

COMMUNITY CONFINEMENT FACILITIES



<b>Auditor Information</b>			
<b>Auditor name:</b> Dudley Kesler			
<b>Address:</b> 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
<b>Email:</b> dudley.kesler@nakamotogroup.com			
<b>Telephone number:</b> 301-468-6535			
<b>Date of facility visit:</b> May 31 - June 1, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Waterloo Womens Center for Change			
<b>Facility physical address:</b> 1515 Lafayette Street, Waterloo Iowa 50703			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 319-292-0959			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
<b>Name of facility's Chief Executive Officer:</b> Scott Dolan, Resident Manager			
<b>Number of staff assigned to the facility in the last 12 months:</b> 17			
<b>Designed facility capacity:</b> 45			
<b>Current population of facility:</b> 43			
<b>Facility security levels/inmate custody levels:</b> Minimum / Half Way House			
<b>Age range of the population:</b> 18-80			
<b>Name of PREA Compliance Manager:</b> Amy Jones		<b>Title:</b>	Resident
<b>Email address:</b>		<b>Telephone number:</b>	312-292-1292
<b>Agency Information</b>			
<b>Name of agency:</b> First Judicial District Department of Correctional Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 314 East 6th Street, Waterloo Iowa, 50703			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 312-236-9626			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Ken Kolthoff		<b>Title:</b>	District Director
<b>Email address:</b> kenneth.kolthoff@iowa.gov		<b>Telephone number:</b>	312-292-1265
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ross Todd		<b>Title:</b>	Executive Officer
<b>Email address:</b> ross.todd@iowa.gov		<b>Telephone number:</b>	312-292-1263

## AUDIT FINDINGS

### NARRATIVE

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Waterloo Womens Center for Change, Waterloo, Iowa was conducted May 31-June 1, 2017 by the Nakamoto Group, Inc. certified PREA auditor Dudley Kesler. When the auditor arrived at the facility, an "in-briefing" meeting was held with the Residential Manager and Residential Supervisor. The introductions and audit process was discussed during the briefing.

The standards used for this audit became effective August 20, 2012. This auditor discussed information contained in the Pre-Audit Questionnaire with the PREA Audit Coordinator during the on-site audit visit. As part of the audit, a review of all agency and local facility policies and a tour of the the facility was completed. The facility houses female residents from State of Iowa and Federal Bureau of Prisons. A total of 17 residents of the 43 total population were interviewed by the auditor. All residents stated they were well aware of the PREA program and indicated staff were very diligent in training them during the intake process. There were no allegations of sexual abuse/harassment filed by residents during the rating period of the past twelve months.

The average length of stay at the residential facility is approximately four to six months. The age range of the population is 18-80 years of age. The facility provides housing and around the clock supervision for offenders demonstrating an inability or unwillingness to function under less restrictive supervision. Offenders can be placed in a Residential Center as a condition of probation or parole, as a transition from a Department of Corrections institution (work release) or as an alternative to serve a sentence on a second or subsequent Operating While Intoxicated (OWI) offense. Offenders participate in programming in the community, as do probationers and parolees who are living independently.

A total of 34 staff were interviewed from all three eight hour shifts. These included 6 residential officers, 23 specialized staff, and 5 administrative staff. The number of interviews exceeds the total number of staff because individual staff members often perform multiple functions. The administrative staff interviewed included the Director, Assistant Director, Facility Director, Facility Supervisor, and Human Resources Manager. There are no part time or full time medical or mental health staff at this facility. Medical needs of residents are their own responsibility with the exception of emergency care which is provided by the nearby Allen Hospital in Waterloo. Specialized staff included the PREA coordinator, incident review team member, retaliation monitor, and investigator. Staff from intake, screening, and first responders were also interviewed. There were no contractors or volunteers available to be interviewed.

The auditor interviewed a representative from the local advocacy facility, The Riverview Center. The representative was extremely complimentary of the quality of the staff of the Womens Center for Change and believes the facility maintains an excellent PREA culture. A representative of the nearby Allen Hospital was also interviewed and indicated they have Sexual Assault Nurse Examiner (SANE) trained nurses available on all shifts who will provide examination services in the event of a sexual assault.

During the tour it was noted that the monitor used for viewing all cameras was located in an area that is not always occupied by staff. After a brief discussion, the monitor was relocated to a staff desk that is occupied on all shifts. This will improve staff awareness and response capabilities if an incident were to occur.

The auditor concluded, through interviews and review of policy and documentation, that all staff and residents were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the residents stated that staff were respectful and that they felt safe at the facility.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The First Judicial District Department of Correctional services is an agency established under Iowa Code Chapter 905 to provide correctional services throughout the eleven counties of Northeast Iowa. Waterloo Womens Center for Change opened its doors in June of 2011. The center combines both residential and field services programming with 45 residential beds and office space for probation officers and other staff. The First Judicial District Department of Correctional Services provides a comprehensive program of community correctional services including: pre-trial services, pre-sentence investigations, probation supervision, residential correctional facilities, work release, parole, interstate compact services, and special programs.

Special programming includes: Dupaco community credit Union (financial education), Narcotics Anonymous, Alcoholics Anonymous, Church womens group, striving for Success Community Meeting, Peoples Clinic Medical/Housing programs, and Moving On (a gender specific evidence based program which provides alternatives to criminal activity).

## **SUMMARY OF AUDIT FINDINGS**

At the conclusion of the on-site audit, an "out-brief" meeting was held with the Director, Residential Manager, Residential Supervisor, and PREA Compliance Coordinator. It was noted that the facility was found in compliance with all standards. The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. The facility staff were found to be courteous, cooperative, knowledgeable and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the Residential Manager and staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Policy PER 27, Sexual Misconduct with Offenders, and CM 32, PREA Offender Information and Reporting, addresses the the facilities plan to establish zero tolerance as required by the standard. The agency has established an agency wide PREA coordinator and a PREA compliance manager at each facility. A review of training records and staff interviews confirmed that staff who have regular or frequent contact with residents receive PREA related training during new employee training and annually on e-learning programs. The PREA Coordinator was interviewed and advised that he has sufficient time and authority to coordinate efforts to comply with PREA standards. Compliance to this standard was determined through staff interviews and policy review. All written documents are available in English and Spanish. Interpretive services are available for residents who do not speak or read English, Spanish or other languages. All interviews with staff and residents confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of the PREA meets the required compliance to this standard.

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

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

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Not Applicable-The facility does not contract with other entities for the confinement of residents.

### Standard 115.213 Supervision and monitoring

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

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Policy DRS-46, PREA Protocols and Response, section 2, addresses this standard. Compliance with PREA and other safety and security issues are always a primary focus when they consider and review their staffing plan. The plan is reviewed at least annually in consultation with the PREA coordinator. There have been no instances in the previous year where the staffing plan was not complied with. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, resident access to telephones, documentation (staffing rosters) and staff interviews. There is sufficient staffing and observation cameras to ensure a safe environment for residents and staff.

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

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

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Policy CM-40, Search and Seizure Contraband Control, section F4e, addresses this standard. Cross-gender strip and body cavity searches are prohibited, except in emergency situations. Any potential strip searches would be completed by staff of the same gender as the resident and documented. Interviews with staff indicated there are no cross gender pat down searches of female residents conducted. Residents, resident officers and administrative staff stated residents are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. Residents and staff reported that staff of the opposite gender announce their presence before entering the housing areas. Policy indicates the facility will never search or physically examine a trans-gender or inter sex inmate for the sole purpose of determining the inmates genital status. Staff were aware of the policy prohibiting the search of trans-gender or inter sex residents to determine their genital status. The training outline was reviewed and it was noted to contain information on the proper methods to conduct cross-gender pat searches. This information is presented during initial and annual training sessions. Compliance to this standard was determined through staff interviews, policy review, and a review of the staff training curriculum.

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

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

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

Policy CM-22, Case Management, address the requirements of this standard. The facility takes appropriate steps to ensure residents with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from facilities efforts to prevent, detect and respond to sexual abuse and harassment. A variety of language interpretive services are available and are identified in the policy. PREA handouts and resident handbooks are available in English and Spanish. Staff interviewed were aware that under no circumstances are resident interpreters or assistants to be used when dealing with PREA issues. There were no residents with disabilities or with limited English speaking proficiency available for interview. Compliance to this standard was determined through staff interviews, observations and policy review.

### **Standard 115.217 Hiring and promotion decisions**

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

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Policy PER 35, Vacancy/Recruitment/Selection address this standard. An interview with the Human Resources Manager indicates all employees, contractors, and volunteers have had their background checks completed prior to hiring. Staff promotions require a background check before promotion is approved. A tracking system is in place to ensure that updated background checks are conducted every five years. Potential employees are questioned about any misconduct involving residents in previous employment. Any false information submitted by applicants is grounds for termination. Auditor reviewed employment documentation supporting compliance to this standard. All employees and contractors have had their background checks completed through the National Crime Information Center. Policy states false information submitted by applicants or staff is grounds for termination. Compliance to this standard was determined through staff interviews, policy review and employment documentation.

### Standard 115.218 Upgrades to facilities and technologies

- 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)

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Non Applicable - There have been no major upgrades at this facility or to technologies since the previous PREA audit.

### Standard 115.221 Evidence protocol and forensic medical examinations

- 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)

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Policy DRS 46, PREA/Staff Protocols and Responses to Sexual Abuse, section 4, addresses this standard. The Residential Manager is trained as an investigator for administrative evidence including the gathering and preserving of physical evidence. The Waterloo police department is contacted if evidence indicates a crime has been committed. During interviews staff were aware who is responsible for conducting investigations. Residents will be transported to the Allen Hospital Emergency Department where they would be examined by a SANE nurse. The facility also has a MOU with the local Riverview Center to provide counseling as need in the event of a sexual assault. Staff were aware who was responsible for conducting investigations. There were no forensic medical examinations conducted during the previous 12 months. Compliance to this standard was determined through interviews with staff, a victim advocate, a hospital management official and policy review.



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

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

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

Policy PER-27, Sexual Contact with Offenders, addresses this standard. Administrative or criminal investigations will be completed on all allegations of sexual abuse/harassment. There are ample trained investigators in the district who received training through the Moss Group including the Residential Manager. The local Waterloo police department will respond and gather evidence for a criminal investigation. There were no reported incidents of sexual assault or harassment in the previous year. Compliance to this standard was determined through staff interviews, policy review and an examination of the investigations.

### **Standard 115.231 Employee training**

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

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Policy PER 31, Training and Development, addresses this standard. The facility Annual Training Plan address all training required by this standard. The Iowa Department of Corrections provides extensive web-based E-Learning of PREA standards training which all staff have successfully completed. Contractors and volunteers are provided training relative to their duties and responsibilities. Annual refresher training including PREA topics is provided to all staff. Staff receive continuous updating throughout the year. All staff interviewed indicated they had received PREA training. Staff interviews, training files and the facility training curriculum were reviewed and supported compliance to this standard.

### Standard 115.232 Volunteer and contractor training

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

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Policy PER-31, Training and Development, addresses this standard. An interview with the Human Resources Manager indicated training is being conducted for volunteers and contractors as required. Documentation indicated the PREA training had been completed successfully. The training outline for contractors was noted to be adequate to meet this standard. There were no contractors or volunteers available for interview during the week.

### Standard 115.233 Resident education

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

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Policy CM-35f, Protection from abuse and Grievance procedures Form, is used for training all new residents and addresses this standard. All residents also receive a copy of a Prison Rape Elimination Act (PREA) Offender Training Handbook. This handbook is very comprehensive and includes sections on definitions, zero tolerance, reporting procedures, crisis intervention services, medical treatment, retaliation, grievances, discipline, investigations, and outcomes of investigations. There are zero tolerance posters throughout the facility and a "hot line" telephone number to call and an address for the Iowa Ombudsman Office. Interviews with staff and residents, as well as documentation review, support the facility meets compliance of the standard.

### Standard 115.234 Specialized training: Investigations

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

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Policy PER 31, Training and Development, addresses this standard. Certificates of completion of a course on "Introduction to Conducting PREA Investigations" were noted for the Residential Manager and PREA Coordinator. These were provided through the Moss Group Training Program to perform administrative investigations. Training records were reviewed confirming the completion of the required training. The local police department is responsible to maintain training for their members who conduct criminal investigations. Compliance to this standard was determined through staff interviews, policy review and a review of training records.

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

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

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There are no full or part time medical and mental health care practitioners assigned to this facility. The facility has an agreement with Allen Hospital to provide SANE examination services if needed. They also have a MOU with the local Riverview Center to provide counseling services (confirmed through contact with them). All staff are trained as first responders to refer victims to a local hospital for medical treatment and the collection of forensic evidence. SANE certified staff to conduct examinations are available at the hospital at all times (confirmed through contact with the local hospital). Staff are also trained to preserve on-site evidence for investigative purposes. Staff also receive refresher training annually and documentation of participation is on file. Staff interviewed confirmed compliance to this standard.

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

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

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Policy DRS 45 PREA/Sexual Violence Propensity Assessment, addresses this standard. All residents are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other residents or being sexually abusive towards other residents. An intake staff member screens all new arrivals within their first 72 hours but they are almost always seen the first day of intake. The "Iowa Department of Corrections Sexual Violence Propensity Assessment Scoring Guide for Offenders" is utilized for screening. It is a scoring based system that is completed and maintained electronically. Passwords are required to access the system for recalling information about residents screening. Staff review all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. Staff interviewed indicated residents do not receive disciplinary reports for refusing to answer questions during the process.

#### Standard 115.242 Use of screening information

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

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Policy DRS 45 PREA/Sexual Violence Propensity Assessment, addresses this standard. Policy indicates all residents shall be assessed using the Sexual Violence Propensity (SVP) Assessment upon arrival to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping residents at high risk of being sexually abused / harassed separate from those residents who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all residents with continued follow-up and monitoring when needed. Staff and resident interviews and review of screening documents confirm compliance with the standard. The facility does not have dedicated housing for Lesbian, Gay, Bisexual, Trans-gender or inter sex residents. Youthful offenders are not housed at the facility. Interviews with staff, observations of the facility and an examination of documentation confirm compliance to this standard.

### Standard 115.251 Resident reporting

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

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Policy CM-32, PREA Offender Information and Reporting, addresses this standard. The PREA Offender Training Handbook contains multiple ways that a resident can report an incident either in person, by telephone, anomalously, or in writing. Staff/resident interviews indicated that there are multiple ways (including verbally, in writing, anonymously, privately, "hot line" telephone calls and from a third party) for residents to report sexual abuse/harassment. There are posters and other documents, on display throughout the facility, observed by the auditor, that explain reporting methods. The facility does have a MOU with a local advocacy center (Riverview Center) to provide support services relevant to this standard. Documentation review and interviews with residents and staff confirmed that the facility meets compliance with this standard.

### Standard 115.252 Exhaustion of administrative remedies

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

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Policy CM-32, PREA Offender Information and Reporting, and PER-52, PREA/Reporting & Investigations, addresses this standard. Residents may file a grievance without time frames. A resident can file a complaint in numerous ways without having to submit it to a staff member who is the subject of the complaint. 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. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the department shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours and shall issue a final Department decision within 5 calendar days. The initial response and final Department decision shall document the department's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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

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

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Policy CM-53f, Prevention of Sexual Misconduct - An Overview for Offenders, addresses this standard. The facility has a memorandum of understanding with the local Riverview Center to provide all services relevant to this standard. The auditor made contact with a representative from the Riverview Center and noted it was their opinion that this facility has a very good PREA culture. They described their working relationship as very good. Documentation reviewed by the auditor also supports compliance to this standard. The auditor observed posters, pamphlets and other relevant information displayed and available in common areas of the facility. Interviews with staff and residents confirmed that they were aware of the access to the outside victim advocacy group and where the telephone number and address was located.

### Standard 115.254 Third-party reporting

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

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The Offender Training Handbook indicates staff will accept any reports made verbally, in writing, anonymously, or from third parties. The agency web site also has a portal for third parties to report incidents of abuse. All reports of abuse or harassment will be promptly investigated. Interviews with staff and residents confirmed that they were aware that anonymous and third-party reporting procedures were available. Staff and resident interviews confirm compliance to this standard.

### Standard 115.261 Staff and agency reporting duties

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

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Policy PER 27, Sexual Misconduct with Offenders, section 2, addresses this standard. All staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse and harassment and retaliation relevant to PREA standards including third party. This standard of compliance was verified through resident officers and administrative staff interviews and review of policies. Policy requires the information concerning the identity of the alleged resident victim and the specific facts of the case to be limited to staff who need-to-know because of their involvement with the victim's welfare and the investigation of the incident. Additional compliance with all aspects of the standard was verified through document and policy review. The facility does not house residents under the age of 18.

### Standard 115.262 Agency protection duties

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

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

Policy DRS-46, PREA Staff Protocols and Response to Sexual Abuse, section 6, addresses this standard. All staff interviewed stated they would act immediately to protect the resident if they learned there was a threat of imminent sexual abuse. They also stated they would report the incident to their immediate supervisor for further investigation. There were no reports of instances of imminent danger of sexual abuse during the previous year. The staff interviewed stated they would separate residents, secure the scene, protect possible evidence, not allow residents to destroy possible evidence and contact their Residential Manager. During the rating period there were no residents determined to be subject to substantial risk of imminent sexual abuse. Compliance to this standard was confirmed through staff interviews and policy review.

### Standard 115.263 Reporting to other confinement facilities

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

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

Policy DRS-46, PREA/Staff Protocols and Responses to Sexual Abuse, addresses this standard. Policy requires the reporting of any PREA related allegation by an resident that occurred at another facility. There were no allegations received during the rating period stating that sexual abuse occurred at another facility. Policy requires the Director where the resident is currently being housed notify the Director where the resident was previously housed within 72 hours after being notified. Interviews with staff confirmed this procedure would be carried out if encountered. The policy requires an investigation be immediately initiated upon notification. Compliance with this standard was confirmed by reviewing policy and interviews with the the Residential Manager and the agency PREA Coordinator.

### Standard 115.264 Staff first responder duties

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

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

Policy DRS-46, PREA/Staff Protocols and Responses to Sexual Abuse, section 4, address this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation by a resident. The staff stated they would separate the residents, secure the scene, preserve evidence, and contact their supervisor. The victim would be sent to the local hospital if needed. Interviews with staff and residents, as well as an examination of documentation, confirm compliance with this standard.



### Standard 115.265 Coordinated response

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

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

Policy DRS-46, PREA/Staff Protocols and Responses to Sexual Abuse, addresses this standard. A comprehensive plan to coordinate actions to be taken in response to an alleged incident of sexual abuse is in place. Detailed actions in the proper sequence are in place if needed. Staff interviews and a review of policy confirmed compliance with this standard.

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

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

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

The Collective Bargaining Agreement Between the State of Iowa and the American Federation of State, County, and Municipal Employees Council 61 was reviewed and there were no noted restrictions for removing alleged abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The CBA will expire on June 30, 2017.

### Standard 115.267 Agency protection against retaliation

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

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

Policy PER 27, Sexual Misconduct with Offenders, section Z, addresses this standard. The policy prohibits any type of retaliation to any staff person or resident who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation. The Residential Manager is designated the retaliation monitor. He was interviewed and stated he would conduct checks with the resident as needed up to 90 days or as long as needed to make sure the resident is safe from retaliation. There have been no cases of retaliation during the rating period. Staff interviews and a review of policy confirmed compliance with this standard.

### Standard 115.271 Criminal and administrative agency investigations

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

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

Policy PER 52, PREA/Reporting & Investigations, addresses this standard. The Residential Manager and PREA Coordinator are trained to conduct administrative investigations. The local police department will be contacted if there appears to be grounds for a criminal investigation. All staff interviewed were aware of the proper investigative procedures for administrative and criminal cases. There were no criminal investigations during this audit period. The Residential Manager stated the facility would cooperate fully with any outside agency who conducts an investigation. Staff interviews and a review of policy confirmed compliance to this standard.

### Standard 115.272 Evidentiary standard for administrative investigations

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

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

Policy PER 52, PREA/Reporting & Investigations, addresses this standard. Investigator interviews indicated the evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigators were aware of the policy addressing the evidence standard.

### Standard 115.273 Reporting to residents

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

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

Policy PER 52, PREA/Reporting & Investigations, section 7, addresses this standard. All residents will be informed of the findings of the investigation. The victim will also be notified of the status of the perpetrator, either staff or resident. All reporting is to be in writing. If the allegation and investigation involves staff, the facility is to inform the victim whenever the staff member is no longer in the resident's facility, if the staff member is no longer employed at the facility, when the staff member has been indicted on a charge related to sexual abuse within the facility or when the staff member has been convicted on a charge related to sexual abuse within the facility. There were no criminal investigations completed during the audit period. Compliance to this standard was determined through interviews with facility investigators and documentation review.

### Standard 115.276 Disciplinary sanctions for staff

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

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

Policy PER 15, Disciplinary Actions, addresses this standard. Appropriate discipline for staff, contractors, and residents is addressed in policy and meets the intent of the standard. The Collective Bargaining Agreement between the State of Iowa and (AFSCME) American Federation of State, County and Municipal Employees, Council 61 AFL-CIO allows for disciplinary sanctions against staff including termination for sexual abuse/harassment of an resident. All terminations for violations of agency sexual abuse or harassment policies will be reported to law enforcement agencies. There have not been any reported cases of staff engaging in sex with residents during the previous 12 months. Policy states that staff are subject to disciplinary sanctions up to and including discharge for violating agency sexual abuse or sexual harassment policies. Policy also states 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. An interview with a facility investigator and a review of documentation confirm that the facility is in compliance with this standard.

### Standard 115.277 Corrective action for contractors and volunteers

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

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

Policy PER 27, Sexual Misconduct with Offenders, addresses this standard. During the audit period there were no contractors or volunteers accused of sexual abuse/harassment of an resident. Interviews with the Residential Manager indicated contractors or volunteers would be terminated immediately if they were found to have engaged in sexual abuse or harassment of an resident. Any criminal activity will be reported to law enforcement immediately. In the past 12 months, there were no contractors reported to have engaged in any act of sexual abuse with a resident. Interviews with staff and an examination of documentation confirm compliance to this standard.

### Standard 115.278 Disciplinary sanctions for residents

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

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

Policy DRS 2F, Resident Rules, section 14, address this standard. There were no incidents that required a resident to be disciplined for activities involving sexual abuse or harassment during this rating period. 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 facility does not discipline residents who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. An interview with a facility investigator and a review of policy confirmed compliance to this standard.

### Standard 115.282 Access to emergency medical and mental health services

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

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

Policy DRS 46, PREA/Staff Protocols and Responses to Sexual Abuse, section 5, addresses this standard. The facility will refer residents to Allen Hospital for emergency medical care and the Riverview Center for counseling. The treatment will be offered at no financial cost to the victim. Policy states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviews with administrative staff and a review of policy confirmed compliance to this standard.

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

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

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

Policy PRS 46, PREA/Staff Protocols and Responses to Sexual Abuse, addresses this standard. Any ongoing medical services and counseling services related to the sexual abuse incident will be provided at no charge to the resident. The evaluation and treatment of such victims shall include follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities. Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate. Services are without financial cost to the resident. Compliance with this standard was determined by policy review, an interview with hospital staff, an interview with the local victim advocate and administrative staff interviews.

### **Standard 115.286 Sexual abuse incident reviews**

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

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

Policy PER 52, PREA/Reporting & Investigations, section 5, addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. All investigations ordinarily will be completed within 30 days. A review team consisting of the PREA Compliance Manager, the Assistant Director, the District Director, and other appropriate staff, will conduct a thorough review of each incident. The team will determine if the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. They will consider whether the incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, trans-gender or inter sex identification, status, or perceived status. They will also consider if gang affiliation was motivated or otherwise caused by other group dynamics. If the incident happened in the facility they will assess whether physical barriers in the area may enable abuse, the adequacy of staffing levels, and whether monitoring technology should be deployed or augmented to supplement supervision by staff. Two facility staff have been properly trained on conducting sexual abuse investigations in a correctional setting. These staff include the Residential Manager and PREA coordinator. Compliance of this standard was determined by interviews of administrative staff, policy review and a review of the PREA Incident Review Form.

### Standard 115.287 Data collection

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

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

Policy PER 52, PREA/Reporting & Investigations, section 9, addresses this standard. The facility will collect accurate uniform data for every allegation of sexual abuse/harassment. The agency aggregates all data annually and posts it on their website for public review. The auditor reviewed the annual report. The incident-based data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (provided by the IDOC). The agency aggregates all data annually and reviews it annually. The auditor reviewed the annual report. Compliance with this standard was determined based on an interview with the Residential Manager, PREA Coordinator and a review of policy and the most recent annual report.

### Standard 115.288 Data review for corrective action

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

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

Policy PER 52, PREA/Reporting & Investigations, section 10, addresses this standard. The agency will compile, review, and assess all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies. The facility PREA Coordinator forwards data to the Iowa Department of Corrections. An annual report is prepared and placed on the department's website [www.iowacbc.org](http://www.iowacbc.org). The auditor reviewed the most recent annual report. Compliance with this standard was determined based on an interview with the PREA Coordinator, a review of policy and an examination of the most recent annual report.

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

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

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

Policy PER 52, PREA/Reporting & Investigations, section 11, addresses this standard. The facility PREA Coordinator reviews data compiled and issues a report to the Iowa Department of Corrections. The data is securely retained and published on the department website. The data is securely retained and published on the Department's website. Compliance with this standard was determined based on an interview with the PREA Coordinator and a review of policy and examining the most recent annual report.

**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.

Dudley Kesler

June 13, 2017

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date