

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

Interim Final

Date of Interim Audit Report: 9/8/20 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 9/14/20

Auditor Information

Name:	Sonya Love	Email:	sonya.love-smith@nakamotogroup.com
Company Name:	The Nakamoto Group		
Mailing Address:	11820 Parklawn Drive, Suite 240	City, State, Zip:	Rockville, MD 20852
Telephone:	: 478-278-8022	Date of Facility Visit:	August 18-19, 2020

Agency Information

Name of Agency:	First Judicial District Department of Correctional Services		
Governing Authority or Parent Agency (If Applicable):	Iowa Department of Corrections		
Physical Address:	314 E. 6th Street	City, State, Zip:	Waterloo, Iowa 50704
Mailing Address:	Click or tap here to enter text.		
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 checked="" type="checkbox"/> County	<input type="checkbox"/> State <input type="checkbox"/> Federal
Agency Website with PREA Information:	www.firstdcs.com		

Agency Chief Executive Officer

Name:	Ken Kolthoff, District Director		
Email:	kenneth.kolthoff@iowa.gov	Telephone:	319-236-9626 ext. 1265

Agency-Wide PREA Coordinator

Name:	Ross Todd		
Email:	ross.todd@iowa.gov	Telephone:	(319) 292-1265
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:		
Ken Kolthoff, District Director	4		

Facility Information

Name of Facility:	Waterloo Women's Center for Change
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Physical Address: 1515 Lafayette Street		City, State, Zip: Waterloo, Iowa, 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:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: www.firstdcs.com			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input checked="" type="checkbox"/> Other (please name or describe: Iowa Department of Corrections)			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.			
Facility Director			
Name: Bob Ames			
Email: Robert.ames@iowa.gov		Telephone: (319) 292-1319	
Facility PREA Compliance Manager			
Name: Bob Ames			
Email: Robert.ames@iowa.gov		Telephone: (319) 292-1319	
Facility Health Service Administrator <input checked="" type="checkbox"/> 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:	45		
Current Population of Facility:	19		
Average daily population for the past 12 months:	38.9		
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males		
Age range of population:	20-60		
Average length of stay or time under supervision	3.9 months		

Facility security levels/resident custody levels	
Number of residents admitted to facility during the past 12 months	163
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	158
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	121
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input 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 provider <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:	23
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:	5
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.	0
Number of single resident cells, rooms, or other enclosures:	3
Number of multiple occupancy cells, rooms, or other enclosures:	21
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 (including Audit Methodology)

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

Pre-audit Preparation

Prior to the onsite portion of the audit, this Auditor had discussions with the PREA Coordinator for the First Judicial District Department of Correctional Services, Waterloo Women's Center for Change begin requesting and collecting data relative to the upcoming PREA audit.

Document Request

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

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

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

posted in the facility on March 10, 2010. The PREA Coordinator provided the Auditor with a time stamped photographic of the PREA notice for her records.

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

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

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of First Judicial District Department of Correctional Services, Waterloo Women's Center for Change held on August 18, 2020 by The Nakamoto Group, PREA certified Auditor Sonya Love. The population on the first day of the audit was 19 with a designated population of 45 female residents. The age range of the population was 18 and up. A meeting took place with the Residential Manager/PREA Compliance Manager, agency PREA Coordinator, and Residential Supervisor/PREA Retaliation Monitor. The Auditor outlined her sampling strategy, discussed logistics for the facility tour, interview schedule and the need to review additional policies and supplemental documents. Moreover, the first day of the onsite portion of the audit at First Judicial District Department of Correctional Services, Waterloo Women's Center for Change with the Residential Manager/PREA Compliance Manager, agency PREA Coordinator, and Residential Supervisor/PREA Retaliation Monitor.

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

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

Category of Staff Interviewed	Interviews Conducted
Random Staff	6
Specialized Staff	12
Other Staff Interactions During the Facility Tour	Interviews Conducted
Staff Interactions during the facility tour	3
Staff who refused to be interviewed	0
Total Staff Interviewed	3
Category of Specialized Staff Interviewed	Interviews Conducted
Agency Contract Administrator	0
Agency PREA Coordinator	1
Intermediate or higher-level facility staff responsible for conducting an unannounced round	1
Line staff who supervise youthful inmates if any	0

Education staff who work with youthful inmates if any	0
Program staff who work with youthful inmates if any	0
Medical staff	0
Mental health staff	0
Administrative staff	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	0
Contractor who have contact with inmates	1
Facility Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise inmates in segregated housing	0
Intake	1
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Total	12

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

Other specialized interviews and contact included:

1. District Director/First Judicial District Department of Correctional Services, agency head
2. Residential Manager/PREA Compliance Manager, Waterloo Women’s Center for Change
3. Residential Supervisor/PREA Retaliation Monitor, Waterloo Women’s Center for Change
4. Human Resources/ First Judicial District Department of Correctional Services, agency

National/State Advocacy Organizations

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

Residents

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

Site Review

Immediately following the opening meeting, a tour of the facility was completed. The Auditor was escorted throughout the facility by the PREA Coordinator. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

During the facility tour the Auditor noted that PREA related signage was posted was posted in English and Spanish. The posted signage was located throughout the facility.

Each resident (100%) that participated in audit sample population affirmed the ability to shower, dress, and use the toilet without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted.

Postings regarding how inmates can report PREA violations and the Agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed on the living units, common areas, and throughout the facility.

Resident interviews confirmed that PREA notices were posted well in advance of the on-site visit. Observations noted during the tour that telephones were accessible located in the

common area and at the control room. Victim advocacy and third-party reporting information was displayed in the common area near a row of pay phones. With authorization residents are permitted to possess personal cell phones which provides some residents phone access other than the pay phones located in the facility and the control room desk phone. The facility eliminated blind spots with camera placement throughout the facility. Cameras were monitored by staff at a central location with good sightlines. From the control room Residential Officers are afforded direct visual observation of meeting and leisure rooms were glass enclosures providing staff enhanced monitoring capabilities to prevent, detect and respond to sexual abuse and sexual harassment in the facility. Cameras captured the hallways while providing residents with a measure of privacy to dress, use the toilet and shower without opposite gender staff viewing.

- Multipurpose Electrical Room (key entry only)
- Closets (key entry)
- Emergency exits alarms on all exits

Facility Characteristics

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

The Iowa Department of Corrections

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

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

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

First Judicial District Department of Correctional Services

The First Judicial District Department of Correctional Services and Waterloo Women's Center for Change 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 First Judicial District Department of Correctional Services 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.

Waterloo Women's Center for Changes

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, comprising the First Judicial District.

In June 2011, construction of the Waterloo Women's Center for Change at 1515 Lafayette Street, Waterloo, Iowa was completed. This new facility is dedicated to serve female offenders in the Waterloo area. The center combines both residential and field services programming with 45 residential beds and office space for probation officers and other staff.

Today the Waterloo Women's Center for Change houses female residents under various supervision statuses including probation, parole, state work release, jail inmates serving sentences, and federal offenders. Facility Residents may participate in Department of Correctional Services treatment or special programs such as the Sex Offender Treatment Program (SOTP), OWI Offender Program, and the Iowa Domestic Abuse Program (IDAP).

Waterloo Women's Center for Change is a non-secure community-based correctional facility for females that provides 24-hour correctional supervision and services in a community setting as an alternative to jail or prison. Offenders may leave the facility for approved purposes such as for job-seeking, employment, or treatment.

Pretrial services provide supervision for some arrestees prior to disposition of their criminal charges, to ensure all court appearances and obligations are met.

Presentence investigations are conducted to provide the court with background information on a defendant as specified in the Iowa Code to assist the judge in determining an appropriate sentence that most effectively serves the offender and utilizes correctional resources wisely.

Probation supervision is provided when the sentencing judge determines the offender should remain in the community, in lieu of incarceration, or a stay in jail. Offenders placed on probation undergo an objective assessment process to determine an appropriate level of supervision to address community risk and case planning needs. Supervision levels range from minimal to intensive and may involve electronic monitoring. Referrals to correctional programs, local treatment providers, and other resources occur as appropriate.

Parole supervision is provided when the board of parole determines the offender should receive a period of supervision following prison incarceration. Offenders placed on parole undergo the same assessment, case planning and treatment referral processes provided to probationers.

Special sentence supervision is provided to sex offenders per the Iowa Code after the criminal penalty portion of the sentence has been served. Depending on the convicting offense, special sentence supervision may be five years, or lifetime. Offenders on special sentence supervision undergo the same assessment, case planning and treatment referral processes provided to other supervised offenders.

Residential correctional facilities house several different offender populations such as:

1. Work Release. Offenders who are transitioning from prison to the community per decision by the board of parole,

2. OWI Continuum. Offenders sentenced to prison for second, third or subsequent offense drunk driving may be diverted to residential correctional facilities to receive substance abuse treatment per the Iowa Code.
3. Probation. Offenders ordered to community supervision by the sentencing judge may be required to reside in a residential correctional facility for a period, as an alternative to incarceration.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

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

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

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

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Instructions for Overall Compliance Determination Narrative

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

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

The First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, PER 27, supports Standard 115.211. The policy indicates that 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, First

Judicial District Department of Correctional Services 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.

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

The written policy outlined by the First Judicial District Department of Correctional Services is evidence of the agency’s efforts to prevent, detect, and respond to all allegations of sexual abuse and sexual harassment. The First Judicial District Department of Correctional Services has a designated PREA Coordinator/Executive Officer, Ross Todd. A review of the organization chart illustrates that the position of PREA Coordinator is located in the upper level of the agency hierarchy and reports to First Judicial District Director, agency head.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel (PER) 27
3. First Judicial District Department of Correctional Services, Training & Development, PER 31
4. Iowa Code Section 709.16(1), Sexual misconduct with offenders and juveniles
5. First Judicial District Department of Correctional Services Organizational Chart
6. Interviews with the following:
 - a. District Director/First Judicial District Department of Correctional Services, agency head
 - b. Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
 - c. Residential Manager/PREA Compliance Manager (PCM), Waterloo Women’s Center for Change

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered 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*)

Instructions for Overall Compliance Determination Narrative

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

Not Applicable-The facility does not contract with other entities for the confinement of residents. Waterloo Women's Center for Change met the requirements for Standard 115.212.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Residential Specific (DRS) 46, PREA/Staff Protocols and Responses to Sexual Abuse, addresses Standard 115.213.

The Waterloo Women's Center for Change, facility staffing report is created by the agency PREA Coordinator who facilitates a review of the recommended plan. Further, the review process when applicable could include a modification, recommendations, or substantial changes when necessary to the staffing plan. The Waterloo Women's Center for Change, Residential Manager/PREA Compliance Manager (PCM) reviews the staffing plan and includes any need for resources and any recommendations. After the review occurs between the PCM and PREA Coordinator the final phase of the review process culminates with First Judicial District Director for his approval of the staffing plan.

In circumstances where the staffing plan is not complied with, the PCM indicated that he would document the incident and justify any deviation from the plan. The 2019 staffing plan omits mention of circumstances that would warrant documentation of a deviation from the staffing plan. The 2019 and 2020 staffing plans were submitted for review and approval by First Judicial District Director/agency head. The 2019 staffing plan also did not indicate a deviation for the original staffing plan. The 2019 and 2020 staffing plans included the following considerations:

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

Factors omitted for consideration included:

- a) The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- b) Notation of the consideration of any deviation from the previous staffing plan or notation no deviations from the staffing plan in the previous year.

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

The Auditor examined staffing plans for years 2013-2020. The 2019 staffing plan made no mention of instances when the facility deviated from the prescribed staffing plan. Waterloo Women's Center for Change

developed a 2020 staffing plan. Problematic, the 2019 and 2020 staffing plans omit any consideration of the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

The PAQ, Standard 115.213 (b)1, indicated that in 2019 and 2020 there were zero deviations from the facility staffing plan. The information contained in the PAQ with respect to Standard 115.213 (b) 1 was confirmed during an interview with the Waterloo Women's Center for Change, Residential Manager/PREA Compliance Manager (PCM) and the agency PREA Coordinator.

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. Waterloo now meets the criteria for this this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel (PER) 27
3. First Judicial District Department of Correctional Services, District Residential Specific (DRS) 46, PREA/Staff Protocols and Responses to Sexual Abuse
4. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel (PER) 41.
5. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with First Judicial District Director/First Judicial District Department of Correctional Services, agency head
7. Interview with the Residential Manager/PREA Compliance Manager (PCM), Waterloo Women's Center for Change

Corrective Action:

1. The Auditor interviewed the PREA Coordinator regarding the 2019 staffing plans. The PREA Coordinator denied any circumstances where the staffing plan was not complied with in 2019.
2. The Auditor interviewed First Judicial District Director/agency head regarding the 2019 staffing plans. He denied any circumstances where the staffing plan was not complied with in 2019.
3. The Auditor interviewed the Residential Manager for Waterloo Women's Center for Change regarding the 2019 staffing plans. He denied any circumstances where the staffing plan was not complied with in 2019.
4. The PREA Coordinator modified the 2020 staffing plan to include factors such as the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The agency provided the Auditor with a copy of the revision to the facility 2020 staffing plan.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Procedure, Case Management (CM 40), Search & Seizure/Contraband Control, and District Residential Specific (DRS) 46, PREA/Staff Protocols and Responses to Sexual Abuse, address Standard 115.215.

Policy CM 40 authorizes employees to initiate search and seizure procedures with any offender assigned to the agency's supervision, any visitors entering department property or any agency employee so long as the search is within the scope of the employee's responsibilities, when appropriate and necessary to accomplish the goals and objectives of the agency and to maintain the security of the residential facility. According to the PREA Coordinator and the Residential Manager/PCM all strip searches require supervisory approval prior to being performed and requires a justifiable cause such as a breach in security. Random interviews with Residential Officers confirmed their understanding of the agency's policy regarding cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners.

District Residential Specific (DRS) 46 mandates that all staff shall announce their presence when entering an area where residents of the opposite sex are likely to be showering, performing bodily functions, or changing clothing. Residents (random and targeted) (100%) reported that staff of the opposite gender announce their presence before entering the housing areas. Moreover, residents (random and targeted) (100%) indicated that all Waterloo staff are respectful of their privacy when on the toilet, showering or changing clothes without being viewed by the opposite gender except in exigent circumstances or when such viewing is incidental to routine cell checks.

The agency prohibits cross-gender strip and body cavity searches, except in exigent circumstances. Policy CM 40 indicates that any potential strip searches would be completed by staff of the same gender as the resident and documented. Interviews with random staff indicated there are no cross-gender pat down searches of female residents conducted.

CM 40 also indicates the facility will never search or physically examine a transgender or inter sex resident for the sole purpose of determining the resident's genital status. Staff (random and specialized) were

equally aware of the policy prohibiting the search of transgender or inter sex residents to determine their genital status and that if a resident's genital status is unknown, the facility could determine the genital status during a private interview with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner in the community or review of secondary documents such as medical records. During this audit period the Auditor interviewed zero transgender or intersex residents.

Problematic, the facility does not train staff on how to conduct cross-gender pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. After corrective action Waterloo Women's Center for Change met the requirements of Standard 115.215.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific (DRS) 46, PREA/Staff Protocols and Responses to Sexual Abuse
3. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel (PER) 41.
4. Case Management (CM 40), SEARCH & SEIZURE/CONTRABAND CONTROL
5. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with Random staff (Residential Officers)
7. Interview with Random and Targeted Residents
8. Interview with the Residential Manager/PREA Compliance Manager (PCM), Waterloo Women's Center for Change.
9. Facility tour of the Waterloo Women's Center for Change

Corrective Action:

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

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

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

115.216 (a)

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

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

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services Department Policy and Procedure, INTERPRETATION/TRANSLATION SERVICES, CM 22, and PREA/Offender Information & Reporting, CM 32, address Standard 115.216.

The agency and the Waterloo Women's Center for Change take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, such as a resident who is deaf or hard of hearing, with cognitive challenges, blind or has low vision, limited English proficiency (LEP), or a residents who has speech disabilities. The agency has an on-demand relationship with CTS LanguageLink. The vendor, CTS LanguageLink is a leading provider of language services, supporting a full suite of translation, interpretation, and localization solutions. The company services over 240 languages and dialects and a state-of-the-art call center.

The policy, INTERPRETATION/TRANSLATION SERVICES, CM 22, provides for a variety of interpretive services for residents in over 240 languages and uses multiple communication platforms such as sign language for the hearing impaired. The agency also provides the facility with a Resource Guide for Interpretation/Translation Services for a listing of interpreters and agencies available to provide services to assistance staff in taking reasonable steps to ensure that residents have meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Auditor examined the procedure the agency takes to provide resident with interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

Staff (random and specialized) interviewed were aware that except in exigent circumstances resident interpreters or assistants are prohibited to assist another resident with a PREA incident. Waterloo Women's Center for Change met the requirements for Standard 115.216.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific, DRS 46, PREA/Staff Protocols and Responses to Sexual Abuse
3. First Judicial District Department of Correctional Services, Department Policy and Procedure, Personnel, Sexual Misconduct with Offenders, Personnel, PER 41.
4. First Judicial District Department of Correctional Services, Department Policy and Procedure, Case Management (CM 22), INTERPRETATION/TRANSLATION SERVICES
5. First Judicial District Department of Correctional Services, Department Policy and Procedure, Case Management, PREA/Offender Information & Reporting, CM 32
6. First Judicial District Department of Correctional Services, Department Policy and Procedure, PREVENTION OF SEXUAL MISCONDUCT form, CM 53F
7. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with Random staff (Residential Officers)
7. Interview with the Residential Manager/PREA Compliance Manager (PCM), Waterloo Women's Center for Change.
8. Facility tour of the Waterloo Women's Center for Change
9. Instruction for accessing interpretive services
10. List of interpretive languages provided by service provider, CTS Language Link, 1-800-208-2620, www.ctslanguagelink.com

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services Department Policy and Procedure Policy, Vacancy/Recruitment/Selection, Personnel, PER 35, address this standard.

A Human Resources (HR) representative for the agency confirmed that the First Judicial District Department of Correctional Services prohibits the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The HR representative also indicated that all employees and contractors had background checks completed prior to hiring and that the agency prohibits the hiring of individuals convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in criminal activity as described in Standard 115.217. The agency imposes upon employees a continuing affirmative duty to disclose any such misconduct to a supervisor. Further, the same HR representative indicated that the agency would provide information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The PREA Coordinator submitted evidence of compliance with this standard by submitting personnel form, PER 16F, which is completed by potential employees being considered for employment. Any false information submitted by an applicant is grounds for termination. The employment form contains a PREA Section which ask the applicant to:

1. List any prison, jail, lock-up, community confinement facility, juvenile facility, or other institution you have previously worked in.
2. Have you engaged in sexual abuse in a prison, jail, lock-up, community confinement? facility, juvenile facility, or other institution?
3. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
4. Have you been civilly or administratively adjudicated to have engaged in the activities described in the previous two questions?

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

According to the PREA Coordinator, the agency has a process in place to monitor criminal background checks and ensure that updated background checks are conducted at least every five years. Policy and the employee application confirmed that the agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination or dismissal.

Staff promotions also require a criminal background check before a promotion is approved by managers. Problematic, the Auditor found at least one instance where a background check did not occur prior to promotion of an employee. The facility corrected this problem by completing a criminal background check on the employee in question and re-training staff. After corrective action, the facility met the requirement of Standard 115.217.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific, DRS 46, PREA/Staff Protocols and Responses to Sexual Abuse
3. First Judicial District Department of Correctional Services, Department Policy and Procedure, Personnel, Sexual Misconduct with Offenders, Personnel, PER 41.
4. First Judicial District Department of Correctional Services Department Policy and Procedure Policy, Vacancy/Recruitment/Selection, Personnel, PER 35
5. First Judicial District Department of Correctional Services, Department Policy and Procedure, Employment application, PER 16F
6. Interview with an HR representative, First Judicial District Department of Correctional Services
7. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
8. Interview with the Residential Manager/PREA Compliance Manager (PCM), Waterloo Women's Center for Change

Corrective Action:

1. The agency completed a criminal background check on an employee promoted in the last 12-month period. The agency provided the Auditor with a copy of a completed background check.
2. The PREA Coordinator issues a memorandum to HR reviewing the requirements of Standard 115.217.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

There have been no major upgrades at this facility or to technologies since the previous PREA audit. Waterloo Women's Center for Change met the requirements for Standard 115. 218.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *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*)

Instructions for Overall Compliance Determination Narrative

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

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

First Judicial District Department of Correctional Services Department Policy and Procedure Policy, District Residential Specific, DRS 46, PREA/Staff Protocols and Responses to Sexual Abuse and, address Standard 115.221. The protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The Executive Officer/PREA Coordinator and the Waterloo Women's Center for Change, Residential Manager/PCM are both PREA trained investigator for administrative PREA related incidents. During individual interviews, each interviewee indicated that in the role as administrative investigator of PREA incidences they would follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

In the event of a sexual assault, Waterloo Women's Center for Change would employ the services of The Waterloo Police Department or the Iowa Department of Criminal Investigations (State Police) if evidence suggest a crime has been committed. Both agencies have the legal authority to investigate criminal behavior. During interviews staff (random and specialized) were aware who is responsible for conducting investigations.

Likewise, The PREA Coordinator explained that victims of sexual assault would be transported to Allen Hospital (Unity Point) for an examination performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or a qualified medical practitioner. The PREA Coordinator confirmed 115.221 (c) 6-7 that:

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

The agency has a Memorandum of Understanding (MOU) with Riverview Center. The Riverview Center provides sexual assault services in a 14 county Northeast Region of Iowa, as well as sexual or domestic violence services in Jo Daviess and Carroll Counties in Illinois. Services include does this person provide emotional support, crisis intervention, information, and referrals. Their services are free regardless of biological sex, gender identity/expression, sexual orientation, immigration status, English proficiency, race and/or ethnicity, incarceration status, disability, or background. The Riverview Center, Waterloo office has a Sexual Assault Therapist and three (3) Sexual Assault Advocates serving Black Hawk, South Fayette, and Bremer Counties. The agency uses qualified community-based staff from the Riverview Center they have been screened for appropriateness to serve in their roles and received education concerning sexual assault and forensic examination issues in general.

Available day or night, 365 days a year, the Crisis Hotline is confidential by contacting the Sexual Assault Hotline:888-557-0310. The MOU indicated that Riverview Center will provide services such as resources to help assist residents through the criminal justice system, victim advocacy and, forward any PREA reports of sexual assault or third-party reports to the agency PREA Coordinator for investigation.

Staff were aware who was responsible for conducting investigations. There were no forensic medical examinations conducted during the previous 12 months. After corrective action compliance with this standard was determined by interviewing the Executive Officer/PREA Coordinator, Residential

Manager/PREA Compliance Manager, staff (random and specialized), a victim advocate, a hospital representative, website search of local hospitals, and policy review. Waterloo Women's Center for Change met the requirements of Standard 115.221.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific, DRS 46, PREA/Staff Protocols and Responses to Sexual Abuse
3. First Judicial District Department of Correctional Services, Department Policy and Procedure, Personnel, Sexual Misconduct with Offenders, Personnel, PER 41
4. Memorandum of Understanding with Riverview Center effective October 1, 2016 to September 30, 2019, for services and support of victims of sexual abuse and sexual harassment
5. Memorandum of Understanding with Riverview Center effective April 1, 2019 to March 31, 2022
6. Memorandum of Understanding with Riverview Center effective October 1, 2013 to September 30, 2016
7. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor".
8. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
9. Interview with the Residential Manager/PREA Compliance Manager (PCM), First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
10. Interviews with staff (random and specialized)
11. Internet search: Riverview Center, Waterloo, IA
12. Internet search: local hospital

Corrective Action:

The agency does not have a MOU with a local hospital. A representative from the local hospital indicated that the hospital accepts any individual of a sexual assault for treatment. Waterloo could not demonstrate any written attempts to gain a MOU with a local hospital for SANE/SAFE examinations, treatment, and follow-up services. The Executive Officer/PREA Coordinator corresponded with a local hospital to obtain a contractual agreement to satisfy this standard. The Executive Officer/PREA Coordinator provided the Auditor with a copy of the correspondence and document its efforts to provide SAFEs or SANEs to the residents of Waterloo Women's Center for Change.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel (PER) 27 and First Judicial District Department of Correctional Services, Personnel, PREA/Reporting & Investigations (PER) 52 address this standard.

According to First Judicial District Director/agency head, the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Furthermore, the agency has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The practice in place was outlined to the Auditor by the PREA Coordinator. Waterloo Women's Center for Change utilized the Waterloo Police Department or the Iowa Department of Criminal Investigations to investigate prosecutable crimes. The agency published such policy on its website at www.firstdcs.com. The agency published the following excerpt:

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

Waterloo Women's Center for Change met the requirements of Standard 115.222.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel (PER) 27
3. First Judicial District Department of Correctional Services, Personnel, PREA/Reporting & Investigations (PER) 52
3. Interview with First Judicial District Department of Correctional Services, agency head
4. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
5. Internet search: www.firstdcs.com for policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, Personnel, Training and Development, PER 32 and Sexual Misconduct with Offenders, Personnel (PER) 27, address Standard 115.231. The Waterloo Women's Center for Change has an Annual Training Plan that supports this standard. The Iowa Department of Corrections (IDOC) provides First Judicial District, First Judicial District Department of Correctional Services, with web-based E-Learning modules on PREA standards.

Any contractor or volunteer providing services to the Waterloo Women's Center for Change is also provided PREA training and orientation based upon their respective duties and responsibilities. The PREA Compliance Manager confirmed that when applicable a contractor or volunteer would be required to complete PREA training before providing services to the Waterloo Women's Center for Change.

Waterloo staff are required to successfully complete PREA training. The Auditor interviewed a sample of random staff. All staff (100%) persons interviewed confirmed that PREA training included all elements of 115.231 outlined in the standard. By examination of training files (12), the Auditor determined that Waterloo staff completed PREA refresher training at least every two years.

Moreover, all staff are required to participate in a yearly refresher training offered by the facility includes PREA related subject matter. Random staff sampled during the audit confirmed that the agency provides PREA related information on a continuous basis throughout the year. The Auditor examined training records for each sample participant (random and specialized). All staff (random and specialized) interviewed indicated they had received PREA training. Orientation training for new employees includes PREA related subject matter such as (PER 32F):

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

Waterloo Women's Center for Change met the requirements of Standard 115.231.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, Personnel, Training and Development Personnel 32
3. First Judicial District Department of Correctional Services, Personnel, Training and Development Personnel 32 F (training form)
4. First Judicial District Department of Correctional Services, Personnel, Training and Development Personnel 29F (In house training form)
5. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel PER 27
6. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
7. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
8. Interview with a contractor, First Judicial District Department of Correctional Services
9. Interview with a random staff, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, Personnel, Training and Development, PER 32 and Sexual Misconduct with Offenders, Personnel (PER) 27, address Standard 115.232. The Waterloo Women's Center for Change has an Annual Training Plan that supports this standard. The Iowa Department of Corrections (IDOC) provides First Judicial District, First Judicial District Department of Correctional Services, with web-based E-Learning modules on PREA standards.

Any contractor or volunteer providing services to the Waterloo Women's Center for Change is also provided PREA training and orientation based upon their respective duties and responsibilities. The PREA Compliance Manager confirmed that when applicable a contractor

or volunteer would be required to complete PREA training before providing services to the Waterloo Women's Center for Change.

Waterloo staff are required to successfully complete PREA training. The Auditor interviewed a sample of random staff. All staff (100%) persons interviewed confirmed that PREA training included all elements of 115.231 and 115.232 as outlined in the standard. By examination of training files (12), the Auditor determined that Waterloo staff completed PREA refresher training at least every two years.

Moreover, all staff are required to participate in a yearly refresher training offered by the facility includes PREA related subject matter. Random staff sampled during the audit confirmed that the agency provides PREA related information on a continuous basis throughout the year. The Auditor examined training records for each sample participant (random/specialized/contractor). All staff (random/specialized/contractor) interviewed indicated they had received PREA training. Orientation training for new employees includes PREA related subject matter such as (PER 32F):

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

Waterloo Women's Center for Change met the requirements of Standard 115.232.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, Personnel, Training and Development Personnel 31
3. First Judicial District Department of Correctional Services, Personnel, Training and Development Personnel 32 F (training form)
4. First Judicial District Department of Correctional Services, Personnel, Training and Development Personnel 29F (In house training form)
5. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel PER 27
6. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
7. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
8. Interview with a contractor, First Judicial District Department of Correctional Services
9. Interview with a random staff, First Judicial District Department of Correctional Services
10. Interview with a specialized staff, First Judicial District Department of Correctional Services
11. First Judicial District Department of Correctional Services, Personnel, Student Intern/Volunteer Policy Review and Acknowledgement, PER 71F

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Offender Information & Reporting, CM 32, District Residential Specific, Intake, DRS 23, and First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel PER 27 address Standard 115.233.

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.

During intake, Waterloo residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment, their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. Furthermore, residents receive information regarding agency policies and procedures for responding to such incidents in the form of posters displayed on the living units, common areas and pamphlets. A Residential Officer who conducts intake of new residents confirmed during her interview that the facility and by extension the agency would provide refresher information whenever a resident is transferred to a different facility. A resident transferring to Waterloo Women's Center for Change would be considered a new admission and therefore complete the entire intake and orientation process which includes PREA education and resident rights and responsibilities. Interviews with a sample of random and targeted residents confirmed that each resident's PREA related education was delivered on a platform understandable and accessible to all residents, including those who: Are limited English proficient, deaf, suffers with visual impairment, with limited reading skills or otherwise. The Auditor sampled documentation maintained by the facility validating a resident's participation PREA related education. Waterloo Women's Center for Change met the requirements for Standard 115.233.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Offender Information & Reporting, CM 32,
3. District Residential Specific, Intake, DRS 23
4. First Judicial District Department of Correctional Services, Interpretation/Translation Services, CM 22
5. First Judicial District Department of Correctional Services, Protection from Abuse and Client Grievance Procedure, CM 35 F
6. First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel, PER 27
7. Video: PREA Education (English)
8. Video: PREA Education (Spanish)
9. Handout: Prevention of Sexual Misconduct Form, CM 53F
10. Random and targeted residents
11. Interview with a Residential Officer, Intake
12. Facility tour

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PER 31, Training and Development, addresses Standard 115.234.

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

The agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement setting. More, the Auditor examined certificates of completion for specialized investigators (13) training on the, Introduction to Conducting PREA Investigations for staff such as the PREA Coordinator, Residential Manager, and other members of administration in the First District Department of Correctional Services. First District Department of Correctional Services investigations are limited to administrative investigation with criminal investigations being conducted by an entity with the legal to conduct criminal investigations such as the Waterloo Police Department or the Iowa Department of Criminal Investigations. Waterloo Women's Center for Change met the requirements for Standard 115.234.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Certificate of Completion of Specialized Training, Jon Reeg
4. Certificate of Completion of Specialized Training, Al Hoff
5. Certificate of Completion of Specialized Training, Wendy Lyons
6. Certificate of Completion of Specialized Training, Bob Ames
7. Certificate of Completion of Specialized Training, Denise Cooper
8. Certificate of Completion of Specialized Training, Traci Suarez
9. Certificate of Completion of Specialized Training, Ross Todd
10. Certificate of Completion of Specialized Training, Johnny Hill
11. Certificate of Completion of Specialized Training, Dave Campbell
12. Certificate of Completion of Specialized Training, Gene Bries
13. Certificate of Completion of Specialized Training, Tyler Granberg
14. Certificate of Completion of Specialized Training, Emily Wulfekuhle
15. Certificate of Completion of Specialized Training, Brad Gordon
16. Training Modules: Training for Correctional Investigators: Investigating Incidents of Sexual Abuse Investigating Sexual Misconduct: Training for Correctional Investigators, PP 1-11, Moss Group, PREA Resource Center

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Waterloo Women for Change obtains medical and mental health services in the community. Waterloo met the requirements for Standard 115.235.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about

his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard 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*)

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, District Residential Specific, DRS 45, PREA/Sexual Violence Propensity Assessment addresses this standard.

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

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

Passwords are required to access the 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. The Waterloo Residential Manager/PCM and the Executive Officer/PREA Coordinator each indicate that residents do not receive disciplinary reports for refusing to answer questions

during the process. Residents sampled during this audit confirmed that they were not disciplined for failing to answer questions during the intake process.

The PREA Coordinator also confirmed that the First District for Correctional Services has 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. Waterloo met the requirements for Standard 115.241.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
4. Interview with a Parole/Probation Officer/SVP assessment
5. Interviews with residents (Random and Targeted)
6. SVP Scoring Guide
7. SVP samples
8. First Judicial District Department of Correctional Services, District Residential Specific, DRS 45, PREA/Sexual Violence Propensity Assessment

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, District Residential Specific, DRS 45, PREA/Sexual Violence Propensity Assessment addresses Standard 115.242.

First Judicial District Department of Correctional Services uses information from the risk screening required by § 115.241 and 115.242, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work, program and bed assignments using the Sexual Violence Propensity (SVP) Assessment as needed but on arrival to the facility. The Auditor conducted interviews with the Residential Manager/PCM and the Executive Officer/PREA Coordinator regarding this standard. Both the Residential Manager/PCM and the Executive Officer/PREA Coordinator confirmed that during the intake process, First Judicial District makes individualized determinations about how to ensure the safety of each resident during the intake process.

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

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

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
4. First Judicial District Department of Correctional Services, District Residential Specific, DRS 45, PREA/Sexual Violence Propensity Assessment
5. Interview with a Parole/Probation Officer/SVP assessment (115.241)
6. Interviews with residents (Random and Targeted)
7. SVP Scoring Guide
8. SVP samples
9. Facility tour
10. Interview with targeted resident

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services CM 32, PREA Offender Information and Reporting and First Judicial District Department of Correctional Services, Personnel, Sexual Misconduct with Offenders, Personnel, PER 27 address Standard 115.251.

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.

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

- 1). Send a letter to or call the First Judicial District/District Director, agency head
- 2). Telling any staff person, verbally or in writing. All staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons. Interviews with random and specialized staff confirmed for the Auditor that all staff sampled understood their responsibility to accept reports of sexual abuse or sexual harassment from any resident.
- 3). Filing a grievance complaint. Grievance reports are accepted by the agency for all PREA related allegations. The agency places no time-limit for filing a grievance. If the resident alleges a substantial risk of imminent sexual abuse the grievance is promptly reviewed by Waterloo Women's Center for Change management staff and action taken to protect the resident. An initial response shall be completed within 48 hours, and Management staff shall issue a final decision within 5 calendar days. The initial response and final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to risk of imminent sexual abuse.
- 3). Third parties, including fellow residents, staff members, family members, attorneys are accepted internal ways for a resident to report sexual abuse or harassment.
- 4.) Community advocacy organization, Iowa Office of the Ombudsman investigates complaints against an agency, official or employee of Iowa state and local government independently and impartially, and in a confidential manner, to the extent possible as provided by law. The Ombudsman's office works with an agency to attempt to resolve a problem when an investigation shows that the agency has acted contrary to law, unreasonably or unfairly, or has made a mistake.

The Waterloo Women's Center for Change, PREA Resident Handbook informs resident of multiple ways report a PREA related incident either in verbally, person, by telephone, anonymously, or in writing. Random and targeted resident sampled during the audit were able to provide the Auditor with multiple way that they

could report a PREA incident. Most residents interviewed indicated being comfortable telling a staff person about a PREA incident.

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

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Executive Officer Services, Waterloo Women's Center for Change
3. Interview with the /PREA Coordinator, First Judicial District Department of Correctional Services
4. Interviews with 13 residents (Random and Targeted)
5. Interviews with staff (random and specialized)
6. Review of 13 resident PREA training records
7. Iowa Code Section 709.16(1)
8. Facility tour
9. Waterloo Women's Center for Change, PREA Resident Handbook

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time 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) take in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, CM 32, PREA Offender Information and Reporting, and PER 52, PREA/Reporting & Investigations, addresses Standard 115.252.

The agency provides residents with the ability to file a PREA related grievance without adhering to a prescribed time limit. The Auditor reviewed the resident intake packet and the grievance procedure. Problematic, Waterloo Women's Center for Change allows a resident to file a PREA related grievance but restricts the filing time frame to three days. The restricted time limit is contra to the agency established policy and this standard. The same agency grievance procedure allows a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint.

EXCERPT FROM: PROTECTION FROM ABUSE AND CLIENT GRIEVANCE PROCEDURE

STEP 1: (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. The grievance must be filed with the immediate supervisor of the Department employee. The supervisor will investigate and respond within seven (7) working days.

The First Judicial District Department of Correctional Services, Executive Officer/PREA Coordinator confirmed that PREA related grievance do not require a resident to use an informal grievance process or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

The Auditor interviewed random and specialized staff. All staff (100%) confirmed a duty to accept third-party reports of sexual abuse from other residents, staff members, family members, attorneys, and outside advocates, all permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. Staff sampled (100%) confirmed that third party reporters are also permitted to file a PREA report on behalf of a residents. More, random, and targeted residents sampled routinely identified the Office of the Ombudsman and family as like ways they would report sexual abuse using the third-party reporting process.

The First Judicial District Department of Correctional Services, Executive Officer/PREA Coordinator the agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Further, Executive Officer/PREA Coordinator confirmed his understanding of his responsibility if the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)).

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

The First Judicial District Department of Correctional Services, DRS 46, PREA/Staff Protocols and Responses to Sexual Abuse has establish procedures for the filing of an emergency grievance alleging that

a resident is subject to a substantial risk of imminent sexual abuse. An interview with the Residential Manager/PCM confirmed that if a staff person learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall be immediately reported to the Residential Manager/Supervisory staff and immediate action shall be taken to protect the resident. The initial response by the Waterloo Women's Center for Change would outline and document steps taken by the facility on behalf of the agency and constitute the response to the emergency grievance. The agency's final decision documents any action taken by Waterloo Women's Center for Change in response to the emergency grievance. After corrective action Waterloo Women's Center for Change met the requirements of Standard 115.252.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, CM 32, PREA Offender Information and Reporting
3. First Judicial District Department of Correctional Services, PER 52, PREA/Reporting & Investigations PREA/Reporting & Investigations
4. First Judicial District Department of Correctional Services, Sexual Misconduct with Offenders, Personnel PER 27
5. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46
6. Form: First Judicial District Department of Correctional Services, Prevention of Sexual Misconduct-Offender, CM 53 F,
7. Form: First Judicial District Department of Correctional Services, Client Grievance Procedure, 35F
8. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
9. Interview with the Executive Officer /PREA Coordinator, First Judicial District Department of Correctional Services
10. Interview with random and specialized staff
11. Interview with random and targeted residents
12. Interview with the Iowa Office of the Ombudsman
13. Interview with a contractor (foodservice)

Corrective Action:

1. Waterloo Women's Center for Change allows a resident to file a PREA related grievance but restricts the filing time frame to three days which is contra to the agency established policy and this standard. Waterloo Women's Center for Change revised section CM 35 F, to support this standard and the agency's position on no limit time frames. Likewise, the facility notified all residents of the changes in the resident handbook and Case Management Form 35F, using a posted notice. Subsequent handbooks will be modified to clarify for all residents that a PREA related grievance has no time limit. Revision to CM 35F, now includes clear verbiage advising residents that there is no time-limit for filing a PREA grievance.
2. Likewise, CM 35 F compels a resident who alleges sexual abuse to file a grievance with the immediate supervisor of the Department employee. The submission routing process

violates Standard 115.252 C which allows a resident to submit a grievance without submitting it to a staff member who is the subject of the complaint. The facility amended CM 35 F to allow a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

First Judicial District Department of Correctional Services, Prevention of Sexual Misconduct-Offender, CM 53 F, and PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46 addresses Standard 115.253.

The PREA Coordinator provided the Auditor with evidence that Waterloo Women's Facility for Change has a written contractual agreement in the form of a Memorandum of Understanding with the Riverview Center to provide victim advocacy services to residents.

The Riverview Center provides sexual assault services in 14 counties located in the Northeast Region of Iowa, as well as sexual or domestic violence services in Jo Daviess and Carroll Counties in Illinois. Services include emotional support, crisis intervention, information, and referrals. Their services are free regardless of biological sex, gender identity/expression, sexual orientation, immigration status, English proficiency, race and/or ethnicity, incarceration status, disability, or background.

The Riverview Center, Waterloo office has a Sexual Assault Therapist and three (3) Sexual Assault Advocates serving Black Hawk, South Fayette, and Bremer Counties. The agency uses qualified community-based staff from the Riverview Center that have been screened for appropriateness to serve in their roles and received education concerning sexual assault and forensic examination issues in general.

Available day or night, 365 days a year, the Crisis Hotline is confidential by contacting the Sexual Assault Hotline:888-557-0310. The MOU indicated that Riverview Center will provide services such as resources to help assist residents through the criminal justice system, victim advocacy and, forward any PREA reports of sexual assault or third-party reports to the agency PREA Coordinator for investigation.

In as confidential a manner as possible, Waterloo provides reasonable communication using personal cell phones, written communication, a private phone room, walk-ins and pay phone system. The Auditor contacted Riverview Center and Just Detention International victim advocacy organizations. Neither organization indicated negative comments or concerns regarding sexual safety and communication with residents in the facility.

During the facility tour the Auditor observed victim advocacy and PREA related posters displayed in a common area, near a row of telephones and in the resident break room. Interviews with staff (random and specialized) confirm residents' have access to advocacy organization using multiple communication platforms. Likewise, residents (random and targeted) confirmed that they were made aware of local victim advocacy organization for residents experiencing sexual abuse or a history of sexual abuse but the majority (90%) of residents sampled did not remember specifics about any advocacy group. All residents (100%) (random and targeted) knew where to go in the facility to obtain additional information on local victim advocacy if needed. Victim advocacy information also included the telephone number and address for River Center.

The agency has a Memorandum of Understanding (MOU) with Riverview Center. The Riverview Center provides sexual assault services in a 14 county Northeast Region of Iowa, as well as sexual or domestic violence services in Jo Daviess and Carroll Counties in Illinois. Services include does this person provide emotional support, crisis intervention, information, and referrals. Their services are free regardless of biological sex, gender identity/expression, sexual orientation, immigration status, English proficiency, race and/or ethnicity, incarceration status, disability, or background. The Riverview Center, Waterloo office has a Sexual Assault Therapist and three (3) Sexual Assault Advocates serving Black Hawk, South Fayette, and Bremer Counties. The agency uses qualified community-based staff from the Riverview Center they have

been screened for appropriateness to serve in their roles and received education concerning sexual assault and forensic examination issues in general.

Available day or night, 365 days a year, the Crisis Hotline is confidential by contacting the Sexual Assault Hotline:888-557-0310. The MOU indicated that Riverview Center will provide services such as resources to help assist residents through the criminal justice system, victim advocacy and, forward any PREA reports of sexual assault or third-party reports to the agency PREA Coordinator for investigation.

The facility informs 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. Waterloo Women's Center for Change met the requirements for Standard 115.253.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46
3. Form: First Judicial District Department of Correctional Services, Prevention of Sexual Misconduct-Offender, CM 53 F,
4. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
5. Interview with the Executive Officer /PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with random and targeted residents
7. Memorandum of Understanding with Riverview Center effective October 1, 2016 to September 30, 2019, for services and support of victims of sexual abuse and sexual harassment
8. Memorandum of Understanding with Riverview Center effective April 1, 2019 to March 31, 2022
9. Memorandum of Understanding with Riverview Center effective October 1, 2013 to September 30, 2016
10. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor".

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, Sexual Misconduct with Offenders, PER 27 addresses Standard 115.254.

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

The agency distributes publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. More, the agency has established a process to receive third-party reports of sexual abuse and sexual harassment on the agency website at www.firstdcs.com. The website has a page dedicated to reporting sexual misconduct which includes telephone contact information on third-party reporting such as:

Reporting Sexual Misconduct

To report Sexual Assault, Sexual Harassment, or Sexual Misconduct you can contact any of the following people:

1. Any Department of Correctional Services staff member.
2. The Residential Manager for the facility in which the offender resides or the incident occurred.
 - Waterloo Women's Center for Change: Scott Dolan 319-292-1292
 - Waterloo Residential Facility: Bob Ames 319-292-1319
 - Dubuque Residential Facility: Wendy Lyons 563-585-5267
 - West Union Residential Facility: Jon Reeg 563-422-5758 ext. 1627
3. Ross Todd, PREA Coordinator 319-292-1263
4. **Iowa Department of Corrections 1-800-778-1182**
5. **Iowa Ombudsman's Office 1-888-426-6283**

Interviews with staff (random and specialized) confirm their understanding of the agency's mandate for all staff to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or

sexual abuse involving staff, offenders, or any other person. The reporting mandate includes anonymous and third-party reports. Staff who fail to do so may be subject to disciplinary action.

A sample of residents (random and targeted) interviewed during the audit confirmed that they received information at intake about the agency's zero-tolerance policy and how to report an incident or suspicion of sexual abuse, specifically third-party reporting. Resident PREA education acknowledgment forms examined during the audit process confirmed that they received information at intake. Furthermore, residents interviewed provided the Auditor with examples of different types of third-party reporter such as: friends, other residents, family and, clergy. The examples provided by the residents confirmed for the Auditor that residents sampled understood this method of reporting sexual abuse. Waterloo Women's Center for Change met the requirements for Standard 115.254.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46
3. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27
4. Form: First Judicial District Department of Correctional Services, Prevention of Sexual Misconduct-Offender, CM 53 F
5. Form: First Judicial District Department of Correctional Services, Personnel Policy Acknowledgement Form, PER 42F
6. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
7. Interviews with staff (random and specialized)
8. Interviews with residents (random and targeted)
9. Email: Just Detention International
10. Telephone: Iowa Ombudsman's Office

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, Sexual Misconduct with Offenders, PER 27 addresses Standard 115.261 addresses this standard.

The District Director, agency head, explained to the Auditor the agency's process in place to report and investigate an incident of sexual misconduct. The process includes multiple points of contact for a resident or staff to report a PREA related incident, development of an administrative component to investigate administrative incidents and a legal entity with the authority to investigate PREA related incident that are criminal in nature.

All First Judicial District Department of Correctional Services staff are required to immediately report to a supervisor, any type of sexual harassment, sexual misconduct, or sexual abuse involving staff, offenders, or any other persons to include anonymous and third-party reports.

All First Judicial District Department of Correctional Services staff are required to immediately report to a supervisor, any knowledge, suspicion, or information regarding retaliation against residents or staff who report an incident of sexual abuse or sexual harassment.

All First Judicial District Department of Correctional Services 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.

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

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

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27
4. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
5. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services

6. Interview with the District Director, agency head
7. Interview staff (random and specialized)

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46 and PREA Offender Information and Reporting, CM 32, address Standard 115.262.

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

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46

3. First Judicial District Department of Correctional Services, PREA Offender Information and Reporting, CM 32
4. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
5. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with the District Director, agency head, First Judicial District Department of Correctional Services
7. Interview staff (random and specialized)

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46 and PREA/Staff Protocols and Responses to Sexual Abuse, PER 27 address Standard 115.263.

Interviews with the District Director, agency head, Executive Officer/PREA Coordinator and Residential Manager/PREA Compliance Manager all confirm that when the agency receives an allegation that a resident was sexually abused while confined at another facility, the head of the facility (Residential Manager/PREA Compliance Manager) that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46 requires the facility head to provide the notification within 72 hours after receiving the allegation.

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.

According to the PAQ and confirmed by the District Director, agency head, Executive Officer/PREA Coordinator and Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change received zero number of allegations that a resident was abused while confined at another facility. Waterloo Women's Center for Change met the requirements for Standard 115.263.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46
3. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27
4. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
5. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with the District Director, agency head, First Judicial District Department of Correctional Services
7. Examined PREA investigations
8. Examined the number of SANE/SAFE incidents (zero) in the past 12-month period
9. Form: PREA Notification Letter template

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46 address Standard 115.264.

The Auditor conducted interviews with staff (random and specialized) 100% indicated that on learning of an allegation that a resident was sexually abused, the first responder would: Separate the alleged victim and

abuser, protect the crime scene and preserve all evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence the first responder will ensure that the alleged victim and abuser both not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

An interview with a contractor regarding this standard confirmed that as a first responder (non-security) she would request that the alleged victim not take any actions that could destroy physical evidence, and then notify the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change or a Residential Officer of the incident and complete a Critical Incident Report (CIR). Waterloo Women's Center for Change met the requirements for Standard 115.264.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46
3. Interview with staff (random and specialized)
5. Interview with a contractor (non-security) first responder, First Judicial District Department of Correctional Services

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46 address Standard 115.265.

Waterloo Women's Center for Change has developed a written institutional plan to coordinate actions among staff first responders, investigators, and facility leadership taken in response to an incident of sexual abuse. Waterloo Women's Center for Change would access community medical and mental health practitioners such as Riverview Center to augment the facility institutional plan, to coordinate actions in the advent of an incident of sexual abuse.

The Auditor interviewed the District Director, agency head, Executive Officer/PREA Coordinator and Residential Manager/PREA Compliance Manager regarding the institutional plan and coordinated response to an incident of sexual abuse. The written policy, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46, confirms that the agency has a written plan.

Interviews with staff (random and specialized) confirm their understanding of their role and responsibility during a coordinated response to an incident of sexual abuse at the facility. Waterloo Women's Center for Change met the requirements for Standard 115.265.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, DRS 46
3. Interview with staff (random and specialized)
4. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
5. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with the District Director, agency head, First Judicial District Department of Correctional Services

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The Collective Bargaining Agreement Between the State of Iowa and the American Federation of State, County, and Municipal Employees Council 61, expired June 2017. Waterloo Women’s Center for Change met the requirements for Standard 115.266.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders addresses this standard.

The First Judicial District Department of Correctional Services, 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 District Director/agency head indicated that in his role he ensures that all offenders are provided with information about behaviors that constitute sexual misconduct and retaliations, ensure that the offender understands the process by which such incidents are reported and investigated and ensure offenders understand consequences for making false allegations. The District Director/agency head also confirmed that in his role he would take immediate action to remedy any retaliation linked to an investigation of a PREA related allegation. More, the District Director/agency head indicated the agency would also take appropriate actions to protect all residents/staff/volunteers/contractors against retaliation.

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

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

Staff (random and specialized) confirmed policy PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders 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. All staff interviewed indicate at least one manner to report sexual abuse or retaliation to a superior by email, incident report, letter or face-to-face. Likewise, residents (100%) indicated multiple ways to report sexual abuse/harassment and retaliation. Each resident sampled provided the Auditor with examples of reporting measures such as: Third-party report to a family member or friend, call the hot-line or write the Iowa Ombudsman Office at:

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

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders
3. Interview with staff (random and specialized)
4. Interview with residents (random and targeted)
4. Interview with the Residential Manager/PREA Compliance Manager, Waterloo Women's Center for Change
5. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
6. Interview with the District Director, agency head, First Judicial District Department of Correctional Services
7. Interview with the Residential Supervisor/Retaliation Monitor, Waterloo Women's Center for Change
8. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor".

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

criminal OR administrative sexual abuse investigations. See 115.221(a.)

Yes No NA

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not 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*)

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders and PER 52, PREA/Reporting & Investigations PREA/Reporting & Investigations address Standard 115.271.

According to the Executive Officer/PREA Coordinator and Residential Manager/PREA Compliance Manager, when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it acts promptly, thoroughly, and objectively. The Executive Officer/PREA Coordinator and the Residential Manager are both trained to conduct administrative investigations. The Auditor examined certificates of completion for each investigator. According to the Executive Officer/PREA Coordinator, where sexual abuse is alleged, the agency uses investigators who have received specialized training in sexual abuse investigations as required by Standard 115.234. Further, the agency conducts investigations for all allegations, including third party and anonymous reports.

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

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

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

When the quality of evidence appears to support criminal prosecution, the First Judicial District Department of Correctional Services immediately contacts a law enforcement entity with the legal authority to conduct a compelled interview but only after consulting with the prosecutor's office. The prosecutor's office will determine if compelled interviews may be an obstacle for subsequent criminal prosecution. Criminal investigations would be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. When an outside law enforcement entity investigates sexual abuse, the Waterloo Women's Center for Change would fully cooperate with the outside investigators.

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Certificate of Completion of Specialized Training, Jon Reeg
4. Certificate of Completion of Specialized Training, Al Hoff
5. Certificate of Completion of Specialized Training, Wendy Lyons
6. Certificate of Completion of Specialized Training, Bob Ames
7. Certificate of Completion of Specialized Training, Denise Cooper
8. Certificate of Completion of Specialized Training, Traci Suarez
9. Certificate of Completion of Specialized Training, Ross Todd
10. Certificate of Completion of Specialized Training, Johnny Hill
11. Certificate of Completion of Specialized Training, Dave Campbell
12. Certificate of Completion of Specialized Training, Gene Bries
13. Certificate of Completion of Specialized Training, Tyler Granberg
14. Certificate of Completion of Specialized Training, Emily Wulfekuhle
15. Certificate of Completion of Specialized Training, Brad Gordon
16. Training Modules: Training for Correctional Investigators: Investigating Incidents of Sexual Abuse Investigating Sexual Misconduct: Training for Correctional Investigators, PP 1-11, Moss Group, PREA Resource Center
17. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders
18. First Judicial District Department of Correctional Services, PREA/Reporting & Investigations PREA/Reporting & Investigations, PER 52

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders and PER 52 address Standard 115.272.

First Judicial District Department of Correctional Services, does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators, the Residential Manager/PREA Compliance Manager and the Executive Officer/ PREA Coordinator each confirmed that the benchmark for evidence during an investigation is a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. Waterloo Women's Center for Change met the requirements of Standard 115.272.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
4. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders
5. First Judicial District Department of Correctional Services, PREA/Reporting & Investigations
6. PREA definitions

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency 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*)

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Reporting & Investigations
PREA/Reporting & Investigations, PER 52, address Standard 115.273.

During an interview with the Executive Officer/PREA Coordinator and the residential Manager/PREA Compliance Manager each explained in detail the following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, but within 30 days after rendering the final decision and closing a sexual abuse investigation, except in cases where the allegation was unfounded, an Incident Review will be completed by the Management staff who completed the investigation, with input from the PREA Compliance Manager, the Assistant Director, the District Director, and other appropriate staff. Form PER-78F (PREA Incident Review Form) will be used to complete the Incident Review and all findings shall be documented in the report. If an investigation was not performed by the agency relevant information is requested from the investigative entity to inform the resident in a timely manner unless the agency has determined that the allegation is unfounded.

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

The Executive Officer/PREA Coordinator and the Residential Manager/PREA Compliance Manager explained that following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, the agency will inform the resident whenever: The staff member is no longer posted within the resident's unit, the staff member has been indicted or convicted on a charge related to sexual abuse in the facility. According to the PAQ as confirmed by the Executive Officer/PREA Coordinator, the number of investigations of alleged resident sexual abuse in the agency's facility (Waterloo) that were completed by an outside agency in the past 12 month period was one (1). Residents are notified in writing of the findings of the investigation. Waterloo Women's Center for Change met the requirements of Standard 115.273.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services

4. First Judicial District Department of Correctional Services, PREA/Reporting & Investigations
PREA/Reporting & Investigations, PER 52
6. PREA definitions
7. Form: PREA notification (example)

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders and Non-Disciplinary Actions/Disciplinary Actions, Personnel, PER 15 address Standard 115.276.

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

The PAQ indicates that during the last 12-month period, one (1) the number of staff terminated for violating agency sexual abuse or sexual harassing policies. There have not been any reported cases of staff engaging in sex with residents during the previous 12 months. An interview with two agency investigators and a review of documentation confirm that the facility follows Standard 115 276. Waterloo Women's Center for Change met the requirements of Standard 115.276.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Interview with the Executive Officer/PREA Coordinator, First Judicial District Department of Correctional Services
4. First Judicial District Department of Correctional Services, Human Services Representative
5. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders
6. First Judicial District Department of Correctional Services, Non-Disciplinary Actions/Disciplinary Actions, Personnel, PER 15

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders, addresses Standard 115.277.

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

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. Waterloo Women's Center for Change met the requirements of Standard 115.277.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the Residential Manager/PREA Compliance Manager/Administrative Investigator, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
3. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services
4. First Judicial District Department of Correctional Services, District Director, agency head
5. First Judicial District Department of Correctional Services, Human Services Representative
6. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders
7. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, District Residential Specific (DRS) 2F, PREA/Staff Protocols and Responses to Sexual Abuse, addresses Standard 115.278.

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

As a condition of placement sexual misconduct is prohibited. The agency defines for the resident the term sexual misconduct. The termed Sexual Misconduct is defined as: When a resident 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. Residents are not allowed to have sexual contact with each other while participating in the program. This includes while on pass or furlough.

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, residents are subject to disciplinary sanctions pursuant to a formal disciplinary process. Sanctions imposed during a disciplinary proceeding could include but not be limited to a revocation of parole or probation or return to prison. Discipline of a resident for sexual contact with a staff member would only occur after a finding that the staff member did not consent to such contact.

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

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific (DRS) 2F, PREA/Staff Protocols and Responses to Sexual Abuse
3. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services
4. Interview with the Residential Manager/PREA Compliance Manager/Administrative Investigator, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
5. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders
6. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, District Residential Specific (DRS), PREA/Staff Protocols and Responses to Sexual Abuse, addresses Standard 115.282.

Interviews with the Executive Officer/PREA Coordinator and the Residential Manager/PREA Compliance Manager confirmed that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility will refer residents to Allen Hospital for emergency medical care and the Riverview Center for trauma counseling and emotional support.

1. Upon being notified of an incident of sexual abuse, the Residential Manager/Supervisory staff shall:
 - a) Contact law enforcement.
 - b) Ensure that medical care, crisis intervention services, and mental health care are provided in a timely manner as appropriate.
 - c) Notify the Assistant Director/District Director, agency head.
 - d) As directed by the Assistant Director/District Director, shall initiate a PREA investigation and/or Administrative investigation depending on the circumstances of the incident.
 - e) 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.
 - f) 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.

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. Waterloo Women's Center for Change met the requirements of Standard 115.282

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific (DRS) 2F, PREA/Staff Protocols and Responses to Sexual Abuse
3. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services
4. Interview with the Residential Manager/PREA Compliance Manager/Administrative Investigator, First Judicial District Department of Correctional Services, Waterloo Women's Center for Change
5. First Judicial District Department of Correctional Services, PREA/Staff Protocols and Responses to Sexual Abuse, PER 27, Misconduct with Offenders
6. Iowa Code Section 709.16(1) states, "an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor.
7. Web search: Allen Hospital (Unity Point) for an examination performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or a qualified medical practitioner.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, District Residential Specific (DRS), PREA/Staff Protocols and Responses to Sexual Abuse, addresses Standard 115.283.

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

Waterloo is a residential female facility. Residents' victims of sexually abusive involving vaginal penetration while incarcerated would be offered pregnancy tests and tests for sexually transmitted infections as medically appropriate. According to the policy and the PREA Executive Officer/PREA Coordinator the agency has a system in place to attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate the resident will be referred to a community provider for follow-up services. Waterloo Women's Center for Change met the requirements of Standard 115.282

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific (DRS), PREA/Staff Protocols and Responses to Sexual Abuse

3. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services
4. Iowa Code Section 709.16(1) states, “an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor
5. Web search: Iowa Code Section 709.61 (1).
6. Web search: Allen Hospital (Unity Point) for an examination performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or a qualified medical practitioner.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Reporting & Investigations, Personnel, PER 52 addresses Standard 115.286.

The policy states that within 30 days after rendering the final decision and closing a sexual abuse investigation, except in cases where the allegation was unfounded, an Incident Review will be completed by the Management staff who completed the investigation, with input from the PREA Compliance Manager, the Assistant Director, the District Director, and other appropriate staff. Form PER-78F (PREA Incident Review Form) will be used to complete the Incident Review and all findings shall be documented in the report.

The Auditor interviewed a member of the incident review team, Residential Manager/PREA Compliance Manager. He indicated during his interview that considers factors such as: Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, the motivation for the incident, staffing levels on each shift, the need for video monitoring, The review team then prepares 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 Coordinator. Waterloo met requirements for this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, District Residential Specific (DRS), PREA/Staff Protocols and Responses to Sexual Abuse
3. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services
4. Interview with a member of the incident review team, Residential Manager/PREA Compliance Manager
4. Web search: Iowa Code Section 709.61 (1).
5. Web search: Allen Hospital (Unity Point) for an examination performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or a qualified medical practitioner.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Reporting & Investigations PREA/Reporting & Investigations, PER 52 addresses this standard. First Judicial District Department of Correctional Services collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Auditor examined the annual report. 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. The Executive Officer/PREA Coordinator and District Director/agency head confirmed that the agency maintains, reviews, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. First Judicial District Department of Correctional Services does not contract for the confinement of its residents. According to the District Director/agency head if requested, First Judicial District Department of Correctional Services, would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Waterloo Women's Center for Change met the requirement for Standard 115.287.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Reporting & Investigations PREA/Reporting & Investigations, PER 52
3. PREA definitions
4. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services
5. Interview with the District Director/agency head

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Reporting & Investigations
PREA/Reporting & Investigations, PER 52 addresses this standard. The agency reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include factors such as: Identifying problem areas, taking any necessary corrective action, preparing an annual report of its findings and corrective actions for each facility and the agency and the annual report approved by the District Director/agency head. First Judicial District Department of Correctional Services makes each years PREA annual readily available to the public through its website. The agency redacts specific material from the

reports such as personal identifying information when publication would present a clear and specific threat to the safety and security of a facility. Waterloo met the requirements of Standard 115.288.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Reporting & Investigations
PREA/Reporting & Investigations, PER 52
3. PREA definitions
4. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services
5. Interview with the District Director/agency head, First Judicial District Department of Correctional Services
6. PREA Annual Report 2012
7. PREA Annual Report 2013
8. PREA Annual Report 2014
9. PREA Annual Report 2015
10. PREA Annual Report 2016
11. PREA Annual Report 2017
12. PREA Annual Report 2018
13. PREA Annual Report 2019

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services, PREA/Reporting & Investigations PREA/Reporting & Investigations, PER 52 addresses this standard. The agency ensure that data collected pursuant to § 115.287 are securely retained and password protected. First Judicial District Department of Correctional Services makes 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. The agency removes all personal identifiers (PII) before making aggregated sexual abuse data publicly available. According to the Executive Officer/PREA Coordinator, the agency maintains 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. Waterloo Women’s center for Change meets the requirements of Standard 115.289.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. First Judicial District Department of Correctional Services, PREA/Reporting & Investigations PREA/Reporting & Investigations, PER 52
3. PREA definitions
4. Interview with the Executive Officer/PREA Coordinator/Administrative Investigator, First Judicial District Department of Correctional Services

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the prior three-year audit period, First Judicial District Department of Correctional Services ensured that each facility operated by the agency was audited at least once. This is the third year of the current audit cycle. First Judicial District Department of Correctional Services, ensured that at least two-thirds of each facility type operated by the agency were audited during the first two years of the current audit cycle. Waterloo met the requirements for this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Web search: PREA audit reports

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency 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*)

Instructions for Overall Compliance Determination Narrative

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

First Judicial District Department of Correctional Services has published on its agency website, 2017 PREA completed during the past three years PRECEDING THIS AGENCY AUDIT. Waterloo met the requirements of Standard 115. 403.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Web search: PREA audit reports

AUDITOR CERTIFICATION

I certify that:

The contents of this report are accurate to the best of my knowledge.

- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Sonya Love _____

9/14/20 _____

Auditor Signature

Date

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

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