

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

Interim Final

Date of Interim Audit Report: 4/25/2021 N/A

Date of Final Audit Report: 6/1/2021

Auditor Information

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Company Name: AJF, Correctional Consulting & Auditing, L.L.C.	
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Telephone: 517 303 4081	Date of Facility Visit: April 7-8, 2021

Agency Information

Name of Agency: Department of Correctional Services			
Governing Authority or Parent Agency (If Applicable): First Judicial District			
Physical Address: 314 E. 6th Street		City, State, Zip: Waterloo, IA 50703	
Mailing Address: 314 E. 6th Street		City, State, Zip: Fairfield, IA 50703	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.8thjdcbc.com			

Agency Chief Executive Officer

Name: Ken Kolhoff, Director	
Email: Kenneth.kolhoff@iowa.gov	Telephone: 319 292-1265

Agency-Wide PREA Coordinator

Name: Ross Todd, Executive Officer	
Email: ross.todd@iowa.gov	Telephone: 319 292-1263
PREA Coordinator Reports to: Ken Kolhoff, Director	Number of Compliance Managers who report to the PREA Coordinator: 4

Facility Information

Name of Facility: Waterloo Residential Correctional Facility

Physical Address: 314 E. 6th. Street

City, State, Zip: Waterloo. IA 50703

Mailing Address (if different from above):

Click or tap here to enter text.

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information www.firstcbc.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 audits.

Facility Director

Name: Johnny Hill, Residential Manager

Email: johnny.hill@iowa.gov

Telephone: 319 292-1313

Facility PREA Compliance Manager

Name: Johnny Hill, Residential Manager

Email: johnny.hill@iowa.gov

Telephone: 319 292-1313

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:

150

Current Population of Facility:

72

Average daily population for the past 12 months:

93

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

Yes

No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-69
Average length of stay or time under supervision	3.3 months
Facility security levels/resident custody levels	Community confinement
Number of residents admitted to facility during the past 12 months	440
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	432
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	359
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" 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:	35
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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.	1
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.	7
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	62
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 type="checkbox"/> Yes <input checked="" 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
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS : Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	13
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS : Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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 April 7-8, 2021 an audit was conducted at the Waterloo 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 6:30pm Wednesday, and 7:00am to 1:10pm Thursday. 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 Waterloo Residential Facility; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process. The established 12-month review period is January 1, 2020 to December 31, 2020. Any events relative to the standards occurring beyond that period were discussed during the on-site audit.

Pre-audit:

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on February 4, 2021 announcing the audit and identifying the auditor's 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 a thumb drive on February 15, 2021. The PAQ and corresponding documentation was reviewed prior to the on-site audit and found to be complete.

The Facility website was reviewed. Educational information regarding PREA and the law, the prior PREA Audit report (June 2018), annual reports from 2012 to present, contact information, how to file a third-party complaint, Reporting & Investigations policy, Sexual Misconduct with Offenders policy. The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the State of Iowa prior to the audit.

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

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

Contact was made with the Ombudsman office. It was confirmed that they would accept reports, forward them immediately to the Supervisor of the Inspector General Office, Iowa Department of Corrections. Contact was made with the SANE Coordinator for the east side of the State of Iowa confirming the availability of SANE nurses for residents who may be victims of sexual abuse.

On-site audit:

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

A complete tour of the facility was conducted on April 7, 2021. The following areas and operations were visited and observed: resident living areas, dayrooms, laundry facilities, dining area/food storage and staff supervision stations. All areas of the facility were visited that have resident access. Supervision practices, blind spots, bathroom facilities, and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditor entering the living units. Posters announcing the audit were observed throughout the facility.

Formal interviews were conducted with the following:

District Director

PREA Coordinator – Executive Officer, District

PREA Compliance Manager(PCM) – Facility Director

Random staff – thirteen total

Investigative staff – administrative investigations

Staff on the sexual abuse incident team

Designated staff charged with monitoring retaliation

Intake staff- resident officers

Staff who complete the risk assessment

Human Resource staff (who hire/fire staff)

Contract staff

A total of sixteen residents were selected to be interviewed. There are no youthful offenders housed at this facility. No letters were received from residents in response to the audit postings. A list of residents was provided. Residents with targeted issues were identified, residents were randomly selected.

Targeted resident interviews included the following:

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

As the targeted category only yielded three interviews, the auditor also interviewed the oldest, youngest, resident housed at this facility the longest, and housed at this facility the shortest (less than one day). Resident interviews were held in the private interview rooms.

Investigations can be conducted by up to thirteen staff in the district; these are staff who have received the training regarding sexual abuse investigations. It was reported that there have been no sexual abuse, sexual harassment or retaliation allegations received from residents during the audit reporting period. The auditor found no reason to dispute this during the audit process.

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

Post-Audit Phase:

Requests for additional documentation, clarification and requirements to change/update policy were sent to the facility. Additional information was received, analyzed and incorporated into the final report. The final report was submitted to the facility.

Facility Characteristics

First Judicial District Department of Correctional Services, is one of eight judicial district correctional programs currently existing within the state of Iowa. These residential facilities 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 First 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.

In 1985, the Waterloo Residential Correctional Facility moved to a newly constructed 56 bed facility at 310 East 6th Street. In March of 1991, an addition was completed to the Waterloo Residential Correctional Facility to house the Work Release Center and administrative offices. During this transition, the Work Release Center expanded from a 20-bed facility to a 64-bed multi-program facility. Today the Waterloo Residential Correctional Facility operates as one facility with 150 beds. This facility is for male offenders only. The facility population includes offenders who are placed at the facility as a condition of probation, on state work release or as an alternative jail sentence. Federal residents are housed at the facility through a contract with the U.S. Bureau of Prisons. Specialized programming is available for Sex Offenders, Domestic Violence Offenders and Habitual Operating While Intoxicated (321) Program Offenders.

The 1st Judicial districts covers eleven counties in the State of Iowa, northeast corner of the state. There are four correctional residential facilities in this district. The program provides housing and around-the-clock supervision for residents demonstrating an inability or unwillingness to function under less restrictive supervision. Residents are expected to secure employment in the local community. Residents participate in programming to address the re-entry needs of each individual. These programs include high school equivalency testing (HiSET) preparation, mental health counseling, substance abuse treatment, employment skills training, anger and stress management techniques instruction and life-skills training, in the community. Additional services include individual assessment programs, employment assistance and housing placement assistance. Residents receive these services at the facility or mostly in the community. There is a full kitchen and cafeteria. Meals are cooked and served at the facility. Living areas consist of two distinct areas referred to as 310 or 314. One area, 310 has two levels, four wings total; 314 has two levels three wings total. Each wing has at least three facility phones available to the residents. Each wing provides laundry facilities. There is a resource room, kiosks, and a vending machine room available to the residents. The facility houses male residents only. Count on the day of the audit was 82 residents.

Currently, there are thirty-five staff who work at the facility. Resident officers work three shifts a day. Two to three Residents Officers (ROs) are assigned to each shift, each operation (310 or 314). The facility does use contractual staff to provide food services. It was reported that this contract has been in effect approximately one year. Currently, due to the coronavirus pandemic, there are no volunteers utilized to come into the facility and provide services. Residents are provided passes to attend outside services, as approved.

Summary of Audit Findings

Standards Exceeded 0

Number of Standards Exceeded: Click or tap here to enter text.

List of Standards Exceeded: Click or tap here to enter text.

Standards Met 41

Number of Standards Met: Click or tap here to enter text.

Standards Not Met: 0

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

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

PREVENTION PLANNING

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

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:

- First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders
- Organization chart
- Interview with the PREA Coordinator
- Interview with the PCM
- FAQ

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders POLICY states,

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

It is the policy of the First Judicial District Department of Correctional Services to prohibit all employees, volunteers, student interns, vendors, contractors, or agents of the First Judicial District Department of Correctional Services (referred to in this policy as staff) from engaging in sexual misconduct with offenders. The potential abuse of power inherent in staff-offender relationships is at the core of staff sexual misconduct. The inherent difference in power between staff and offenders makes any consensual relationship between staff and offenders impossible. Sexual contact between an offender and staff is considered sexual misconduct and is never consensual. This type of behavior is considered a serious breach of security and these relationships will not be tolerated. Engaging in an unauthorized relationship may result in criminal prosecution and/or employment termination. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor".

DEFINITIONS

- A. Allegation – Any event that is said to have happened of a sexual nature but which has not yet been verified.*
- B. Intimacy - Other sexually inappropriate behavior not defined as sexual contact or sexual abuse of an offender including kissing, intimate or flirtatious conversation or touching parts of the body not defined under sexual contact. This includes behavior unrelated to the performance of job duties.*
- C. Invasion of Privacy - Intentionally observing and attempting to observe an offender's activities involving hygiene or personal care, without a sound job-related reason. Any act by any staff that is considered to be reasonable and a necessary part of official duties and responsibilities, will not be regarded as an invasion of privacy; this includes observing the collection of UAs.*
- D. Retaliation – An act of vengeance, covert or overt action or threat of action, taken against an offender in response to the offender's complaint of sexual misconduct or cooperation in the reporting or investigation of sexual misconduct, regardless of the merits or the disposition of the complaint. Examples of acts of retaliation, include but are not limited to: unnecessary discipline, intimidation, unnecessary changes in work or program assignments, unjustified transfers or placements, or unjustified denials of privileges or services.*
- E. Sexual Abuse – Sexual abuse includes, but is not limited to, subjecting an offender to sexual contact by persuasion, inducement, enticement, or forcible compulsion.*
- F. Sexual Contact – Intentional contact of an inappropriate nature either directly or through clothing such as touching of the genitalia, anus, groin, breasts, inner thighs, or buttocks of any person. This includes all touching unrelated to the necessary performance of job duties. (See Iowa Code Section 702.17)*
- G. Sexual Misconduct – Conduct of a sexual nature by staff that is directed toward offenders under the care, custody and supervision of the department. Sexual misconduct with offenders includes acts or attempt to commit acts of sexual contact, sexual abuse, invasion of privacy, intimacy, or behavior for personal sexual gratification. This includes, but is not limited to acts or attempts to commit such acts as:
*Having sexual contact and/or sexual intercourse with an offender that is in violation of Department policy and the Code of Iowa.
Any action designed for sexual gratification of and by an offender or staff person.
Making obscene or sexual advances, gestures, comments or exposing one's self, to an offender or being receptive to any such advances, gestures, or comments made by an offender toward a staff member.
Initiating any form or type of communication of a sexual nature with an offender, unless specifically associated with treatment for a sex-related offense, health or case management.
Receiving any form or type of communication of a sexual nature from an offender and failing to report the communication immediately to a direct supervisor, unless specifically associated with treatment for a sex-related offense, health or case management.**

Influencing or making promises regarding, but not limited to, an offender's safety, custody, legal status, privacy, housing, privileges, work assignment, or program status in exchange for sexual favors or because an offender refused to submit to a sexual advance. This includes an exchange of anything of value between staff and an offender.

Staff – As used in this policy refers to an employee, contractor, vendor, volunteer, student intern, or agent of the First Judicial District Department of Correctional Services.

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

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

Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

Contact between the mouth and the penis, vulva, or anus;

Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1-5 of this section;

Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

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

PROCEDURES

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

1. Duties of the District Director:

The Department will develop a process for reporting and investigating incidents of sexual misconduct by staff. The process will include multiple points of reporting for offenders and staff, trained investigators and a consistent investigative process.

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

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

Pending the outcome of an investigation, the District Director will ensure that affected staff and offenders are separated through appropriate placement, segregation, transfer or leave (including suspension) options.

The District Director will notify the regional Deputy Director in a timely manner of serious incidents of alleged sexual misconduct and follow up with a written critical incident report.

The District Director shall document all actions taken.

The District Director is responsible for ensuring that policies, training, and culture address the issue of sexual misconduct.

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

Being falsely accused of sexual misconduct can be a traumatic event for staff. If an investigation is conducted and the accusations are not substantiated, the District Director will ensure support services are offered to that staff member in accordance with the Staff Victimization & Support Services policy (PER 28).

2. Duties of Staff

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

All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. This includes any third party or anonymous reports. Staff who fail to do so may be subject to disciplinary action. (PREA 115.261).

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

Staff will not retaliate upon knowledge of sexual harassment, sexual abuse, or sexual misconduct allegations.

3. Duties of Supervisory Staff

A. Upon receiving notification of an activity prohibited by this policy, supervisors at all levels within the Department will report the alleged activity in a timely manner to the District Director or designee. All reported conduct prohibited by this policy will be treated seriously.

Ensure all offenders who report they have been sexually abused or assaulted are appropriately referred to an appropriate health provider. The responsible supervisor will also ensure that offenders receive appropriate psychological evaluation, and recommended follow-up and ongoing support.

Ensure adequate measures have been taken to provide separation between the affected offender and staff during the investigation without punishing the offender.

Take appropriate action for substantiated staff misconduct.

Document all actions taken.

4. Duties of the Department Investigator:

The offender will be asked if a victim counselor is desired prior to the interview beginning. The request will be honored but, if necessary, the investigation can proceed if there is an unavoidable delay in obtaining a victim counselor.

Interviews will be conducted in a thorough, professional, non-abusive, and non-threatening manner consistent with acceptable practices for potentially traumatized victims of sex crimes.

Allegations, which include intercourse, sodomy, or physical force, will require consultation with medical staff.

In the event an offender makes an allegation of penetration against a staff member and the most recent act has occurred within the past 48 hours, the offender will be immediately examined by a physician, not employed by the Department, skilled and experienced in using a rape kit for collection of forensic evidence.

Psychological evaluation and counseling will be available to offenders who are victims of staff sexual misconduct until either or both the psychologist and the victim are satisfied that sessions should be terminated.

The investigative report will indicate whether the evidence supports a finding that misconduct has occurred, the allegations are false, or the evidence is inconclusive.

Document all actions taken.

5. *Duties of Offenders:*

A. *During admission to custody or supervision, offenders will be informed about their right to be free from sexual misconduct.*

B. *Reporting guidelines and procedures will be explained during orientation and will include multiple reporting paths.*

C. *Offenders will provide complete cooperation and will not interfere with the official process of investigating sexual misconduct. This includes failure to report or attempts to cover up an incident of sexual misconduct, allegation or statement that a party or a witness knew could not have been true, or any form of failure to cooperate with an investigation or inquiry. Failure to cooperate, failure to report, or purposeful, malicious false statements may result in corrective action being taken including discipline, up to and including revocation of supervision.*

(a) The district has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Additionally, in detail, it defines all staff roles in the district's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It includes definitions for consistent application of prevention, detection, responding and reporting to allegations of sexual abuse and sexual harassment.

(b) The facility Organization Chart reflects that the PREA Coordinator report directly to the Assistant District who reports to the Director.

Interviews with the PREA Coordinator and District Director support a strong commitment to the process. The PREA Coordinator indicates he has time and authority to complete all activities to ensure prevention, detection and response to sexual abuse and sexual harassment. He serves as the PREA Coordinator for all four facilities in the district. Therefore, he is always active in the process, including preparing for an audit yearly. The Facility Director services as the PCM. Policy provides detailed information on definitions and how the facility will coordinate efforts to prevent, detect and respond to sexual abuse and sexual harassment.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

The First Judicial District Department of Correctional Services does not contract for the confinement of residents (nor has the Department entered into or renewed any contracts since August 20, 2012). The auditor found no reason to dispute this during the audit process. Therefore, this standard does not apply to this facility; the facility is compliant with the standard.

Standard 115.213: Supervision and monitoring

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

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

- First Judicial District Department of Correctional Services District Residential Specific Staff Coverage

- First Judicial District Department of Correctional Services District Residential Specific PREA/Staff
- Staffing plan summary
- Annual staffing plan reviews, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021
- Randomly requested schedules for the week of the 6th for the last six months.
- Documentation of staffing plan deviation
- Facility diagram noting placement of cameras
- PAQ
- Observations during the tour
- Interview with the Director

The PAQ indicates that the staffing plan is predicated on the capacity of the facility, 150 residents. One male officer is to be assigned each shift. The auditor was present on all three shifts and observed two Residential Officers assigned to the facility for each operation on each shift.

First Judicial District Department of Correctional Services District Residential Specific Staff Coverage states,

The Residential Manager/designee will make periodic checks to ensure compliance with the procedures.

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,

POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department's Residential Facilities.

PROCEDURES

All staff shall announce their presence when entering an area where residents of the opposite sex are likely to be showering, performing bodily functions, or changing clothing. (PREA 115.215 d).

Residential Managers/Supervisors will annually review the following items and document such. (PREA 115.213 c).

The facility staffing plan and prevailing staffing patterns. (See Policy PER41).

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

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

If at any time the staffing plan is not complied with, the Residential Manager shall document and justify any deviations from the plan. (PREA 115.213 b)

The 2021 Staffing Plan addresses staffing levels, physical plant layout, monitoring technology and prevalence of substantiated and unsubstantiated allegations of sexual abuse. The interview with the Director confirmed that a staffing plan is established and reviewed annually. It includes the areas noted.

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

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

Policy, review of camera operations, review of the staffing plan documentation, 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:

- First Judicial District Department of Correctional Services District Residential Specific Staff Coverage
- First Judicial District Department of Correctional Services Case Management Search & Seizure/ Contraband Control
- Observations:
- Interviews Random staff
- Interviews Random residents
- Training curriculum on searches, including transgender
- Staff training records
- PAQ
- FAQ

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

The PAQ indicates that 100% of all security staff 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.

First Judicial District Department of Correctional Services District Residential Specific Staff Coverage states,

The Residential Manager/designee will make periodic checks to ensure compliance with the procedures.

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,

POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department's Residential Facilities.

PROCEDURES

All staff shall announce their presence when entering an area where residents of the opposite sex are likely to be showering, performing bodily functions, or changing clothing. (PREA 115.215 d).

First Judicial District Department of Correctional Services Case Management Search & Seizure/ Contraband Control

PROCEDURES

1. At a facility:

C. Staff shall conduct a personal search (pat-down) of all offenders entering the facility.

Female staff, when properly trained, may conduct personal searches (pat-downs) on male residents. Male staff will not routinely conduct personal searches on female residents. However, trained male staff may conduct personal searches of female residents if exigent circumstances exist. All cross-gender pat-down searches of female residents shall be documented in ICON Generic notes indicating the staff person who conducted the pat search and the reason why it was conducted.

Exigent Circumstances: means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

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

(4) All strip searches require supervisory approval prior to being performed.

(5) Strip searches will not be conducted on a random basis, but only for justified cause, as cited below:

(a) Any offender suspected of possessing contraband shall be strip searched

(b) For control/security purposes, the Residential Manager/Supervisor may determine that all offenders will be strip searched during a specific time period, i.e., all offenders returning to facility from overnight furloughs between the hours of 0600 and 2300 on Saturday or all offenders entering the facility between 1600 hours and 2400 hours on Monday.

(c) A strip search shall be conducted by two staff members of the same sex as the offender. At no time shall staff conduct a strip search on an offender of the opposite sex. If there are not two employees of the same sex on duty, the Supervisor/Manager may come to the facility and assist in conducting the search, or maintaining facility operations while staff conduct the search.

(d) All strip searches will be conducted in a private area/room.

(e) A visual search of any body cavity shall be performed. A physical probe of any body cavity shall only be performed by a licensed physician.

(f) *Subsequent to a strip search, an incident report shall be prepared by the persons who conducted the search and shall immediately be forwarded to the Residential Manager/Supervisor, who shall review it to ensure that proper procedures were followed.*

(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. As noted in policy, strip searches require supervisory approval.

(d) The facilities policies and procedures support that all residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Observations during the tour of bathroom/shower areas demonstrated that showers have curtains, are behind a door, as well as toilets/urinals. 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 available through the PREA Resource Center (PRC) 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.

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:

- First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting
- Observations during the tour
- Random staff
- Language Link and instructions for use
- Written materials used for effective communication.
- PAQ

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

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states
POLICY

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

PROCEDURES

All offenders shall review and sign form CM-53F (Prevention of Sexual Misconduct, An Overview for Offenders) at their first appointment after being placed on pre-trial, probation, or parole, or upon entering a Residential Facility. A copy of the signature page shall be maintained in the case file and shall be noted in ICON Generic Notes. (PREA 115.233).

Offenders with disabilities (deaf, blind, etc.) shall have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual misconduct, sexual abuse, and sexual harassment. Such steps shall include, when necessary to ensure

effective communication with residents 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, the Department shall 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, limited reading skills, or who are blind or have low vision. (PREA 115.216 a).

Staff shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect, and respond to sexual misconduct, 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. Staff 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 or the investigation of the resident's allegations. (PREA 115.216 b, c)

(a) Residents with disabilities is unlikely at this facility as all residents are required to work in the community to qualify for this placement. The auditor had no residents with disabilities available to interview. During the tour, no residents with disabilities were observed. The facility does maintain a list of interpreters, state-wide, approved for use with the court system as a resource (list provided to the auditor). This list included staff who can interpret American Sign Language (ASL). The PREA video has closed caption capabilities (in English and in Spanish). It was explained that the case manager assigned is informed of any needs prior to placement at this facility.

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

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

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

Standard 115.217: Hiring and promotion decisions

115.217 (a)

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

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

- First Judicial District Department of Correctional Services Personnel Filling Vacant Positions
- First Judicial District Department of Correctional Services Personnel Employee Ethics and Employee Conduct
- Application
- Interview with Human Resource staff
- Documents from personnel files last two recent hires - 2019
- Background checks for promotional staff
- PAQ
- Documentation of background check every 5 years

The PAQ indicates there have been one new staff hired in the last twelve months, six contractual staff. The interview with the PREA Coordinator, PREA Compliance Manager (Program Manager) and investigator (Probation Officer) confirmed that they conduct all the hiring and firing of staff, perform the background checks, and conduct reference checks before hiring potential candidates.

First Judicial District Department of Correctional Services Personnel Filling Vacant Positions states, *POLICY* Vacancies shall be filled through promotion, demotion, reassignment, or original appointment (new hire). The vacancy will be filled with the most qualified candidate with documentation to support the decision.

PROCEDURE

FEDERAL PRISON RAPE ELIMINATION ACT (PREA) REQUIREMENTS:

Background investigations shall be conducted on top applicants for all positions, including any contractual staff. The investigation shall include, but is not limited to, criminal/driving record, education, military, and employment/personal references.

Criminal background checks will continue to be conducted on all Department staff and contractual staff every 5 years.

Consistent with federal, state, or local law, the Department will 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. This shall be documented using the PREA Reference Check form PER90F.

The Department shall not hire or promote anyone 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);

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

Has been civilly or administratively adjudicated to have engaged in the activity described in items a. and b. above.

Any incidents of sexual harassment shall be considered in determining whether to hire or promote anyone.

First Judicial District Department of Correctional Services Personnel Employee Ethics and Employee Conduct states, *Employees who are arrested for, charged with, or convicted of any felony or misdemeanor, must inform their supervisor within 24 hours of that action.*

(a) Policy supports the requirements of this provision. Hiring authority interview confirmed compliance. The application 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.

Promotional candidates complete a reassignment application in which the three questions are addressed. Additionally, they are addressed on the Employee Self Appraisal Form completed annually. Evidence of background checks was viewed in the random request for personnel files for promotional candidates and newly hired candidate. It reflected that a national search is conducted before clearing a potential employee to be hired.

(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. It was indicated that they are alerted to possible sexual harassment incidents in the

application process which compels the applicant to note any prior disciplinary action, discharge, or being forced to resign in the application.

(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 and 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, background checks, acknowledgment of PREA questions required in provision (a), were reviewed. Per the interview with the Human Resource staff who conducts background checks, they driver's license and record, Iowa Courts online, CJIS, DPS and national criminal history (NCIC). Interviews with staff who would conduct reference checks indicated they do not document the checks. A form is available to document reference checks for those newly hired staff who have worked at a federal, state or local prison, jail lockup, community confinement facility or juvenile facility be documented to ensure compliance with the standard.

(d) Policy addresses background checks for contractual employees. The current contract with the food service staff has not been in effect for five years and therefore no documentation is available for review.

(e) The interview with the PREA Coordinator and Human Resource staff confirmed that background checks for employees are conducted at least every five years. She provided the auditor with a screen shot from the personnel system which provides notification of when the background check is needed noting "PREA".

(f) (g) The application states the following: *I certify the information contained in this application is correct to the best of my knowledge and understand any misrepresentation or omission of information requested on this form constitutes grounds for rejection of my application. I understand that if employed, false states on this application shall be considered sufficient cause for dismissal.* It additionally acknowledges by signature authorization to complete background checks. This was observed on the applications for the two recent newly hired staff.

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

Finding of compliance based on the following: Policy supports the requirements of the standard. The application process ensures that a background check (national search) is conducted, the applicant/promotional candidate is asked about prior misconduct, policy requires a continuing duty to report, applicants sign acknowledging that providing false information or omission of information is grounds for termination, background checks are conducted at least every five years, if candidates have prior institutional experience reference checks are conducted and contractual staff have their background checked prior to allowing them to work. Finally, staff affirmed they will provide information on prior substantiated allegations of sexual abuse on prior employees with proper releases in place.

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:

- Observations during the tour
- Interview with the PREA Coordinator/PCM
- PAQ
- Interview with the Director

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

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

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

For the reasons noted above, the auditor finds the facility compliance with the provisions of the standard.

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:

- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations
- Iowa code Section 915.20
- MOU with Rape Victim Advocacy Program (RIVERVIEW CENTER)
- Interview with the PREA Coordinator

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.

First Judicial District Department of Correctional Services supports that an investigation will be conducted for all allegations of sexual abuse or sexual harassment either by staff who have received training or by the local police.

Resident information includes the following information:

PREVENTION OF SEXUAL MISCONDUCT

- AN OVERVIEW FOR OFFENDERS

WHAT TO DO IF I AM ASSAULTED?

If the sexual incident was recent, you will be asked to consent to a sexual assault exam. Your consent is needed for this exam. Even though you may want to clean up after the assault, *it is important that you advise staff immediately, or as soon as practical, and be seen by a medical professional before you shower, wash, drink, change clothing, or use the bathroom.* A medical professional will examine you for injuries that may or may not be obvious to you. A medical professional may perform a pelvic and/or rectal exam. They will also check you for sexually transmitted diseases and gather physical evidence of the assault. You have the right to refuse the examination. However, if you have been the victim of sexual misconduct, it is critical to collect as much evidence as possible.

It is very important you understand you can receive medical attention for any injuries, and for female offenders, pregnancy testing, without submitting to a sexual assault examination. The medical care is for the purposes of treating any injuries and keeping you healthy. Medical information gathered during treatment is confidential. You must sign a medical release in order for the medical information to be used as evidence in sexual misconduct. You have the right to refuse to sign the medical release. You also have the right to receive support services (see "Recovering from Sexual Assault").

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

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

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

(d) (e) 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 RIVERVIEW CENTER 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.

(f) A letter has been sent to the district attorney request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(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 RIVERVIEW CENTER.

Policy, MOU and interview with the PREA Coordinator support a finding of compliance for this standard. The auditor attempted twice to communicate with the director of the organization but received no information. The auditor spoke with an advocate from the organization who confirmed that services would be provided that includes state-wide coverage from other organizations to ensure a phone call does not go unanswered.

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:

- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations
- Interview with Investigative Staff
- PAQ

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

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

***POLICY** In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

PROCEDURES

All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. This includes any third-party or anonymous reports. Staff who fail to report such information may be subject to disciplinary action.

Management staff who receive a report of sexual harassment, sexual misconduct, or sexual abuse, shall notify the PREA Coordinator, Division Manager, Assistant Director, and District Director within 24 hours.

All reports, including third party or anonymous reports, of sexual harassment, sexual misconduct, or sexual abuse will be investigated by Management staff in accordance with Department policies PER 26, PER 27, and any other applicable policies.

In all cases of reported sexual harassment, sexual misconduct, or sexual abuse, Management staff will complete an investigation and issue a final decision within 90 days of the incident being reported.

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

(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, developed by the Iowa Department of Corrections, which the residential facility would use to document the initiation of an investigation or even a suspicion as reported by the investigator.

(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 potential criminal allegations of sexual abuse or sexual harassment.

(c) Policy supports when an investigation is conducted internally or by the local police department.

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

(e) Auditor is not required to audit this provision

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

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

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders
- First Judicial District Department of Correctional Services Personnel Training & Development
- Training records with passing score – for all staff January 2021
- Six individual training records
- FAQ
- PAQ
- eLearning training curriculum.
- Interviews with random staff
- In House Training form (acknowledging attendance and understanding of training)

The PAQ states there are 35 staff who have contact with residents who were trained or retrained on the PREA requirements.

First Judicial District Department of Correctional Services Personnel Training & Development states, *Training Requirements:*

ORIENTATION TRAINING

All new employees shall receive orientation training including, at a minimum, the following as outlined in the Orientation Checklist Form (PER-32F):

PRISON RAPE ELIMINATION ACT (PREA) TRAINING

All employees shall receive training in accordance with National PREA Standard 115.231 as noted below:

Review of the Sexual Misconduct Policy—PER 27—every year

Additional Required PREA Training consistent with PREA Standard 115.231—every year.

Other relevant PREA Training as offered or needed.

PREA Standard § 115.231 Employee training.

(a) The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;*
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
- (3) Residents' right to be free from sexual abuse and sexual harassment;*
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- (5) The dynamics of sexual abuse and sexual harassment in confinement;*
- (6) The common reactions of sexual abuse and sexual harassment victims;*
- (7) How to detect and respond to signs of threatened and actual sexual abuse;*
- (8) How to avoid inappropriate relationships with residents;*
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and*
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*

(b) Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

(c) 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.

(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

ON-GOING TRAINING

All employees shall receive on-going training annually unless otherwise noted.

Cultural Competency/Diversity

Verbal De-escalation

Personal Safety Level I (defensive maneuvers)

Narcan

Suicide Prevention

Emergency Plans and Procedures

Confidentiality

Ethics

Department Mission

Information Technology Security Awareness

Bloodborne Pathogens and Universal Precautions

Sexual Misconduct Policy Review

Preventing Sexual Harassment

Prison Act Elimination Act (PREA)

Criminal Records Security – every 2 years

CPR – every 2 years

First Aid – every 2 years

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders TRAINING states,

All new staff will receive training regarding the provisions of this policy.

All staff will sign a receipt acknowledging the policy has been read and is understood. (Form PER 42F—Personnel Policy Acknowledgement Form).

All staff will annually review this policy and sign an in-house training form. (Form PER 29F—In-House Training Form).

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

(b) All staff interviewed confirmed they have received this training, at least annually. Policy confirms that staff review the policy annually. This facility houses male residents.

(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. Staff further indicated that they received updates several times a year from the PREA Coordinator.

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

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

Standard 115.232: Volunteer and contractor training

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

- First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders
- Personnel Policy Acknowledgement Form

- Interview with contractual staff
- Observations
- PAQ

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

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders states,
POLICY

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

It is the policy of the First Judicial District Department of Correctional Services to prohibit all employees, volunteers, student interns, vendors, contractors, or agents of the First Judicial District Department of Correctional Services (referred to in this policy as staff) from engaging in sexual misconduct with offenders. The potential abuse of power inherent in staff-offender relationships is at the core of staff sexual misconduct. The inherent difference in power between staff and offenders makes any consensual relationship between staff and offenders impossible. Sexual contact between an offender and staff is considered sexual misconduct and is never consensual. This type of behavior is considered a serious breach of security and these relationships will not be tolerated. Engaging in an unauthorized relationship may result in criminal prosecution and/or employment termination. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor".

(a) (c) Contractors, volunteers sign the following in response to reviewing Sexual Misconduct with Offenders Policy – PER 27

My signature acknowledges that I agree with the statements above.

I acknowledge that I have received the First Judicial District Department of Correctional Services Sexual Misconduct with Offenders Policy. I further acknowledge that I have read this policy and was offered an opportunity to ask questions about the content. I understand that I am subject to and shall be expected to comply with the policy.

(b) Policy supports the requirements of this provision to ensure that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contract they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The interview with the contractual staff firmly supported to the auditor that she and her staff have been made aware of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Copies of signed acknowledgements were provided to the auditor for further evidence of compliance.

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:

- First Judicial District Department of Correctional Services District Residential Specific Intake
- First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting
- First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders
- Prevention of Sexual Misconduct information provided to residents
- Random staff interviews, who conduct intake
- Random resident interviews
- Observations Posters, other information
- PREA video
- Documentation of resident participation in education sessions

The PAQ indicates that 432 residents were admitted to the program and were given resident education at intake.

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states

POLICY

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

PROCEDURES

All offenders shall review and sign form CM-53F (Prevention of Sexual Misconduct, An Overview for Offenders) at their first appointment after being placed on pre-trial, probation, or parole, or upon entering a Residential Facility. A copy of the signature page shall be maintained in the case file and shall be noted in ICON Generic Notes. (PREA 115.233).

First Judicial District Department of Correctional Services District Residential Specific Intake states,
POLICY

At the time of intake, facility staff shall discuss with each resident, program goals, services available, rules governing conduct at the facility, PREA/sexual misconduct policies, disciplinary procedures, client fiscal management and responsibilities, resident rights and communication privileges and shall obtain documentation from the resident that these matters were discussed.

STANDARDS

Facility staff shall provide for a formal orientation of newly admitted residents and shall document activities of the orientation on the Intake & Orientation Checklist (DRS 12F).

PROCEDURES

1. *When a new resident arrives at the facility, staff shall distribute facility forms as appropriate and place the resident's name on the respective Facility Headcount Form and assign the resident to a room.*
2. *A new resident shall be pat searched, all his/her belongings must be searched before being taken to a room*
3. *A urine sample for drug screening shall be collected from all residents during the first 24 hours of residency. (Ref: Urinalysis Monitoring, Policy CM 47.)*
4. *All residents shall be given a copy of the Conditions of Placement (DRS 2F) and House Policies. Facility staff shall review and explain as necessary the Conditions of Placement to the resident and have the resident sign the intake packet acknowledgement form and witness as indicated. Those offenders experiencing communications problems shall be assisted by staff in understanding the rules and regulations of the facility program.*
5. *Facility staff shall explain, document and complete with the assistance of the resident, Intake & Orientation Checklist (DRS 12F).*
 - G. *Disciplinary Procedures/Appeals*
 - H. *Grievance Procedures*
 - I. *Communication Privileges. (To include State Ombudsman and Privileged Communications.)*
 - J. *PREA/Sexual Misconduct policy (Form CM-53F)*

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders states,

POLICY

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

5. *Duties of Offenders:*
 - A. *During admission to custody or supervision, offenders will be informed about their right to be free from sexual misconduct.*
 - B. *Reporting guidelines and procedures will be explained during orientation and will include multiple reporting paths.*
 - C. *Offenders will provide complete cooperation and will not interfere with the official process of investigating sexual misconduct. This includes failure to report or attempts to cover up an incident of sexual misconduct, allegation or statement that a party or a witness knew could not have been true, or any form of failure to cooperate with an investigation or inquiry. Failure to cooperate, failure to report, or purposeful, malicious false statements may result in corrective action being taken including discipline, up to and including revocation of supervision.*

PREVENTION OF SEXUAL MISCONDUCT

- AN OVERVIEW FOR OFFENDERS -

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

It is the policy of the First Judicial District Department of Correctional Services to prohibit all employees, volunteers, student interns, vendors, contractors, or agents of the First Judicial District Department of Correctional

Services (referred to in this policy as staff) from engaging in sexual misconduct with offenders. The potential abuse of power inherent in staff-offender relationships is at the core of staff sexual misconduct. The inherent difference in power between staff and offenders makes any consensual relationship between staff and offenders impossible. Sexual contact between an offender and staff is considered sexual misconduct and is never consensual. This type of behavior is considered a serious breach of security and these relationships will not be tolerated. Engaging in an unauthorized relationship may result in criminal prosecution and/or employment termination.

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

DEFINITION OF SEXUAL MISCONDUCT:

The First Judicial District Department of Correctional Services is committed to maintaining an environment free of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. This behavior includes any verbal or physical conduct of a sexual nature directed toward an offender by another offender, a staff member, an intern, volunteer, contractor, or agent of the District.

Sexual Harassment/Abuse/Assault/Misconduct can take place between:

Any two Department employees;

A Department employee and a non-Department employee, including contractors, offenders, interns, and residents;

A Department employee and an intern, visitor, guest, client, patient, inmate, offender, or resident;

An offender and an offender;

Or any other combination of persons, not included above.

Further, conduct of a sexual nature by staff directed toward offenders under the care, custody and supervision of the Department. Sexual misconduct with offenders includes acts or attempt to commit acts of sexual contact, sexual abuse, invasion of privacy, intimacy, or behavior for personal sexual gratification. This includes, but is not limited to acts or attempts to commit such acts as:

1. Having sexual contact and/or sexual intercourse with an offender, which is in violation of First Judicial District Department of Correctional Services policy. It is also a criminal offense for staff to engage in sexual contact and/or sexual intercourse with an offender.
2. Requiring or allowing an offender to engage in sexual contact, sexual intercourse, or other sexual conduct for any reason (e.g., the sexual gratification of a staff member).
3. Any action designed for sexual gratification of and by an offender or staff such as masturbating in front of an offender.
4. Making obscene or sexual advances, gestures, comments or exposing one's self, to an offender or being receptive to any such advances, gestures, or comments made by an offender toward a staff member.
5. Touching of self in a sexually provocative way to solicit a response from an offender.
6. Viewing offenders in a manner which is not related to normal job duties and interfering with an offender's personal business without a reasonable need to do so for the immediate safety and security of the offender, employee, or others. This includes, but is not limited to, excessive staring.
7. Initiating any form or type of communication of a sexual nature with an offender, unless specifically associated with treatment for a sex-related offense.
8. Receiving any form or type of communication of a sexual nature from staff and failing to report the communication immediately as designated by Department policy.

Influencing or making promises regarding, but not limited to, an offender's safety, custody, legal status, privacy, housing, privileges, work assignment, or program status in exchange for sexual favors or because an offender refused to submit to a sexual advance. This includes an exchange of anything of value between staff and an offender. For example: putting money into or promising to put money into an offender's account or bringing in or promising to bring in contraband for an offender in exchange for sexual favors.

WHAT TO DO IF I AM ASSAULTED?

If the sexual incident was recent, you will be asked to consent to a sexual assault exam. Your consent is needed for this exam. Even though you may want to clean up after the assault, it is important that you advise staff immediately, or as soon as practical, and be seen by a medical professional before you shower, wash, drink, change clothing, or use the bathroom. A medical professional will examine you for injuries that may or may not be obvious to you. A medical professional may perform a pelvic and/or rectal exam. They will also check you for sexually transmitted diseases and gather physical evidence of the assault. You have the right to refuse the examination. However, if you have been the victim of sexual misconduct, it is critical to collect as much evidence as possible.

It is very important you understand you can receive medical attention for any injuries, and for female offenders, pregnancy testing, without submitting to a sexual assault examination. The medical care is for the purposes of treating any injuries and keeping you healthy. Medical information gathered during treatment is confidential. You must sign a medical release in order for the medical information to be used as evidence in sexual misconduct. You have the right to refuse to sign the medical release. You also have the right to receive support services (see "Recovering from Sexual Assault").

DUTIES OF OFFENDERS

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

REPORTING SEXUAL MISCONDUCT

Sexual misconduct by staff is prohibited, but it must be reported before action can be taken. Do not rely on anyone else to report misconduct - when it is experienced or seen, report it immediately.

To make sure sexual misconduct is reported, the First Judicial District Department of Correctional Services has several ways for offenders to report confidentially. Offenders may use the reporting method with which they are most comfortable:

Tell a staff member or Supervisor with whom you are comfortable discussing the matter. As a part of their job, all staff are required to report any allegation, ensure offender safety and maintain confidentiality.

Send a letter to or call the District Director.

Use the Department grievance process.

Send a letter to: Iowa Ombudsman Office

Ola Babcock Miller Building

1112 E. Grand Avenue

Des Moines, IA 50319

WHAT HAPPENS TO REPORTS OF SEXUAL MISCONDUCT?

The First Judicial District Department of Correctional Services will investigate all allegations of sexual assault, including allegations of:

Sexual harassment,

Sexual misconduct,

Over-familiarity, and

Retaliation

WHAT IS RETALIATION?

Retaliation is intimidation to prevent an offender from filing a complaint or participating in an investigation of sexual misconduct. Our Department prohibits any individual from interfering with an investigation, including intimidation or retaliation against witnesses. If an offender believes she/he is being denied privileges, or is being unfairly transferred or punished in some way because she/he filed a complaint or assisted in the investigation of a complaint, she/he should report this to the District Director or Investigator.

POSSIBLE OUTCOMES OF AN INVESTIGATION

During an investigation of sexual misconduct, a number of actions may occur if it is determined to be in the best interest of the offender, the staff and the Department. Staff could be placed on restricted duty or suspended.

Offenders could be relocated for their safety. However, offenders will never be punished for reporting sexual misconduct or any other type of sexual misconduct. In fact, every effort will be made to assure offenders' protection.

Keep in mind a thorough investigation takes time. The investigation must clearly support or refute any allegation with evidence, information gathered from witnesses, and documentation.

After the investigation is finished, one of the following decisions will be reached:

There is sufficient evidence to conclude the allegation is true.

There is insufficient evidence to conclude the allegation is or is not true.

There is enough evidence to prove the allegation is not true. This means the evidence shows the offender made a false allegation. If the investigation proves the offender made a false allegation, she/he is subject to corrective action being taken including discipline.

There is not enough evidence to prove the allegation is true, but there is evidence to prove another law, policy or rule was violated.

Any staff member who sexually abuses or assaults an offender will be disciplined up to and including discharge and may be referred to the County Attorney for prosecution. Discipline and criminal prosecution are more likely to be successful if the abuse is reported immediately.

RECOVERING FROM SEXUAL ASSAULT

Any form of coerced or illegal sexual activity is degrading and may result in psychological distress. Offenders should be aware trauma recovery is time sensitive and needs to be addressed as soon as the problems are identified. Mental health counselors are available to help inmates recover from the emotional impact of sexual assault.

JUST AS IMPORTANT

Offender on offender sexual assault and abuse:

Definition: One or more offenders engaging in, or attempting to engage in a sexual act with another offender or the use of threats, intimidation, inappropriate touching, or other actions and/or communications by one or more offenders aimed at coercing and/or pressuring another offender to engage in a sexual act.

No one has the right to pressure offenders to engage in sexual acts. Offenders do not have to tolerate sexual assault or pressure to engage in unwanted sexual behavior.

It is NEVER appropriate for a staff member to make sexual advances, comments or to engage in sexual contact with an offender. Even if the offender wants to be involved with the staff member, the staff member is not allowed to respond. It is not appropriate for an offender to approach a staff member in a sexual nature - this type of behavior is prohibited.

At the end, there is a signature sheet indicating as follows:

My signature below indicates I have received a copy of the First Judicial District Department of Correctional Services orientation material for offenders regarding the prevention of sexual misconduct. I have been provided with an opportunity to discuss this issue and ask questions.

(a) (d) (e) Resident Officers conduct intake. It was reported that each resident arriving receives the PREA intake information. As noted above, it contains detailed information on the law, definitions, residents rights, how to report, retaliation, services provided and investigations. Residents sign acknowledging receipt of this information. The auditor randomly requested documentation of signatures from five residents who arrived in February 2021 noting they received this information and it was provided. Additionally, residents are taken to a room where they view the PREA video. The video is a sixteen minute presentation, produced by JDI, Inc which addresses the residents right to be free from sexual abuse and sexual harassment.

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. All resident interviews reported that they are educated upon arrival to the facility, including receipt of this information and viewing of the sixteen-minute video.

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

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

Finding of compliance based on the following: Policy, resident information, observations of posters with information about PREA, phone numbers by the resident telephones, interviews with the residents, supporting documentation of randomly requested documentation demonstrating that the residents have received training 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:

- First Judicial District Department of Correctional Services Personnel Training & Development
- Training curriculum
- Training certificates – 13 total
- Interview with Investigator
- Documentation demonstrating general PREA training received.

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

First Judicial District Department of Correctional Services Personnel Training & Development states, *All staff who conduct PREA Investigations shall complete specialized investigations training as required by PREA Standard 115.234 as noted below:*

PREA Standard § 115.234 Specialized training: Investigations.

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

(b) 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.

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(d) 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 four staff demonstrating completion of the Training for Correctional Investigators, Iowa Department of Corrections. Interviews and training records provided reflected that the trained investigators have also received the general PREA training annually. The auditor spoke with an investigator at the Inspector General's Office who helps conduct the training.

(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.

Additionally, staff have received training for Sexual Abuse Investigations in a Confinement Setting through the Moss Group before attention the IDOC training.

(d) Auditor is not required to audit this provision. It has the following modules: PREA standards pertaining to Investigators, Victimology and Being Trauma Informed, Lega Considerations (Miranda and Garrity warnings), Response and Evidence Collections, Agency Culture, Interviewing, Report Writing, The Audit Process, Forensic Exam, and Prosecutorial Collaboration.

The interview with the investigator confirmed all the requirements of the standard, indicating he has had the required training, it addressed the topics required and he attends the regular PREA training as scheduled.

Policy, review of training completion documents, review of the curriculum and the interview with the investigator provided the auditor with sufficient evidence to support a finding of compliance with all provisions of the standard.

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:

- Interview with PREA Coordinator
- Observations

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

**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:

- First Judicial District Department of Correctional Services District Residential Specific PREA/Sexual Violence Propensity Assessment
- SVP Scoring Guide (Objective screening instrument) - Confidential
- PAQ
- SVP examples - twenty total
- Randomly requested SVP forms, initial and 30-day review - five total
- Observations
- Interviews Staff who perform risk screens
- Interview random residents
- Interview PREA Coordinator
- Interview PREA Manager
- PAQ
- FAQ

The PAQ indicates that 432 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 no number was provided that stayed 30 days and were reassessed for their risk of victimization and/or sexual abusiveness towards other residents.

First Judicial District Department of Correctional Services District Residential Specific PREA/Sexual Violence Propensity Assessment states,
POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of U.S. correctional agencies. In accordance with PREA standards and requirements, it is the goal of the Department to identify sexual predators/potential sexual predators and provide the greatest possible protection to victims/potential victims of sexual abuse while housed in the Department's Residential Facilities.

PROCEDURES

All offenders entering a Residential Facility shall be assessed by Department staff for sexual violence tendencies/sexual victimization using the Sexual Violence Propensity (SVP) Assessment.

SVP Assessment Interview Requirements:

The client shall be interviewed in a private area and verbally asked the questions on the appropriate SVP Interview Guide/Questionnaire (72 Hour or 30 Day) every time a SVP Assessment is completed.

The appropriate SVP Interview Guide/Questionnaire (72 Hour or 30 Day) shall be completed every time a SVP Assessment is completed. The appropriate SVP Interview Guide/Questionnaire (72 Hour or 30 Day) shall be scanned into ICON Attachments every time a SVP Assessment is completed. Reference: SVP 72 Hour Interview Guide Form DRS-41F and SVP 30 Day Interview Guide Form DRS-42F

Initial SVP Assessment upon placement in a Residential Facility (72 Hours): An initial Sexual Violence Propensity (SVP) Assessment shall be completed by the assigned case manager or other designated staff upon entry into a Residential Facility. The initial SVP Assessment shall be completed within 72 hours of entry into the facility.

The results of the Sexual Violence Propensity Assessment shall be documented in ICON and shall be used to make housing, bed, work, and program assignments in the facility. Please refer to the SVP Assessment scoring guide for further information on SVP codes.

The Sexual Violence Propensity Assessment shall be reviewed by the assigned case manager or other designated staff within the first 30 days of facility placement and as otherwise warranted to determine if changes should be made on the assessment.

Follow-up SVP Assessment (30 Days): A follow-up Sexual Violence Propensity (SVP) Assessment shall be completed by the assigned case manager or other designated staff within the first 30 days of entry into a Residential Facility in order to reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake SVP Assessment.

Significant Events: A new SVP assessment shall be completed in ICON when incidents or events occur that change the assessment result (i.e. suspected or confirmed STG, an incident of victimization, a substantiated sexual assault or sexual abuse investigation).

Overrides: If it is believed that an offender's score and resulting housing code are incorrect under particular circumstances of the case, the assessor shall notify a District SVP Master Trainer for an override.

Mixed Codes: Assessments that result in a "Mixed Code" shall be referred to a District SVP Master Trainer to review the case and make a determination of the correct assessment code for the offender.

Transgender Offenders: A new SVP assessment shall be completed in ICON every 6 months for offenders who consider themselves to be transgender or have been so identified by DOC/DCS staff.

The SVP Assessment must always be current within one year for any resident housed in a Residential Facility.

Information contained in the Sexual Violence Propensity Assessment shall be treated as confidential.

Disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding the following is prohibited:
Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the resident has previously experienced sexual victimization; and
The resident's own perception of vulnerability.

TRANSGENDER OR INTERSEX RESIDENTS

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 whose 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.

In deciding whether to assign a transgender or intersex resident 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 residents health and safety, and whether the placement would present management or security problems. The Department shall make individualized determinations about how to ensure the safety of each resident.

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

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

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

(a) (b) IDOC conducts a screen called a Sexual Violence Propensity Assessment Scoring Guide for Offenders (SVP-R) during the intake screening, 30 days of admission or transfer, annually an upon transfer to another facility. Instructions for completing this assessment is in the Sexual Violence Propensity Assessment Scoring Guide for Offenders (confidential document). Per facility procedure, *All residents coming into the facility will have a SVP assessment completed within 72 hours of arrival. The SVP will also be updated within 30 days of arrival.*

(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 updated within 30 days of arrival. Resident and risk assessment staff interviews confirmed this process, ensuring the auditor that this assessment is completed individually, privately and verbally – not by having the resident complete a questionnaire.

(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. Staff indicated they had no examples to provide for these requirements as they have not had to update any risk assessments. The auditor found no reason to dispute this during the audit process.

(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 appropriate staff have access to the information that led to the score. The auditor finds there are appropriate controls on the dissemination within the facility.

The facility was completing the risk assessment prior to the arrival of the resident. This did meet the spirit of the standard and was in accordance with directions from IDOC which is being corrected. They updated their policy to reflect the requirements of the standard. Policy now 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 intake and within 30 days. Resident interviews confirmed that they are asked the key questions verbally, privately and at both assessments. Interviews with intake staff confirmed that they are trained, use the guidance of the written directions, and educate all residents upon intake and within 30 days. Therefore, the auditor found ample evidence to support a finding of compliance.

Standard 115.242: Use of screening information

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

- Does Not Meet Standard** (*Requires Corrective Action*)

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

- First Judicial District Department of Correctional Services District Residential Specific PREA/Sexual Violence Propensity Assessment Observations facility tour – housing/living conditions
- Interviews PREA Compliance Manager/ PREA Coordinator
- Interview with staff who conduct Risk screens
- Sexual Violence Propensity Assessment Scoring Guide for Offenders - Confidential
- Intake Acknowledgement form

First Judicial District Department of Correctional Services District Residential Specific PREA/Sexual Violence Propensity Assessment states,
POLICY Congress enacted the *Prison Rape Elimination Act of 2003 (PREA)* to address the problem of sexual abuse of persons in the custody of U.S. correctional agencies. In accordance with PREA standards and requirements, it is the goal of the Department to identify sexual predators/potential sexual predators and provide the greatest possible protection to victims/potential victims of sexual abuse while housed in the Department’s Residential Facilities.

PROCEDURES

All offenders entering a Residential Facility shall be assessed by Department staff for sexual violence tendencies/sexual victimization using the Sexual Violence Propensity Assessment. The Sexual Violence Propensity Assessment shall be completed by the current 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 72 hours of entry into the facility.

The results of the Sexual Violence Propensity Assessment shall be documented in ICON and shall be used to make housing, bed, work, and program assignments in the facility. Please refer to the SVP Assessment scoring guide for further information on SVP codes.

The Sexual Violence Propensity Assessment shall be reviewed by case managers within the first 30 days of facility placement and as otherwise warranted to determine if changes should be made on the assessment.

Significant Events: A new SVP assessment shall be completed in ICON when incidents or events occur that change the assessment result (i.e. suspected or confirmed STG, an incident of victimization, a substantiated sexual assault or sexual abuse investigation).

Overrides: If it is believed that an offender's score and resulting housing code are incorrect under particular circumstances of the case, the assessor shall notify a District SVP Master Trainer for an override.

Mixed Codes: Assessments that result in a "Mixed Code" shall be referred to a District SVP Master Trainer to review the case and make a determination of the correct assessment code for the offender.

Transgender Offenders: A new SVP assessment shall be completed in ICON every 6 months for offenders who consider themselves to be transgender or have been so identified by DOC/DCS staff.

The SVP Assessment must always be current within one year for any resident housed in a Residential Facility.

Information contained in the Sexual Violence Propensity Assessment shall be treated as confidential.

Disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding the following is prohibited:

Whether or not the resident has a mental, physical, or developmental disability;

Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether or not the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

TRANSGENDER OR INTERSEX RESIDENTS

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 whose 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.

In deciding whether to assign a transgender or intersex resident 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 residents health and safety, and whether the placement would present management or security problems.

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

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

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

(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.

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

Based on the policy, the SVP guide, interview with the staff who completes the SVP, interview with the Facility Director 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:

- First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting
- Interviews with residents
- Interview random staff
- FAQ

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states,
POLICY

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

PROCEDURES

All offenders shall review and sign form CM-53F (Prevention of Sexual Misconduct, An Overview for Offenders) at their first appointment after being placed on pre-trial, probation, or parole, or upon entering a Residential Facility. A copy of the signature page shall be maintained in the case file and shall be noted in ICON Generic Notes. (PREA 115.233).

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders states All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. This includes any third party or anonymous reports. Staff who fail to do so may be subject to disciplinary action. (PREA 115.261).

PREVENTION OF SEXUAL MISCONDUCT
- AN OVERVIEW FOR OFFENDERS -
REPORTING SEXUAL MISCONDUCT

Sexual misconduct by staff is prohibited, but it must be reported before action can be taken. Do not rely on anyone else to report misconduct - when it is experienced or seen, report it immediately.

To make sure sexual misconduct is reported, the First Judicial District Department of Correctional Services has several ways for offenders to report confidentially. Offenders may use the reporting method with which they are most comfortable:

Tell a staff member or Supervisor with whom you are comfortable discussing the matter. As a part of their job, all staff are required to report any allegation, ensure offender safety and maintain confidentiality.

Send a letter to or call the District Director.

Use the Department grievance process.

Send a letter to: Iowa Ombudsman Office

Ola Babcock Miller Building

1112 E. Grand Avenue

Des Moines, IA 50319

WHAT HAPPENS TO REPORTS OF SEXUAL MISCONDUCT?

The First Judicial District Department of Correctional Services will investigate all allegations of sexual assault, including allegations of:

Sexual harassment,

Sexual misconduct,

Over-familiarity, and

Retaliation

(a) (b) At intake, the residents are given information about PREA, additional refer to comments to 115.33. Residents sign acknowledging receipt of this information. Additionally, the Iowa Office of Citizens' Aide/Ombudsman is a public entity that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

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

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

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

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting
- Observations
- Interviews PREA Coordinator
- Grievances for the previous year
- PAQ

The PAQ indicated the following:

zero grievances regarding sexual abuse

zero of emergency grievances

zero grievances written in bad faith

zero third party grievances.

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states

POLICY

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

PROCEDURES

Emergency Grievances (Reports): There is no specific additional provision for an "Emergency Grievance" process. However, all reports of sexual misconduct, harassment, or abuse alleging an offender is subject to a substantial risk of imminent sexual abuse shall be immediately reviewed by Management staff and corrective action taken. An initial response shall be completed within 48 hours, and Management staff shall issue a final decision within 5 calendar days. The initial response and final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to such. See DRS Policy 46. (PREA 115.252 and 115.262).

There is no time limit on when an offender may report an allegation of sexual abuse. (PREA 115.252 b (1)).

An offender will not be subject to disciplinary action for filing a report related to alleged sexual abuse unless it is determined that the offender filed such a report in bad faith. (PREA 115.252).

In accordance with the intake policy, residents receive the following:

FIRST JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES

PROTECTION FROM ABUSE AND CLIENT GRIEVANCE PROCEDURE

While the legal status of an individual under supervision is restrictive by law and by order of the court, it is the policy of the Department of Correctional Services to maintain respect for the dignity and individuality of all residents and shall not engage in abusive treatment and/or treatment which is not in accordance with Iowa law and Department policy. The Department is committed to maintaining an environment free of sexual abuse/misconduct/harassment. Services will be delivered without discrimination.

Grievable treatment is defined as follows:

1. Exploitation, extortion, demand or request for gifts, gratuities or favors.
2. Physical harm or the threat of physical harm.
3. Verbal or physical conduct of a sexual nature directed toward an offender by another offender, staff member, agent or volunteer of the department, welcome or not.
4. Action which constitutes a violation of individual rights.
5. Action which is not in accordance with Iowa law.
6. Action which is not in accordance with Department policy.

Discipline and increased supervision requirements are not grievable.

STEP I: (Probation/Parole Supervisors/Residential Supervisor/Manager level) Persons under Department supervision or undergoing pre-sentence investigation may file within three (3) days after an incident, either orally or in writing, a grievance stating the nature and circumstances of the alleged infraction and the remedy sought. However, there is no time limit on when a client may submit a grievance regarding an allegation of sexual abuse. The grievance must be filed with the immediate supervisor of the Department employee. The supervisor will investigate and respond within seven (7) working days.

STEP II: (Facility Manager/Assistant Director/Division Manager level) If the response of the supervisor is not satisfactory, the grievance may then be filed with the appropriate Facility Manager/Division Manager/Assistant Director within twenty-four (24) hours of receipt of the decision. The Facility Manager/Division Manager/Assistant Director will investigate and respond within seven (7) working days.

At each level of grievance handling, the immediate supervisor or the Division Manager/Assistant Director shall see that an appropriate record is made, including a statement of the grievance in the words of the person making the complaint, the result of the investigation and findings. A client grievance file shall be maintained which shall not be public record.

In the event the grievance is found to have merit, appropriate action shall be commenced in accordance with Department policy.

Grievances not resolved may be referred by the client to his or her private attorney, the Citizen's Aid/Ombudsman, 1112 E. Grand Avenue, Capitol Complex, Des Moines, Iowa 50319, phone 1-888-IA-OMBUD, or may be referred to the Court.

(a) (b) (c)(d) (e) (f) (g) Policy supports the requirements of this standard. The PREA 'Coordinator shared with the auditor grievances received since January 2020 which the auditor reviewed. None were concerning sexual abuse or sexual harassment. The auditor found no reason to believe otherwise during the audit process. The resident information provides brief directions regarding how to file a grievance.

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

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

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

- Observations
- Interviews Random residents
- MOU with Riverview
- Resident information

(a) The resident information book states that they are allowed to make privileged communication with legal counsel, clergy, judiciary, and the Office of the State Ombudsman. The resident intake packet has been updated reflects the following:

TELEPHONE & PRIVILEGED COMMUNICATION

- Resident pay telephone calls are not monitored or recorded by staff.
- All residents are expected to demonstrate courtesy and restraint in using the pay telephones.
- Department telephones may be made available for resident who must make legitimate program related calls.
- Residents shall have access to privileged communication with legal counsel, clergy, judiciary, the Office of the State Ombudsman, the Iowa Department of Corrections Office of Victim and Restorative Justice Programs, and the Riverview Center 24/7 Hotline.
- Privileged communications are not subject to censorship or monitoring.
- Residents may use pay telephones to call the following toll free phone numbers without being charged a fee:
 - Office of the State Ombudsman 1-888-426-6283
 - The Iowa Department of Corrections Office of Victim and Restorative Justice Programs 1-800-778-1182
 - The Riverview Center 24/7 Hotline 1-888-557-0310

Posters observed in the facility provide this phone number and the address to the organization along with information about services the organization can provide.

(b) Most resident interviewees 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 available through a contract with a phone company. They can use the "house phone" but typically have to tell the resident office who they are calling. Additionally, some residents earn cell phone privileges which can be used when outside the facility. The auditor observed the flyers for Riverside posted in the facility during the tour.

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

- Forwarding any PREA related reports made by a third party with a signed release
- Provide an advocate to be available to the resident-victim at no cost through forensic exam, investigations, and if needed after release
- Allow Riverview advocates to visit a resident victim at any time and provide a room to meet privately
- Provide residents with the 24 hour number for Riverview

To summarize, based on the MOU, phone call to the number provided, posters observed and resident interviews, the auditor concludes that the facility does provide access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, with reasonable communication, informing residents 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 in accordance with an MOU with the organization.

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:

- First Judicial District Department of Correctional Services Case Management PREA/Offender Information & 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.

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states
POLICY

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

Third Party Reporting: Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, the alleged victim must agree to have the request filed on his or her behalf, and the alleged victim must personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, this decision shall be documented. (PREA 115.254 e (1, 2, 3)).

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT
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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:

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

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states
POLICY

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

PROCEDURES

All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. This includes any third-party or anonymous reports. Staff who fail to report such information may be subject to disciplinary action. (PREA 115.261).

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

POLICY *In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

PROCEDURES

All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. This includes any third-party or anonymous reports. Staff who fail to report such information may be subject to disciplinary action. (PREA 115.261 a, b, e).

(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.

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

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

(d) The facility reports there are no documents of reports to designated State agency in accordance with mandatory reporting for under 18 or those considered a vulnerable adult. The interview with the Director confirmed that the investigator/PREA Coordinator would ensure that if an allegation was regarding an elder as defined by state law, a report would be forwarded to Elder Abuse hotline. 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:

- First Judicial District Department of Correctional Services Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse
- Interview District Director
- Interviews with Facility Director
- Interviews with random staff

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

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,
POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department's Residential Facilities.

If a staff person learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall be immediately reported to the Residential Manager/Supervisory staff and immediate action shall be taken to protect the resident. (PREA 115.262).

Interviews with the Director, PREA Coordinator, PCM and all random staff confirmed that intervention would occur if a staff believed a resident was at imminent risk of sexual abuse, and supported by supervisors, management and administration.

Finding of compliance is based on the following: Policy supports the findings of the standard. Based on the interviews with District Director, Facility Director, PREA Coordinator, PCM and 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:

- First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse Interview District Director
- Interviews with PREA Coordinator and PCM (Facility Director)

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.

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,
POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department's Residential Facilities.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Residential Manager that received 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 notification of such shall be documented by the Residential Manager. (PREA 115.263 a, b, c).

If Management staff receives notification from another facility or agency that an offender was sexually abused while in a 1st District Residential Facility, they shall ensure that the allegation is investigated in accordance with Department policy and all applicable PREA Standards. (PREA 115.263 d).

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states

POLICY

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

PROCEDURES

All offenders shall review and sign form CM-53F (Prevention of Sexual Misconduct, An Overview for Offenders) at their first appointment after being placed on pre-trial, probation, or parole, or upon entering a Residential Facility. A copy of the signature page shall be maintained in the case file and shall be noted in ICON Generic Notes. (PREA 115.233).

Offenders with disabilities (deaf, blind, etc.) shall have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual misconduct, sexual abuse, and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents 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, the Department shall 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, limited reading skills, or who are blind or have low vision. (PREA 115.216 a).

Staff shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect, and respond to sexual misconduct, 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. Staff 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 or the investigation of the resident's allegations. (PREA 115.216 b, c)

All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. This includes any third-party or anonymous reports. Staff who fail to report such information may be subject to disciplinary action. (PREA 115.261).

All reports, including third party or anonymous reports, of sexual harassment, sexual misconduct, or sexual abuse will be investigated by Management staff in accordance with Department policies PER 26, PER 27, and any other applicable policies. (PREA 115.271).

Emergency Grievances (Reports): There is no specific additional provision for an "Emergency Grievance" process. However, all reports of sexual misconduct, harassment, or abuse alleging an offender is subject to a substantial risk of imminent sexual abuse shall be immediately reviewed by Management staff and corrective action taken. An initial response shall be completed within 48 hours, and Management staff shall issue a final decision within 5 calendar days. The initial response and final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to such. See DRS Policy 46. (PREA 115.252 and 115.262).

There is no time limit on when an offender may report an allegation of sexual abuse. (PREA 115.252 b (1)).

Third Party Reporting: Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests

on behalf of residents. If a third party files such a request on behalf of a resident, the alleged victim must agree to have the request filed on his or her behalf, and the alleged victim must personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, this decision shall be documented. (PREA 115.254 e (1, 2, 3)).

An offender will not be subject to disciplinary action for filing a report related to alleged sexual abuse unless it is determined that the offender filed such a report in bad faith. (PREA 115.252).

(a), (b) (c) (d) Interviews with the District Director and Facility Director 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 Director, the staff, the PAQ and observations provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.264: Staff first responder duties

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse Observations
- Interviews with Random staff
- Interview with the Facility Director

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

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,
POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department's Residential Facilities.

PROCEDURES

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall:

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. (PREA 115.264 a, b)

Immediately contact the Residential Manager/Supervisory staff.

Complete a critical incident report.

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.

Upon being notified of an incident of sexual abuse, the Residential Manager/Supervisory staff shall:

Add If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

(a), (b) (c) (d) 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.

As there has been no incident that would warrant a first responder to proceed as required, the auditor found the facility compliant based on the policy and staff interviews.

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:

- First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,
POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department's Residential Facilities.

PROCEDURES

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall:

*Separate the alleged victim and abuser;
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
(PREA 115.264 a, b)*

Immediately contact the Residential Manager/Supervisory staff.

Complete a critical incident report.

Upon being notified of an incident of sexual abuse, the Residential Manager/Supervisory staff shall:

Contact law enforcement.

Ensure that medical care, crisis intervention services, and mental health care are provided in a timely manner as appropriate.

Notify the Assistant Director/District Director.

As directed by the Assistant Director/District Director, shall initiate a PREA investigation and/or Administrative investigation depending on the circumstances of the incident. (PREA 115.265, 115.282 a, b).

Finding of compliance is based on the following: The policy, which all staff review annually provides for the coordinated response plan for the facility. All staff interviewed were aware of the plan and what to do in the event of a sexual abuse incident. Therefore, the auditor deems the facility to be compliant 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

Review of the contract, interview with the Director and the PREA Coordinator/PCM confirmed that this union has no power or authority to interfere with changing staff assignments ending an investigation.

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:

- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigation
- Prevention Of Sexual Misconduct An Overview For Offenders
- Observations:
- Interview with the Director
- Interview with the Designated staff member charged with monitoring for retaliation
- PAQ
- Iowa DOC database

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.

PREVENTION OF SEXUAL MISCONDUCT

AN OVERVIEW FOR OFFENDERS - WHAT IS RETALIATION?

Retaliation is intimidation to prevent an offender from filing a complaint or participating in an investigation of sexual misconduct. Our Department prohibits any individual from interfering with an investigation, including intimidation or retaliation against witnesses. If an offender believes she/he is being denied privileges or is being unfairly transferred or punished in some way because she/he filed a complaint or assisted in the investigation of a complaint, she/he should report this to the District Director or Investigator.

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigation states,
PROTECTION AGAINST RETALIATION (PREA 115.267)

The Department shall 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. Designated Management staff shall be responsible for monitoring retaliation. The Department shall 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.

For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the Department may monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Department shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In the case of residents, 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.

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

The interview with the Director, PREA Coordinator and PCM all confirmed that they are aware of the requirements of the standard and will monitor using the IDOC data base upon report of an allegation. Policy supports the requirements of the standard. The auditor observed the format for the IDOC while conducting an audit at a prison in this state and found that it does reflect 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:

- First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting
- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations
- First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders
- Interviews Investigative staff
- PAQ
- PREA Investigation Checklist---Updated 6-6-2018
- Review of the agency wide data base

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

First Judicial District Department of Correctional Services Case Management PREA/Offender Information & Reporting states
POLICY

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

culture in all Residential Facilities and Field Services offices that promotes respect and safety and that does not tolerate sexual misconduct of any kind.

PROCEDURES

All reports, including third party or anonymous reports, of sexual harassment, sexual misconduct, or sexual abuse will be investigated by Management staff in accordance with Department policies PER 26, PER 27, and any other applicable policies. (PREA 115.271).

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

POLICY *In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

PROCEDURES

CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS (PREA 115.271)

When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, the Department shall use investigators who have received special training in sexual abuse investigations pursuant to PREA Standard 115.234.

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.

When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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 resident or staff. The Department shall not require a resident 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.

Administrative investigations:

- a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and*
- b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.*

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.

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

The agency shall retain all written reports referenced in paragraphs 6 and 7 of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

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

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

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

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders states,

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

1. *Duties of the District Director:*

The Department will develop a process for reporting and investigating incidents of sexual misconduct by staff. The process will include multiple points of reporting for offenders and staff, trained investigators and a consistent investigative process.

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

The auditor interviewed staff who would conduct an administrative investigation should one be required. The investigative checklist would be used to ensure all aspects of the investigation are addressed. This facility would use the agency wide data base from the Iowa DOC to document all aspects of the standard requirements.

The auditor finds the standard substantially compliant based on the updated policy which addresses all aspects of the standard provisions, access to the data base, interview with the staff who would complete the investigations and PAQ.

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:

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

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

POLICY *In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

PROCEDURES

All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse are substantiated shall be by a "Preponderance of the Evidence." (PREA 115.272).

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

- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations PREA:
- PREA Investigations Interviews Investigative staff
- Letter to District Attorney
- PAQ

The PAQ indicates the following:

Zero investigations of alleged sexual abuse completed

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

Zero sexual abuse investigations completed by an outside agency
Zero notifications of the results of an investigation completed by an outside agency
Zero substantiated cases of staff sexual abuse
Zero notifications made pursuant to those
Zero notifications provide to residents
Zero of those that are documented

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

***POLICY** In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

PROCEDURES

At the conclusion of an investigation for sexual harassment, sexual misconduct, or sexual abuse involving a resident as the alleged victim, the Management staff who completed the investigation will notify the resident of the results of the investigation. All notifications shall be documented in the investigation file. If the Department did not conduct the investigation into a resident's allegation of sexual abuse in the Department's facility, a request shall be made to the investigating agency to obtain the relevant information from the investigative agency in order to inform the resident. (PREA 115.273(b))

Further, if the allegation was founded and involved a staff member, the resident will be notified of the following:

The staff member is no longer posted in the resident's facility/unit.

The staff member is no longer employed at the facility.

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

B. If the allegation was founded and involved another resident, the resident (victim) will be notified of the following:

1) The Department learns that the resident (perpetrator) has been indicted on or convicted of a charge related to sexual abuse within the facility.

C. The notifications as listed in A and B above will no longer be required after the resident (victim) is released from the Department's custody. (PREA 115.273).

(a) (b)(c)(d) (e) The facility's updated policy supports the requirements of the standard. A letter has been sent to the District Attorney notifying them of this requirement with the standards. The facility has reported it has no investigations during the reporting time frame, the auditor did find any reason to dispute this statement during the audit process. The investigator(s)/PREA Coordinator and PCM confirmed that notices are required and would be sent.

Based on the information above, the auditor found 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:

- First Judicial District Department of Correctional Services Personnel Non Disciplinary Disciplinary Actions
- First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders
- Interviews with the PREA Coordinator
- PAQ

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

First Judicial District Department of Correctional Services Personnel Non Disciplinary Disciplinary Actions states

POLICY Employees are required to meet satisfactory performance requirements, follow Department and other applicable, rules, regulations, policies, and procedures; observe common codes of conduct; follow supervisory instructions and orders; and refrain from insubordinate acts. Failure to do so may subject them to disciplinary action.

PROCEDURES:

Termination of employment may be made by the Director or designee for just cause.

- (1) The employee shall be notified orally or in writing of the action to terminate.
- (2) The employee shall be advised that he/she may acquire written notice within twenty-four (24) hours by coming to the Department and receiving same from the person giving the termination, or designee. If the employee does not report to the Department to receive written notice, a copy shall be mailed certified mail with restricted delivery to the employee and the certification of receipt shall be postal service certification that delivery has been made or refused.
- (3) A written notice of the termination shall be placed in the employee's personnel file.

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders states,

POLICY

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

It is the policy of the First Judicial District Department of Correctional Services to prohibit all employees, volunteers, student interns, vendors, contractors, or agents of the First Judicial District Department of Correctional Services (referred to in this policy as staff) from engaging in sexual misconduct with offenders. The potential abuse of power inherent in staff-offender relationships is at the core of staff sexual misconduct. The inherent difference in power between staff and offenders makes any consensual relationship between staff and offenders impossible. Sexual contact between an offender and staff is considered sexual misconduct and is never consensual. This type of behavior is considered a serious breach of security and these relationships will not be tolerated. Engaging in an unauthorized relationship may result in criminal prosecution and/or employment termination.

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

(a) (b) (c)(d) Policy supports the requirements of the standard. The PREA Coordinator and Facility 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.

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

- First Judicial District Department of Correctional Services Code of Conduct and Work Rules
- First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders
- Interviews PREA Coordinator
- PAQ

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.

First Judicial District Department of Correctional Services Personnel Sexual Misconduct with Offenders states,
POLICY

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

It is the policy of the First Judicial District Department of Correctional Services to prohibit all employees, volunteers, student interns, vendors, contractors, or agents of the First Judicial District Department of Correctional Services (referred to in this policy as staff) from engaging in sexual misconduct with offenders. The potential abuse of power inherent in staff-offender relationships is at the core of staff sexual misconduct. The inherent difference in power between staff and offenders makes any consensual relationship between staff and offenders impossible. Sexual contact between an

offender and staff is considered sexual misconduct and is never consensual. This type of behavior is considered a serious breach of security and these relationships will not be tolerated. Engaging in an unauthorized relationship may result in criminal prosecution and/or employment termination. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor".

(a) (b) Policy supports the requirements of the standard. The PREA Coordinator confirmed that these provisions would be followed in the event that a volunteer/contractor is the subject of a sexual abuse investigation, which is substantiated. He confirmed that he has the authority and would prohibit the volunteer or contractor from contact with offenders pending the outcome of the investigation.

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:

- 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
- First Judicial District Department of Correctional Services Residential Specific Disciplinary Sanctions

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

First Judicial District Department of Correctional Services Residential Specific Disciplinary Sanctions states,

Disciplinary sanctions for residents

- Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.*
- Sanctions shall be 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.*
- The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.*
- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.*
- The Department may discipline a resident 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.

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

RESIDENT RULES relevant violations include:

1. Illegal behavior: When an offender plans, participates, assists, condones, or encourages others to violate a local, state, or federal law, whether the offense is committed inside or outside the residential facility and whether the offense actually occurs.
2. Verbal Abuse: When the offender subjects another person to abusive, defamatory, insolent, or disrespectful language or remarks whether written or oral, or abusive, defamatory, insolent, or disrespectful gestures.
3. Threats/Intimidation: When the offender communicates a determination or intent to injure another person or to commit a crime of violence or an unlawful act dangerous to human life, and the probable consequence of such threat or threats (whether or not such consequence, in fact, occurs) is:
 - a. To place another person in fear of bodily injury; or
 - b. To cause damage to property; or
 - c. To take place in the future after released from confinement.
11. Sexual Misconduct: When an offender proposes or engages in sexual contact with another person on residential facility property (or premises) or engages in sexual contact at any location with a person who is also a resident of a correctional residential facility. Indecent exposure also constitutes sexual misconduct. This includes, but is not limited to, offensive exposure of the genitals or pubic area in a manner to be seen by another person; gesture of a sexual nature to cause embarrassment or to be offensive to another person. Sexual misconduct may be written as well as verbal communication. Offenders are not allowed to have sexual contact with each other while participating in the program. This includes while on pass or furlough.
13. Assault: When an offender intentionally causes or threatens to cause injury to another person or applies any physical force or offensive substance (such as feces, urine, saliva, mucous, or any other item) against any person regardless of whether injury occurs, to include sexual assault.

The above rule violations may be considered as major rule violations resulting in the loss of earned time. Most infractions will result in the forfeiture of two (2) to sixteen (16) days of earned time depending upon the number of previous disciplinary reports and the seriousness of the rule violation. For any incident of major violation resulting in escape, serious injury or extreme or willful acts, the Administrative Law Judge may recommend the loss of any or all accumulated earned time.

POSSIBLE DISCIPLINARY MEASURES

The following disciplinary measures may be imposed by staff or the disciplinary hearing committee if offenders are found to be in violation of work release/OWI regulations.

1. Reprimand.
2. Written assignment.
3. Special conditions added to the release plan (alcohol treatment, drug treatment, marital counseling, etc.)
4. Placement in any phase of the level system.
5. Restriction of furlough privileges.
6. Loss of privileges.

7. Room curfew/restriction.
8. Extra duty in the facility.
9. Damage costs/fines.
10. Recommend forfeiture of earned time to Administrative Law Judge.
11. Recommend suspension of Honor Contract to Administrative Law Judge.
12. Referral to prosecuting authority for violation of the law.

Several disciplinary sanctions may be imposed at the same time (restriction, extra duty, special conditions, etc.)

(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 the requirements for the disciplinary process including a formal hearing, the sanctioning process and confirms that sanctions are commensurate with the nature and circumstances of the abuse, disciplinary sanctions are progressive.

(c) (d) (e) (f) Policy supports that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The agency may discipline an 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.

Finding of compliance is based on the following: 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:

- First Judicial District Department of Correctional Services Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse
- Iowa SAE appendix
- MOU Riverview

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,
POLICY Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department's Residential Facilities.

PROCEDURES

Upon being notified of an incident of sexual abuse, the Residential Manager/Supervisory staff shall:

Contact law enforcement.

Ensure that medical care, crisis intervention services, and mental health care are provided in a timely manner as appropriate.

Notify the Assistant Director/District Director.

As directed by the Assistant Director/District Director, shall initiate a PREA investigation and/or Administrative investigation depending on the circumstances of the incident. (PREA 115.265, 115.282 a, b).

Ensure that resident victims of sexual abuse are 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. (PREA 115.282 c).

Assist in the coordination of treatment services which shall be provided, via community resource agencies, to the victim without financial cost, (i.e. using victim assistance programs) and regardless of whether the

victim names the abuser or cooperates with any investigation arising out of the incident. (PREA 115.282 d, 115.283 g).

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

(c) Policy and the MOU with the medical center both confirm that the resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

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

Policy supports the requirements of the standard. 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:

- First Judicial District Department of Correctional Services Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse
- Iowa SAE appendix

First Judicial District Department of Correctional Services District Residential Specific PREA/Staff Protocols and Responses to Sexual Abuse states,
POLICY Congress enacted the *Prison Rape Elimination Act of 2003 (PREA)* to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In accordance with the PREA standards and requirements, it is the goal of the Department to provide an environment free of sexual abuse to offenders housed in the Department’s Residential Facilities.

PROCEDURES

Management staff will assist residents, who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, in arranging and participating in ongoing medical and mental health care. (PREA 115.283 a, b, c).

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. (PREA 115.283 f).

Department staff shall contact an appropriate community agency to attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. (PREA 115.283 h).

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

Sexually Transmitted Infections For current treatment guidelines: Centers for Disease Control & Prevention Sexually Transmitted Diseases Treatment Guidelines 2015: <http://www.cdc.gov/std/tg2015/tg-2015-print.pdf> or, the Pocket Guide can be downloaded at: <http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf>). For information on HIV prophylaxis in adults/adolescents, see: Centers for Disease Control & Prevention, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines. <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf> See also Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States. MMWR, January 21, 2005 / 54(RR02); 1-20. Centers for Disease Control & Prevention homepage: <http://www.cdc.gov/> New York Health Department HIV Clinical Resources: <http://www.hivguidelines.org/clinicalguidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupationalexposure-including-sexual-assault/> National Clinician’s HIV/AIDS Consultation Center for warm/hot lines: <http://www.nccc.ucsf.edu/> For STD clinic sites in Iowa see the Iowa STD Clinics website: <http://yourstdhelp.com/iowa.html> For Iowa STD program information/statistics: <http://idph.iowa.gov/hivstdhep/std/resources> For information on HIV testing and treatment sites and HIV/AIDS information/stats in Iowa see Iowa Department of Public Health website: <http://idph.iowa.gov/hivstdhep/hiv> Emergency Contraception The Emergency Contraception Website. Operated by Princeton University and the Association of Reproductive Health Professionals (it has no connection with pharmaceutical companies). <http://ec.princeton.edu/.iowa> Adult Sexual Assault Protocol Appendix C APPENDIX C - PAYMENT FOR SEXUAL ASSAULT EXAMS The State of Iowa pays for a sexual assault examination regardless of whether the victim reports the crime to law enforcement. This is done to ensure that prosecutors and law enforcement officers will have evidence efficiently and effectively collected if the victim later reports that crime. Funds for the Sexual Abuse Examination Payment Program come from the Crime Victim Compensation Fund. That fund is comprised entirely of fines and penalties paid by convicted criminals. Iowa Code 709§10, states that “The cost of a medical examination for the purpose of gathering evidence and the cost of treatment for the purpose of preventing venereal disease shall be paid from the fund established in section 915.94.” Hospitals, physicians and other medical providers who collect and process evidence of sexual abuse submit bills directly to the Sexual Abuse Examination Payment Program. In the event that a victim is erroneously billed and pays for the cost of the evidence collection, the program will reimburse that victim. Bills should be sent to: Sexual Assault Examination Program Iowa Attorney General’s Office Lucas Building, Ground Floor 321 E. 12th St. Des Moines IA 50319 For questions, contact (515) 281-5044 or Toll Free: (800) 373-5044 See also the Iowa Attorney General’s Office website, “Sexual Assault Examination Payment Program:” (<https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examination-payment-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 when conducting audits at the facility and found this provision to be compliant.

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

- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations
- Iowa Department of Corrections Investigation Data base
- Interviews PREA Coordinator /Incident Review Team Member
- Form PER-78F (PREA Incident Review Form)
- PAQ

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

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states, *Within 30 days after rendering the final decision and closing a sexual abuse investigation,*
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except in cases where the allegation was unfounded, an Incident Review will be completed by the Management staff who completed the investigation, with input from the PREA Compliance Manager, the Assistant Director, the District Director, and other appropriate staff. Form PER-78F (PREA Incident Review Form) will be used to complete the Incident Review and all findings shall be documented in the report. (PREA 115.286 a, b, c, d, e).

An example of Form PER-78F (PREA Incident Review Form) was provided to the auditor which demonstrated all aspects of the standards requirements are addressed.

(a) (b) (c) (d) (e) Policy and interview with the staff who monitor for retaliation, currently the investigator, both support all aspects of the standard provisions. Evidence of prior reviews at other operations from the data base confirmed to the auditor that all provisions of the standard are addressed through this data base. 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
- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

POLICY *In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

DEFINITIONS

Sexual abuse includes—

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

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

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

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

- (1) *Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) *Contact between the mouth and the penis, vulva, or anus;*
- (3) *Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;*
- (4) *Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;*

- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes—

- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

PROCEDURES

Uniform data from all sexual harassment, sexual misconduct, or sexual abuse allegations which occurred in DCS Residential Facilities will be collected and securely maintained by Management staff. This data shall contain all necessary information as required by the most recent U.S. Department of Justice Survey instrument and will be aggregated on an annual basis. This data may be provided to IDOC Central Office for reporting as well. (PREA 115.287).

The facility provided the following used as a reference for their annual reports:

PREA INVESTIGATION DEFINITIONS FOR PREA STANDARDS IMPLEMENTATION and BJS ANNUAL REPORTS

Offenders

Sexual Assault: nonconsensual sexual acts

Includes but is not limited to:

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 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 a hand, finger, or other object.

Sexual Abuse: abusive sexual contact

Includes but is not limited to:

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:

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.

Excludes contact incidental to a physical altercation with no sexual intent for the contact.

Precursor Behavior: Intent to obtain non-consensual sexual acts:

All other acts the intent of which are to sexually harass, force, intimidate, or otherwise compel an unwilling offender into any sex act. This includes but is not limited to any behavior that exhibits:

- repeated and unwelcome sexual advances or requests for sexual favors;
- gestures or actions of a derogatory or offensive sexual nature;

- coercion, voyeurism;
- grooming;
- overt or implied threats of violence where sexual acts would appear to be imminent

For the purpose of accomplishing sex acts against an offender who would not otherwise consent. This includes protective pairing.

Retaliation

Includes but is not limited to an act of vengeance, covert or overt action or threat of action, or harassment against an offender, staff, contractor, or volunteer in response to a complaint of sexual violence or cooperation in the reporting or investigation thereof, regardless of the merits or the disposition of the complaint. Examples: unnecessary discipline, changes in work or program assignments, unjustified transfers, placements, denials of privileges or services, intimidation, threats, assaults or other physical violence.

Staff / Contractor / Volunteer

Sexual Misconduct:

Any behavior or act of a sexual nature directed toward an offender, whether it appears to be consensual or nonconsensual, including but not limited to acts or attempted acts of:

- 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;
- Voyeurism for sexual gratification including invasion of privacy unrelated to official duties, such as staring or glaring at an offender using the toilet for a longer period 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 the same;
- Requiring or allowing an offender to engage in sexual contact, sexual intercourse, or other sexual conduct for any reason;
- Receiving any form or type of communication of a sexual or romantic nature from an offender and failing to report the communication immediately as designated by institution procedure and department policy;
- Influencing or making promises regarding, but not limited to, an offender's safety, custody, parole status, privacy, housing, privileges, work assignment, or program status in exchange for sexual favors or because an offender refused to submit to a sexual advance. This includes an exchange of anything of value between staff, a contractor, or volunteer and an offender (e.g. putting money into or promising to put money into an offender's account or bringing in or promising to bring in contraband for an offender in exchange for sexual favors).

Staff Sexual Harassment:

Sexual advances, requests for sexual favors, or repeated verbal statements, comments, gestures or actions of a sexual nature directed toward an offender including:

- Demeaning references to gender, sexually suggestive or derogatory comments about body or clothing;

OR

- Profane or obscene language or gestures.

Retaliation

Includes but is not limited to an act of vengeance, covert or overt action or threat of action, or harassment against an offender, staff, contractor, or volunteer in response to a complaint of sexual violence or cooperation in the reporting or investigation thereof, regardless of the merits or the

disposition of the complaint. Examples include but are not limited to: unnecessary discipline, changes in work or program assignments, unjustified transfers or placements, unjustified denials of privileges or services, intimidation, threats, assaults, or other physical violence.

The annual report includes the following categories:

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

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

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

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

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

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

(f) The PREA coordinator reports that he has not had a request by the DOJ for data during the audit period.

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 report and found it has Uniform data from all sexual harassment, sexual misconduct, or sexual abuse allegations, which occurred in 1st 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:

- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations
- Interviews PREA Coordinator & PREA Compliance Manager
- Annual report of findings from data reviews/corrective actions
- Facility website

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

POLICY *In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

PROCEDURES

The data, as noted above, will be reviewed annually to assess and improve the effectiveness of the Department's sexual abuse prevention, detection, and response policies, practices, and training.

An Annual PREA Report shall be completed which includes the following:

Identification of problem areas.

Any corrective action taken for each facility and the Department as a whole.

Comparison of current data to data collected in previous years.

An assessment of the Department's progress in addressing sexual abuse.

The Annual PREA Report shall be approved by the District Director and made available on the Department's website. However, any material which presents a clear and specific threat to the

safety and security of a Residential Correctional Facility will not be included in the report. The nature of any redacted material will, however, be noted in the report. (PREA 115.288).

All data, as noted above, shall be securely retained for a period of at least 10 years after the date it was collected. Aggregated data, with any personal identifying information and confidential information removed, will be posted on the Department website on an annual basis with the Annual PREA Report. (PREA 115.289).

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

(1) Identifying problem areas;

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

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

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

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

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

Standard 115.289: Data storage, publication, and destruction

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

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

- First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations
- Interviews PREA Coordinator
- Annual report of findings from data reviews/corrective actions – 2013, 2014, 2015, 2016, 2017, 2018, 2019 and 2020
- Facility website -

First Judicial District Department of Correctional Services Personnel PREA/Reporting & Investigations states,

***POLICY** In 2003 Congress enacted the Prison Rape Elimination Act (PREA) to address the problem of sexual abuse of persons in the custody of United States correctional agencies. In 2012, specific PREA standards and requirements were approved by the United States Department of Justice. In accordance with these PREA Standards, the First Judicial District Department of Correctional Services is committed to maintaining a work environment free of sexual harassment, sexual misconduct, and sexual abuse.*

PROCEDURES

All data, as noted above, shall be securely retained for a period of at least 10 years after the date it was collected. Aggregated data, with any personal identifying information and confidential information removed, will be posted on the Department website on an annual basis with the Annual PREA Report. (PREA 115.289).

(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 First District. The facility does not contract with private facilities. The auditor checked the facility webpage and found reports for 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 and 2020. The reports are on the facility webpage at firstdcs.com/prea. 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)

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Waterloo Residential Correctional Facility

- 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.

Waterloo Residential Facility is the one of four residential facilities contracted by the Iowa Department of Corrections in the 1st district. It has been audited every three years. One in 2021, two are scheduled for 2022, and one is scheduled for 2023.

(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 Waterloo Residential Facility; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

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

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

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. – **noted in report**

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

*Amy J. Fairbanks*_____

June 1, 2021_____

Auditor Signature

Date