinement;

*The common reactions of sexual abuse and sexual harassment victims;
How to detect and respond to signs of threatened and actual sexual abuse;
How to avoid inappropriate relationships with offenders;
How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders and those with physical and psychiatric disabilities; and
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.
All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.
The Department shall document, through employee signature or electronic verification that employees understand the training they have received.*

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

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

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

(d) The training records reflect that staff have to pass a quiz in order to be considered to have understood and completed the training.

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

Standard 115.232: Volunteer and contractor training

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 3 – Training and Education
- Volunteer acknowledgement form
- PREA Training for volunteers and contractors - website for the facility
- Observations
- PAQ
- Interview with a former intern

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

Fifth Judicial District, Administration Subject: PREA 3 – Training and Education

II. Volunteer and contractor training

The agency shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

(a) (c) Contractors, volunteers sign the following: *I acknowledge that I have received the Fifth Judicial District Department of Correctional Services' Sexual Misconduct and Violence Policy. I further acknowledge that I have been directed to read this document and that I was offered the opportunity to ask questions about the content. I understand that I am subject to and shall be expected to comply with the Policy.* An signed example was provided to the auditor for review. The auditor interviewed a random staff who indicated he started as an intern before obtaining the job. He confirmed that he was trained regarding responsibilities under the agency's sexual abuse and sexual harassment prevention,

detection, and response policies and procedures and the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(b) Policy supports the requirements of this provision to ensure that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor reviewed the power point presentation designed specifically for volunteers and contractors which is also located on the facility website. There are forty slides that address the following: history of the law, application of the law, zero tolerance, no consent for sexual behavior, effects on the workplace, Iowa Code, policy and the law, how to maintain professional boundaries, duties of staff (immediate report, cooperation with investigation) It is also on the facility's website.

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

Standard 115.233: Resident education

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

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

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 3 – Training and Education
- Random resident interviews
- Intake Staff interviews
- Observations Posters, other information
- PREA Intake packet
- Documentation of resident participation in education sessions

The PAQ indicates that 460 residents were admitted to the program and were given resident education at intake in the previous twelve months.

Fifth Judicial District, Administration Subject: PREA 3 – Training and Education

III. Offender Education on PREA § 115.233

During the intake process, offenders shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Offender PREA education shall be provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as offenders who have limited reading skills.

Documentation of offender participation in these PREA education sessions shall be maintained.

Key information is continuously and readily available and visible to offenders through posters and offender rule books.

(a) (d) (e) Resident Officers conduct intake. It was reported that each resident arriving receives the PREA Staying Safe A Guide for Offender Conduct information. The Staying Safe A Guide for Offender Conduct includes the following: Mission to keep residents safe; information on how to stay safe, Definitions, Offender Rights, Methods available to report misconduct, possible outcomes of the investigation, how to contact Victim and Restorative Justice Director (phone and address), Ombudsman phone and address. Acknowledgment – “My signature below indicates that I have received a copy of the Fifth Judicial District’s PREA Refresher Material for offenders regarding the prevention of sexual misconduct. I have been provided with an opportunity to discuss this issue and ask questions.” Interviews with intake staff confirm that all residents view the video when they arrive. Additionally, all random resident interviews confirmed they see the video on the same day they arrive.

Posters were visible throughout the facility educating residents of their right to be free from sexual abuse and harassment, retaliation and the option to report anonymously and third party. Phone numbers for staff, ombudsman, and advocacy services were posted by the phones and in other locations.

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

(c) It was reported by staff that the video has closed captioning and can be shown in Spanish closed captioning also. See comments to 115.216. Intake staff indicated that they have had to read the information to them when the resident was not capable of understanding the information in the written form.

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

Standard 115.234: Specialized training: Investigations

115.234 (a)

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

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 3 - Training and Education
- Investigator Training curriculum
- Investigator Training certificates
- Interview with Investigator
- Documentation demonstrating general PREA training received

The PAQ indicates that this facility has five staff qualified to conduct sexual abuse in confinement investigations.

Fifth Judicial District, Administration Subject: PREA 3 - Training and Education

IV. Specialized training: Investigations

In addition to the employee training provided to all employees pursuant to §115.231(PREA training), the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

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

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

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

Miranda v Arizona is addressed throughout the training module. Garrity warnings is also addressed. Weingarten Rights are reviewed.

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

The interview with the investigator supported all the requirements of the standard.

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

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 3 - Training and Education
- Interview with PREA Coordinator
- Documentation of training for nurse, mental health

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

Fifth Judicial District, Administration Subject: PREA 3 - Training and Education states,

The Department shall ensure that all 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;

How to preserve physical evidence of sexual abuse;

How to respond effectively and professionally to victims of sexual abuse and sexual harassment;

How and to whom to report allegations or suspicions of sexual abuse and sexual harassment; and

The notification process of Guardians of said mentally ill person explaining what happened so they can assist the mentally ill person.

The agency shall maintain documentation that mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Mental health care practitioners shall also receive the PREA training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.

Interview with the PREA Coordinator indicated that when needed, medical and mental health professionals (a contractual nurse, mental health staff) from the district can provide services. She confirmed, with documentation, that these professionals have received both regular PREA training and specialized training (developed by the National Institute of Corrections).

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 12 - Sexual Violence Propensity Assessment

- Fifth Judicial District, Administration Subject: PREA 4 - Screening for Risk of Sexual Victimization and Abusiveness
- SVP Scoring Guide (Objective screening instrument) - Confidential
- PAQ
- Randomly requested SVP forms
- Observations
- Interviews Staff who perform risk screens
- Interview random residents
- Interview PREA Coordinator
- FAQ

The PAQ indicates that 460 residents entered the facility in the twelve month review period that were screening within 72 hours for risk of victimization and/or sexual abusiveness towards other residents.

Fifth Judicial District, Administration Subject: PREA 4 - Screening for Risk of Sexual Victimization and Abusiveness states,

Screening for Risk of Victimization and Abusiveness

All offenders shall be assessed via the Sexual Violence Propensity Assessment (SVP) during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Intake assessments shall be conducted using an objective screening instrument, the Sexual Violence Propensity Assessment (SVP)

The Sexual Violence Propensity Assessment screening (SVP) shall consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

Whether the offender has a mental, physical, or developmental disability;

The age of the offender;

The physical build of the offender;

Whether the offender has previously been incarcerated;

Whether the offender's criminal history is exclusively nonviolent;

Whether the offender has prior convictions for sex offenses against an adult or child;

Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming;

Whether the offender has previously experienced sexual victimization; and

The offender's own perception of vulnerability.

The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive.

Within 30 days of an offender's arrival at a facility, the facility will reassess the offender's risk of victimization or abusiveness by completing a new SVP assessment. The assessor will use any additional, relevant information received by the facility since the intake screening.

An offender's risk level shall be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the above paragraphs (D 1, D 7, D 8 and D9) as listed above in this section.

Whether the offender has a mental, physical, or developmental disability;

Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming;

Whether the offender has previously experienced sexual victimization; and

The offender's own perception of vulnerability.

The Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. All staff will comply with the Department's Confidentiality of Records policy.

Fifth Judicial District, Administration Subject: PREA 12 - Sexual Violence Propensity Assessment states,

DEFINITIONS

Transgender - means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Intersex - means a person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

PROCEDURES

SVP Assessment Requirements and Timelines:

All offenders shall be assessed for their risk of being sexually abused by other offenders or sexually abusive toward other offenders during an intake screening and upon transfer to another facility.

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Such assessments shall be conducted using an objective screening instrument.

The intake screening shall consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

Whether the offender has a mental, physical, or developmental disability;

The age of the offender;

The physical build of the offender;

Whether the offender has previously been incarcerated;

Whether the offender's criminal history is exclusively nonviolent;

Whether the offender has prior convictions for sex offenses against an adult or child;

Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

Whether the offender has previously experienced sexual victimization; and

The offender's own perception of vulnerability.

The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive.

Within 30 days of an offender's arrival at a facility, the facility will reassess the offender's risk of victimization or abusiveness by completing a new SVP assessment. The assessor will use any additional, relevant information received by the facility since the initial intake SVP assessment.

An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

The facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders (115.241).

The facility shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

The facility shall make individualized determinations about how to ensure the safety of each offender.

All offenders entering a Residential Facility on or after 1-1-2013 shall be assessed by trained Department staff for sexual violence tendencies / sexual victimization using the Iowa Department of Corrections' Sexual Violence Propensity Assessment (SVP).

The SVP shall be completed by the current prison case manager prior to entry into a Residential Facility. If, for some reason, an offender enters a Residential Facility without a SVP Assessment being completed, one shall be completed within seventy-two (72) hours of entry into the facility.

The results of the SVP shall be documented in ICON and shall be used to make housing and bed assignments. (The facilities do not have work and program assignments in the facility.) Please refer to the SVP Assessment scoring guide for further information on SVP codes.

The SVP shall be reviewed by Probation/Parole Officers within the first thirty (30) days of facility placement and as otherwise warranted to determine if changes should be made on the assessment.

The SVP Assessment must always be current within one (1) year for any offender housed in a Residential Facility. Information contained in the SVP shall be treated as confidential.

Transgender or Intersex Offenders

In deciding whether to assign a transgender or intersex offender to a facility/wing for male or female residents, and in making other housing and programming assignments, staff shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.

Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

The Department shall not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders (115.242).

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

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

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

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

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

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

- (1) Whether the resident has a mental, physical, or developmental disability;
- (2) The age of the resident;
- (3) The physical build of the resident;
- (4) Whether the resident has previously been incarcerated;
- (5) Whether the resident's criminal history is exclusively nonviolent;
- (6) Whether the resident has prior convictions for sex offenses against an adult or child;
- (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the resident has previously experienced sexual victimization;
- (9) The resident's own perception of vulnerability;

Other assessment questions relate to non-sexual predatory violence, aggressive behavior demonstrating an intimidating attitude, experience or familiarity with prison culture or "street wise" behavior and possible gang involvement.

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

(f) Per facility procedure, all residents coming into the facility will have a SVP assessment completed prior to assigning housing. The SVP will also be updated within 30 days of arrival. Resident and intake staff interviews confirmed this process, ensuring the auditor that both assessments are completed individually, privately and verbally – not by having the resident complete a questionnaire. The auditor requested and received the SVP for the last ten residents to arrive at the facility. All confirmed that an initial assessment has been conducted. The facility discovered that upon a staff leaving for another position that the 30-day assessment had not been completed. This was corrected before the auditor arrived on site. Documentation demonstrating the new process was discussed with and provided to the auditor. This coincided with resident interviews as some indicated they had another assessment within thirty days and some indicated they had not.

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

that they know that an updated risk assessment could be completed if referred, requested, or related to an incident of substantiated sexual abuse but did not recall having to do one.

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

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

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

Standard 115.242: Use of screening information

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 12 - Sexual Violence Propensity Assessment
- Observations facility tour – housing/living conditions
- Interviews PREA Coordinator
- Interview with staff who conduct Risk screens
- Sexual Violence Propensity Assessment Scoring Guide for Offenders - Confidential
- Housing assignment sheets (with SVP score)

Fifth Judicial District, Administration Subject: PREA 12 - Sexual Violence Propensity Assessment states *The facility shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender. All offenders entering a Residential Facility on or after 1-1-2013 shall be assessed by trained Department staff for sexual violence tendencies / sexual victimization using the Iowa Department of Corrections' Sexual Violence Propensity Assessment (SVP). The SVP shall be completed by the current prison case manager prior to entry into a Residential Facility. If, for some reason, an offender enters a Residential Facility without a SVP Assessment being completed, one shall be completed within seventy-two (72) hours of entry into the facility. The results of the SVP shall be documented in ICON and shall be used to make housing and bed assignments. (The facilities do not have work and program assignments in the facility.) Please refer to the SVP Assessment scoring guide for further information on SVP codes. The SVP shall be reviewed by Probation/Parole Officers within the first thirty (30) days of facility placement and as otherwise warranted to determine if changes should be made on the assessment. The SVP Assessment must always be current within one (1) year for any offender housed in a Residential Facility. Information contained in the SVP shall be treated as confidential.*

Transgender or Intersex Offenders

In deciding whether to assign a transgender or intersex offender to a facility/wing for male or female residents, and in making other housing and programming assignments, staff shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.

Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

The Department shall not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders.

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

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

At intake, the following is addressed immediately upon arrival:

1. Birth Sex: Male Female 2. Gender Identification: Male Female 3. Are you Transgender or Intersex? No Yes IF YES, COMPLETE REMAINING QUESTIONS: 3a. Transgender Status: Male to Female Female to Male Name Preference: 3b. Intersex: No Yes Preferred Pronoun 3c. Housing Preference 3d I prefer to be searched by a staff member that is Male Female (*absent safety and security concerns*).

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

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

REPORTING

Standard 115.251: Resident reporting

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 11 – Offender on Offender and Staff on Offender Sexual Assault
- Fifth Judicial District, Administration Subject: PREA 5 – Reporting
- Review of investigations
- Interviews with residents
- Interview random staff
- FAQ

Fifth Judicial District, Administration Subject: PREA 11 – Offender on Offender and Staff on Offender Sexual Assault states,

Reporting of Sexual Violence

A. Initial Report: An offender may report a sexual violence, sexual harassment by staff, volunteers or vendors, or retaliation by other offenders or staff for reporting sexual violence, sexual harassment or staff neglect or violation of responsibilities that may have contributed to the incident in any way, including but not limited to:

Staff member – Any employee, contractor or volunteer.

*Send a kite or letter to the District Director or designee(s)
Contact the District's PREA Coordinator*

Send a letter to:

*Mary Roche, Victim and Restorative Justice Director, Iowa Department of Corrections
The Iowa Ombudsman Office, Office of Citizens' Aide/Ombudsman*

B. Offenders who observe or have knowledge of sexual violence shall immediately report in any way including but not limited to the points of contact listed above.

C. Staff Response

Staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document all verbal reports.

If applicable to the circumstances, the alleged offender victim shall be advised by the employee receiving the report or supervisor that showering or body cleaning, or if assault was oral, drinking or brushing could damage or destroy evidence.

An offender victim may request a victim advocate or qualified staff member to accompany and support the offender victim through the investigatory interviews and to provide emotional support, crisis intervention, information and referrals to additional resources. The victim advocate or qualified staff member shall meet with the victim in a private area and may continue for up to six (6) sessions.

Reports of abuse shall be forwarded to authorities in accordance with Iowa mandatory reporting laws.

Attachments: [1] Prison Rape Elimination Incident Report

[2] Staying Safe: A Guide for Offender Conduct

*Fifth Judicial District, Administration Subject: PREA 5 – Reporting states,
PROCEDURES*

I. Offender Reporting

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

Report to staff verbally

Report to staff in writing

Report via a kite or grievance form and give to staff or place in the secured grievance/survey boxes.

The Department shall also inform offenders of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request.

Report to the State Ombudsman's Office

Report to Mary Roche, Victim Services Coordinator

Staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.

Staff may privately report sexual abuse and sexual harassment of offenders to management.

(a) (b) At intake, the residents are provided with the PREA intake packet. Residents sign acknowledging receipt of this information. Additionally, the Iowa Office of Citizens' Aide/Ombudsman is a public entity that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The auditor confirmed this with this office via email exchange with this office. One investigation reviewed demonstrated that the resident made an allegation through a grievance and it was immediately investigated.

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

(d) All random staff interviews confirmed to the auditor that they have numerous options for reporting privately and provided the auditor specific examples of how they would accomplish this, including contacting the Ombudsman's office if needed.

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

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

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

- Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 5 – Reporting
- Observations
- Interviews PREA Coordinator
- Review of grievances filed for the previous twelve months
- PAQ
- Review of an investigation

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

Fifth Judicial District, Administration Subject: PREA 5 – Reporting
PROCEDURES

II. Exhaustion of Administrative Remedies

There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.

The Department may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Nothing in this section shall restrict the Department's ability to defend against a lawsuit filed by an offender on the ground that the applicable statute of limitations has expired. E. The Department shall ensure that:

An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

Such grievance is not referred to a staff member who is the subject of the complaint.

The Department shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

Computation of the 90-day time period shall not include time consumed by offenders in preparing any administrative appeal.

The Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender in writing of any such extension and provide a date by which a decision will be made.

At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender will receive written notice according to the Department Grievance Policy.

Third parties, including fellow offenders, staff members, family members, attorneys and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

The Department shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse.

1. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to management, who shall provide an initial response within 48 hours and shall issue a final agency decision within 5 calendar days. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith.

(a) (b) (c)(d) (e) (f) (g) Policy supports the requirements of this standard. At the request of the auditor, the auditor was provided copies of all grievances filed for the year. None specifically grieved an allegation of sexual abuse or sexual harassment. However, one alleged retaliation and as a result of the noted reasons for the retaliation, an investigation was conducted. Additionally, the auditor observed the secured grievances boxes located near the Resident Officer's station. It was reported that limited staff retrieve any grievances from the box daily.

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

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 5 – Reporting
- Observations
- Interviews Random residents
- MOU
- Crisis Advocacy Postings

Fifth Judicial District, Administration Subject: PREA 5 – Reporting states,

III. Offender Access to Outside Confidential Support Services

The facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between offenders and these organizations, in as confidential a manner as possible (Attachment 1).

The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored (safety and security) and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The Department shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The Department shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

1. A copy of the Department's Memorandum of Understanding with Polk County Crisis and Advocacy Center is in the PREA binder at each Control Desk.

*Attachment: [1] Victim Advocacy Information
Victim Advocacy Information*

To request the services of a Sexual Assault Nurse Examiner (S.A.N.E.), contact a local hospital emergency room and ask for a S.A.N.E. The S.A.N.E. nurses that provide services to the Des Moines area are:

Broadlawns Medical Center (515)282-2200

Mercy Medical Center (515)247-3121

Iowa Lutheran Medical Center (515)263-5612

Unity Point Health System (515) 241-6212

For Advocacy Services call:

Polk County Crisis and Advocacy Center contact info:

☐ 24-Hour Crisis Line – 515-286-3600

Iowa Statewide Sexual Abuse Hotline

☐ 1-800-284-7821

National Sexual Assault Hotline

☐ 1-800-656-HOPE (4673)

Mary Roche, Director of DOC Victim & Restorative Justice Programs

☐ 1-800-778-1182

☐ Mary.Roche@iowa.gov

Attorney General's Crime Victim Compensation Fund

☐ 1-800-373-5044

(a) Policy supports the requirement of the standards. As noted above, several options are available to the residents to obtain services. Posters were visible informing residents of the services provided by the Crisis Advocacy, phone number and address. The phone number is available 24 hours a day, 7 days a week.

(b) Resident interviews confirmed to the auditor that they are aware of a number available, posted by the phones. They believe the call is free and confidential. Currently, telephones available to the residents are pay phones. They indicated to the auditor that they can use the "house phone", a phone in a private office next to the Resident Officer's station). The auditor witnessed a resident request the use of this phone and he was quickly granted access. Additionally, some residents earn cell phone privileges which can be used when outside the facility.

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

- Provide advocacy services
- Assist with safety planning
- Provide support during forensic medical examinations
- Comply with PREA standards
- Provide assurance that providers meet professional standards of advocacy

The auditor communicated with an advocate from the Crisis Services via email exchange. She confirmed the following:

- Trained advocate would accompany a resident throughout the forensic medical exam, by partnering with the Mid-Iowa Sexual Assault Response Team (SART) who provides the sexual assault nurse examiners. This would include the investigatory interviews and court proceedings.
- Advocates would provide support services, crisis intervention, provide information and relevant referrals.
- Staff would make a report on behalf of a resident with a signed release of information.
- Training for all victim services is established through Iowa Code Chapter 236A for a victim counselor. In addition, full time Crisis and Advocacy advocates are required to maintain their Certified Sexual Assault status which is an additional 40 hours of initial training and 10 hours of continuing education annually.
- She confirmed that their services are client centered, indicating that the client decides and determines the level of involvement.

Finding of compliance is based on the following: The facility does provide access to outside victim support advocated for emotional support services by giving both a phone number and mailing address. Residents are informed that it is confidential; additionally, they have the ability to use a pay phone, house phone or cell phone when earned. Therefore, they are provided reasonable communication. They are able to send mail without having to have a staff do it for them. As noted, there is an MOU with Crisis Advocacy Services.

Standard 115.254: Third-party reporting

115.254 (a)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 5 – Reporting
- PAQ
- Interviews random offenders
- Interviews with random staff
- Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents – facility website

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

Fifth Judicial District, Administration Subject: PREA 5 – Reporting states,
Methods of Third-party Reporting

A. Third parties to offenders may report sexual abuse and/or sexual harassment by contacting any staff member, filing a verbal or written report, assisting an offender with a report, contacting the District's PREA Coordinator or via the department's website, www.fifthdcs.com.

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

Policy, facility website and random staff interviews all confirm that information is publicly posted regarding how to report, and all staff are aware that they are to accept third party allegations. Interviews with residents mostly confirmed that they are aware they can report on behalf of another resident.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report
- Interviews Random staff
- Interview with the investigator/PREA Coordinator

Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report
PROCEDURES

I. Staff and Department Reporting Duties

A. Staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the Men's or Women's Residential Facility; 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.

B. Apart from reporting to designated supervisors, 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 decisions.

C. 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.

D. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

E. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the District PREA Coordinator, the Assistant Director, and the District Director.

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

allegations of sexual abuse and sexual harassment, including third party and anonymous reports are immediately reported to supervisors and the PREA Coordinator/investigators, for proper action to be initiated.

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

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

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

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

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

Standard 115.262: Agency protection duties

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report
- Interview District Director, Division Manager and Residential Supervisor
- Interviews with random staff

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

Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report states,

Agency Protection Duties

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

Interviews with the District Director, Division Manager, Residential Supervisor and all random staff confirmed that intervention would occur if a staff believed a resident was at imminent risk of sexual abuse, and be supported by supervisors, management and administration. It was relayed to the auditor that they can reassign the resident to a different housing area, or even another district if the situation warranted it.

Policy supports the findings of the standard. Based on the interviews with staff and residents, the auditor believes this facility has a culture of supporting all staff who believe an incident is prevalent and stopping it before it gets physical.

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report

- Interview District Director
- Interviews PREA Coordinator

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

Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report states,

Reporting to Other Confinement Facilities

Upon receiving an allegation that an offender was sexually abused while confined at another facility, the PREA Coordinator or designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Coordinator shall document such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

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

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

Standard 115.264: Staff first responder duties

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report
- Observations
- Interviews with Random staff
- Interviews with the District Director
- Interview with a staff who has acted as a first responder

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

Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report states,

PROCEDURES

IV. Staff First Responder Duties § 115.264

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

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence (when law enforcement arrives);

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

(a), (b) Resident officers confirmed that they are knowledgeable regarding the first responder duties should they be the first employee to become aware of allegations of sexual abuse. One staff had acted as a first responder while working at another facility (prison) and relayed to the auditor knowledge of the requirements as he had for that prior incident.

Review of the policy and staff interviews provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.265: Coordinated response

115.265 (a)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report
- Offender on Offender Sexual Assault Allegation Flow sheet
- Staff on Offender Sexual Assault Allegation Flow sheet
- Random staff interviews

Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report states,

Coordinated Response

There is a written plan (flow charts) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The flow charts are in the PREA binder at each Control Desk.

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

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- AFSCME 2019-2021
- Interview with the District Director
- Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report

Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report states,

VI. Preservation of Ability to Protect Offenders From Contact With Abusers

A. Neither the Department nor any other governmental entity responsible for collective bargaining on the Departments behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the Department's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

B. Nothing in this standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276. (115.272 state that; the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. 115.276 state that (a) staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (b) Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. (c) Disciplinary sanctions for violations or agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (d) all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies) or Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

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

Standard 115.267: Agency protection against retaliation

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report
- Observations:
- Interview with the District Director
- Interview with the Designated staff member charged with monitoring for retaliation
- PAQ

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

Fifth Judicial District, Administration Subject: PREA 6 – Official Response Following an Offender Report states,
Agency Protection Against Retaliation

The Department shall protect all offenders and staff that reports sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff and shall designate which staff members or departments are charged with monitoring retaliation. The PREA Coordinator will monitor any reports of retaliation as noted above.

The Department shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least ninety (90) days following a report of sexual abuse, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The Department shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

In the case of offenders, such monitoring shall also include periodic status checks.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation.

The Department's obligation to monitor shall terminate if the Department determines that the allegation is unfounded.

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

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 7 – Investigations
- Interviews Investigative staff
- PAQ
- Review of the agency wide data base
- Interview with the District Director

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

Fifth Judicial District, Administration Subject: PREA 7 – Investigations states,
Criminal and Administrative Investigations

A. Investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports.

B. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

C. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged

victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

D. When the quality of evidence appears to support criminal prosecution, the Department shall turn the investigation over to law enforcement.

E. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The Department will not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. F. Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

G. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible.

H. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

I. The Department shall retain all written reports referenced in paragraphs (F) and (G) of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

J. The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.

K. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

L. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

(a)(b)(c)(d) (e) (f) (g)(h)(i)(j) The policy supports the requirements of all provisions of the standard. The interview with the investigator indicates that he uses the Department wide data base for initiating and tracking investigations, including suspicions. Additionally, the interview confirmed the following: All allegations of sexual abuse and sexual harassment as well as retaliation are and have been referred for investigation; third party and anonymous complaints would also be investigated in the same manner; once an investigation appears to be criminal, the investigator would contact the prosecutor's office for direction; staff actions or failures are analyzed in the course of the investigation to identify areas needing additional training and the investigation will continue even if the alleged victim or alleged perpetrator left the facility. Additionally, both investigators confirmed to the auditor that evidence is preserved electronic ally (scanned and uploaded) and in the evidence locker (which the auditor did see during the on-site visit). Two completed investigations were provided to the auditor for review.

(k) Auditor not required to audit this provision.

The policy requires that all provisions of the standard be addressed. The interview with the investigator confirmed that all provisions of the standard is a part of any investigation initiated.

Standard 115.272: Evidentiary standard for administrative investigations

115.272 (a)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 7 – Investigations
- Interviews with the investigator(s)/PREA Coordinator
- Review of completed investigations

Fifth Judicial District, Administration Subject: PREA 7 – Investigations states, *Evidentiary Standard for Administrative Investigations*
The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy and the interview with investigators/PREA Coordinator confirm that this is the standard to substantiate an administrative hearing. Review of the completed investigations supported compliance with this standard. Therefore, the standard is deemed compliant.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 7 – Investigations
- PAQ
- MOU with Fort Des Moines PD
- Resident Intake packet
- Interview with the District Director, Division Director
- Documentation of notification

The PAQ indicates the following:

Zero investigations of alleged sexual abuse completed

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

Zero sexual abuse investigations completed by an outside agency

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

Zero substantiated cases of staff sexual abuse

Zero notifications made pursuant to those

Zero notification provided to residents

Zero of those that is documented

Fifth Judicial District, Administration Subject: PREA 7 – Investigations states,

Reporting to Offenders

Following an investigation into an offender's allegation of sexual abuse suffered in a Department facility, the Department shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

If the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender.

Following an offender's allegation that a staff member has committed sexual abuse against the offender, the Department shall subsequently inform the offender (unless the Department has determined that the allegation is unfounded) whenever:

1. The staff member is no longer in the offender's facility;

2. The staff member is no longer employed at the facility;

The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an offender's allegation that he or she has been sexually abused by another offender, the Department shall subsequently inform the alleged victim whenever:

The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented.

The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

(a) (b)(c)(d) (e) The facility's policy supports the requirements of the standard. The facility has reported it has one staff on resident harassment/retaliation investigation during the reporting time frame. A copy of the notification was provided to the auditor. Another investigation had been concluded during the on-site audit; a copy of the notification was provided to the auditor. Additionally, the investigator(s)/PREA Coordinator confirmed that notices are required and would be sent. The interview with the District Director and Division Manager further supported that the facility would make a notification of whether the investigation was substantiated, unsubstantiated or unfounded to all residents who have made an allegation of sexual abuse or sexual harassment. Additionally, residents are informed of this requirement in the resident intake packet. Finally, there is an MOU with the Fort Des Moines Men's PD that ensures agreement and cooperation with the investigation process. As indicated, notifications were provided for harassment and retaliation allegations and are not required to be completed per the provisions of this standard but was provided for these investigations.

Policy, MOU, documentation of notification and interviews all confirmed to the auditor that there is sufficient evidence to support a finding of compliance.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 8 – Discipline
- Interviews with the PREA Coordinator
- Interview with the District Manager, Division Manager
- PAQ

The PAQ indicates there have been zero of staff who have been disciplined for violation of agency sexual abuse or sexual harassment policies, zero staff who have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies. The auditor found no reason to dispute this during the audit process.

Fifth Judicial District, Administration Subject: PREA 8 – Discipline states,

Disciplinary Sanctions for Staff

Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

(a) (b) (c)(d) Policy supports the requirements of the standard. The PREA Coordinator and District Director confirmed that these provisions would be followed in the event that a staff member is the subject of a sexual abuse investigation, which is substantiated. Therefore, the auditor finds sufficient evidence to find the facility to be compliance with the requirements of this standard.

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 8 – Discipline
- Interviews PREA Coordinator

- PAQ
- Memo from the District Director

The PAQ indicates there have been no contractors or volunteers who have been reported to law enforcement and/or relevant licensing bodies. The auditor found no reason to dispute this during the audit process. Specifically, there have been no volunteers in the facility in the last year due to the coronavirus pandemic, nor does the facility use contractual staff.

Fifth Judicial District, Administration Subject: PREA 8 – Discipline states,
Corrective Action for Contractors and Volunteers

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

(a) (b) Policy supports the requirements of the standard. The PREA Coordinator confirmed that these provisions would be followed in the event that a volunteer/contractor is the subject of a sexual abuse investigation, which is substantiated. The memo from the District Director confirmed there have been no incidents of sexual abuse or sexual harassment in the past year. Based on above, the auditor found sufficient evidence to support a finding of compliance with the requirements of the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 8 – Discipline
- Interviews PREA Coordinator
- Document showing sanctions commensurate
- State of Iowa Department of Corrections Chapter 8 Work Release/OWI Programs Community Based Programs Rule Violations, Disciplinary Process, time loss and Appeals
- Interview with the District Director and Division Director
- Bureau of Prisons Disciplinary policy

The PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period. The auditor reviewed the investigation reports for two completed investigations (one concluded during the on-site audit) and found this to be credible.

Fifth Judicial District, Administration Subject: PREA 8 – Discipline states,
Disciplinary Sanctions for Offenders

Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.

Sanctions shall be commensurate with the nature and circumstances of the abuse committed the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories.

The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

If the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.

The Department may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Department may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity. The Department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

(a) (b) (g) State of Iowa Department of Corrections Chapter 8 Work Release/OWI Programs Community Based Programs Rule Violations, Disciplinary Process, time loss and Appeals is a 24-page policy that applies to community programs that dictates all the requirements for the disciplinary process including a formal hearing, the sanctioning process and confirms that sanctions are commensurate with the nature and circumstances of the abuse, disciplinary sanctions are progressive. The auditor reviewed the BOP disciplinary regulations. It confirms that it applies to all persons in the custody of the Federal Bureau of Prisons or Bureau contract facilities . . . It states that Community Corrections Managers may take disciplinary action on inmates in contract RRC s. Disciplinary sanctions are commensurate with the charge of the offense. Additionally, it confirms that If a resident appears mentally ill or unable to understand the disciplinary process at any stage of the discipline process, he will be examined by mental health staff. "Staff may take no discipline action against an inmate who is determined by a mental health professional to be incompetent to participate in the disciplinary proceedings or not responsible for his/her behavior."

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

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

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 9 - Medical and Mental Care
- Iowa SAE Protocol
- MOU Crisis Advocacy Services
- Interviews with potential first responders
- Coordinated response plans - Offender on Offender, Staff on Offender

Fifth Judicial District, Administration Subject: PREA 9 – Medical and Mental Care
Access to Emergency Medical and Mental Health Services

Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment in the community and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If the department Staff Psychologist is not on duty or available at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

1. Attorney General's Crime Victim Compensation Fund 1-800-373-5044

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

(c) Policy confirm that the resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Iowa SAE protocol supports that this treatment would be provided.

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

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 9 – Medical and Mental Care
- Iowa SAE appendix

Fifth Judicial District, Administration Subject: PREA 9 – Medical and Mental Care states, *Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers* Medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility is available in the community. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests at the hospital. If pregnancy results from conduct specified in paragraph 2.C. (of PREA 9) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services in the community. Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

Sexually Transmitted Infections For current treatment guidelines: Centers for Disease Control & Prevention Sexually Transmitted Diseases Treatment Guidelines 2015: <http://www.cdc.gov/std/tg2015/tg-2015-print.pdf> or, the Pocket Guide can be downloaded at: <http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf>). For information on HIV prophylaxis in adults/adolescents, see: Centers for Disease Control & Prevention, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines. <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf> See also Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States. MMWR, January 21, 2005 / 54(RR02); 1-20. Centers for Disease Control & Prevention homepage: <http://www.cdc.gov/> New York Health Department HIV Clinical Resources: <http://www.hivguidelines.org/clinicalguidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupationalexposure-including-sexual-assault/> National Clinician’s HIV/AIDS Consultation Center for warm/hot lines: <http://www.nccc.ucsf.edu/> For STD clinic sites in Iowa see the Iowa STD Clinics website: <http://yourstdhelp.com/iowa.html> For Iowa STD program information/statistics: <http://idph.iowa.gov/hivstdhlep/std/resources> For information on HIV testing and treatment sites and HIV/AIDS information/stats in Iowa see Iowa Department of Public Health website: <http://idph.iowa.gov/hivstdhlep/hiv> Emergency Contraception The Emergency Contraception Website. Operated by Princeton University and the Association of Reproductive Health Professionals (it has no connection with pharmaceutical companies). <http://ec.princeton.edu/>. Iowa Adult Sexual Assault Protocol Appendix C APPENDIX C - PAYMENT FOR SEXUAL ASSAULT EXAMS The State of Iowa pays for a sexual assault examination regardless of whether the victim reports the crime to law enforcement. This is done to ensure that prosecutors and law enforcement officers will have evidence efficiently and effectively collected if the victim later reports that crime. Funds for the Sexual Abuse Examination Payment Program come from the Crime Victim Compensation Fund. That fund is comprised entirely of fines and penalties paid by convicted criminals. Iowa Code 709§10, states that “The cost of a medical examination for the purpose of gathering evidence and the cost of treatment for the purpose of preventing venereal disease shall be paid from the fund established in section 915.94.” Hospitals, physicians and other medical providers who collect and process evidence of sexual abuse submit bills directly to the Sexual Abuse Examination Payment Program. In the event that a victim is erroneously billed and pays for the cost of the evidence collection, the program will reimburse that victim. Bills should be sent to: Sexual Assault Examination Program Iowa Attorney General’s Office

Lucas Building, Ground Floor 321 E. 12th St. Des Moines IA 50319 For questions, contact (515) 281-5044 or Toll Free: (800) 373-5044 See also the Iowa Attorney General's Office website, "Sexual Assault Examination Payment Program:" (<https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examinationpayment-program/>) For more information regarding how to apply for payment for sexual assault exams in your institution, see the Iowa Administrative Rules website, section 61-9.82(915), "Application for Sexual Abuse Examination Payment." In some cases, particularly when the victim does choose to report the crime to law enforcement, additional expenses for medical treatment, counseling, lost wages due to the crime, or reimbursement for clothing may be covered by the Iowa Crime Victim Compensation Program. For more information, go to: <https://www.iowaattorneygeneral.gov/for-crimevictims/crime-victim-comp>. Additionally, the facility also provided the following resources in the State of Iowa that would be afforded to residents of the facility and continued into the community: Crime Victim Compensation Program and Iowa Protective Order Notification for Domestic Abuse Program (IPONDA).

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

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

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

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

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review Iowa
- Department of Corrections Investigation Data base
- Interviews PREA Coordinator /Incident Review Team Member
- PAQ
- Interview with the Director

Upon review of the PAQ and incidents that have occurred since it was compiled, there have been zero criminal investigations, two administrative investigations completed found to be unsubstantiated. One was for resident-on-resident harassment and the other for staff on resident harassment/retaliation.

Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review

Sexual Abuse Incident Reviews

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

The review team shall include upper-level management officials, with input from line supervisors, investigators and PREA Coordinator. D. The review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or by the vulnerability of mentally or physically disabled offenders; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings and recommendations for improvement, and submit such report to the Director, Residential Assistant Director, Residential Manager and PREA Coordinator. The report shall include but is not necessarily limited to determinations made pursuant to the following:

Considering whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse,

Considering whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility,

Examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse,

Assessing the adequacy of staffing levels in that area during different shifts, assessing whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

(a) (b) (c) (d) (e) Policy and interview with the staff who are on the sexual abuse incident review team (PREA Coordinator) support all aspects of the standard provisions. It was reported that these findings would be documented on the Iowa DOC data base. Evidence of prior reviews at other operations from the data base confirmed to the auditor that all provisions of the standard are addressed through this data base. The interview with the District Director provided to the auditor a strong commitment to the requirements of the review, ensuring that all aspects as required by this standard would be addressed. Therefore, the auditor believes the facility would review an incident as required and considers the facility to be in compliance.

Standard 115.287: Data collection

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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

- Interview - Facility PREA Coordinator
- Definitions used for collecting data
- Annual report of findings from data reviews/corrective actions
- Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review
- Fifth Judicial District , Administration Subject: PREA 11 – Offender on Offender and Staff on Offender Sexual Assault

Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review states,
PROCEDURES
Data Collection

The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The Department shall aggregate the incident-based sexual abuse data at least annually.

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Department shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files and sexual abuse incident reviews.

Upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Fifth Judicial District, Administration Subject: PREA 11 – Offender on Offender and Staff on Offender Sexual Assault states,

DEFINITIONS (As used in this document)

Aggressor – A person committing sexual assault or sexual abuse against an offender.

Alleged – Any event that is said to have happened but which has not yet been verified.

DIS – Division of Investigative Services located in DOC Central Office.

Peer Educator – An offender who is appropriate for conducting offender training and who also does not have a sex offense or recent disciplines for serious misconduct and who is a good communicator.

PREA – Prison Rape Elimination Act.

Qualified Fifth Judicial District Department of Correctional Services staff member – An individual who has been screened for appropriateness to serve in this role and has been certified in sexual assault and forensic examination issues. (PREA 115.221(h))

Sexual Abuse – Incidents when the victim does not consent, is coerced by overt or implied threats of violence or is unable to consent or refuse and the contacts consists of intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person. Sexual abuse excludes contact incidental to a physical altercation with no sexual intent for the assault. (PREA 115.6)

Sexual Assault – Incidents when the victim does not consent, is coerced by overt or implied threats of violence, or is unable to consent or refuse and the contact consists of contact between the genitalia or between genitalia and anus including penetration, however slight; or contact between the mouth and genitalia or anus; or penetration of the anal or genital opening of another person by hand, finger or other object. (PREA 115.6)

Sexual Violence – Includes sexual assault and sexual abuse.

Staff – Refers to an employee, contractor, vendor, volunteer or agent of the Fifth Judicial District Department of Correctional Services.

Staff Sexual Harassment – Repeated sexual advances, requests for sexual favors or verbal statements, comments, gestures or actions of a sexual nature directed towards an offender including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing or profane or obscene language or gestures. (PREA 115.6)

Staff Sexual Misconduct – Any behavior or act of a sexual nature directed toward an offender, whether it appears to be consensual or nonconsensual, including:

Intentional touching of the genitalia, anus, groin, breast, inner thigh or buttocks with the intent to abuse, arouse or gratify sexual desire;

Completed, attempted, threatened or requested sexual acts;

Occurrences of indecent exposure including display of uncovered genitalia, buttocks or breasts, invasion of privacy; and

Voyeurism for sexual gratification including invasion of privacy unrelated to official duties, such as staring or glaring at an offender using the toilet for longer periods of time than necessary for security checks, requiring an offender to expose buttocks, genitals or breasts for reasons not related to approved security measures or normal medical procedures or taking images of same. (PREA 115.6)

Staff sexual misconduct does not include any act that is related to official duties or normal job requirements, such as when a staff member conducts a pat or strip search.

Victim – A person against whom sexual violence is committed or attempted.

Victim Advocate – A person who is certified as an advocate or counselor by a crime victim center and is under the control of a direct services supervisor of a crime victim center whose primary purpose is the rendering of advice, counseling and assistance.

The annual report includes the following categories:

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

(a) Policy defines the behavior relevant to a PREA violation. It is consistent with the standard definitions.

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

(c) The data can provide information consistent with the questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. It was reported by staff that they have not been asked to complete the survey.

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

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

(f) Not applicable

The auditor found the standard to be in compliance for the following reasons: Policy supports the requirements including using standardized definitions of behavior, the auditor reviewed the annual reports and found it has uniform data from all sexual harassment, sexual misconduct, or sexual abuse allegations, which occurred in 5th District DCS Residential Facilities.

Standard 115.288: Data review for corrective action

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review
- Interviews PREA Coordinator
- Interview with District Director
- Annual report of findings from data reviews/corrective actions
- Facility website
- Corrective Action Form

Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review states,
Data Review for Corrective Action

The Department shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

The Department’s report shall be approved by the District Director and made readily available to the public online www.fifthdcs.com.

The Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The facility has developed a generic Corrective Action Form which is used to define and coordinate activities associated with achieving compliance with the desired goal.

(a) Upon review of the annual report for 2020, there an assessment of data aggregated from 2020 compared to 2019 which assesses the effectiveness of its sexual abuse prevention, detection, and response policies practices, and training. The report has sections for the following:

(1) Identifying problem areas;

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

It additionally addresses an assessment of the Department’s progress in addressing sexual abuse.

The conclusion was to continue to increase awareness and reporting of sexual related incidents and continuing staff training.

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

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

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

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

Standard 115.289: Data storage, publication, and destruction

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

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

- Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review
- Interviews PREA Coordinator
- Annual report of findings from data reviews/corrective actions – 2013, 2014, 2015, 2016, 2017, 2018, 2019 and 2020
- Facility website

Fifth Judicial District, Administration Subject: PREA 10 – Data Collection and Review states, *Data storage, Publication and Destruction*

The Department shall ensure that data collected pursuant to § 115.287 are securely retained.

The Department will 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 online at www.fifthdcs.com.

Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.

The Department shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.

(a) (b) (c) (d) Facility policy ensures that data collected pursuant to § 115.87 are securely retained. Review of the report supports that it includes data from all residential operations in the 5th district. The facility does not contract with private facilities. The auditor checked the facility webpage and found reports for 2013, 2014, 2015, 2016, 2017, 2018, 2019 and 2020. The reports are on the facility webpage at www.fifthdcs.com. Review of the reports concluded that no personal identifiers need to be removed. Policy supports that the data collected will be retained for at least ten years. The interview with the PREA Coordinator confirmed compliance with the requirements of the data collection standards.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Fort Des Moines Men’s Residential Facility is one of two facilities contracted by the Iowa Department of Corrections in the 5th^d district. It has been audited every three years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. **The auditor communicated with the victim advocacy organization via email exchange. Comments are noted in the report.**

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

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

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. – **noted in report**

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Amy J. Fairbanks
Auditor Signature

July 8, 2021
Date