

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

<b>Name of facility:</b> <i>Second Judicial District Department of Correctional Services - Fort Dodge Residential Center</i>		<i>Residential Center</i>
<b>Physical address:</b> <i>510 5<sup>th</sup> Street, Ames, Iowa 50010</i>		
<b>Date report submitted:</b> <i>August 21, 2014</i>		
<b>Auditor Information</b>		
<b>Address:</b> <i>864 Great Egret Circle SW, Sunset Beach, NC 28468 / 11820 Parklawn Dr., Suite 240 Rockville, MD 20852</i>		
<b>Email:</b> <i>stephen.huffman@aol.com / stephen.huffman@naka-motogroup.com</i>		
<b>Telephone number:</b> <i>614 - 940 - 4696</i>		
<b>Date of facility visit:</b> <i>August 4 and 5, 2014</i>		
<b>Facility Information</b>		
<b>Facility mailing address:</b> <i>(if different from above) 311 1<sup>st</sup> Ave. South, Fort Dodge, Iowa 50501</i>		
<b>Telephone number:</b> <i>515-955-6393</i>		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
	<input type="checkbox"/> Private not for profit	<input checked="" type="checkbox"/> State
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community based confinement facility
	<input type="checkbox"/> Halfway house	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Mental health facility
<b>Name of Facility Head:</b> <i>Adam Yetmar</i>		<b>Title:</b> <i>Residential Manager</i>
<b>Email address:</b> <i>adam.yetmar@iowa.gov</i>		<b>Telephone number:</b> <i>515-574-4053</i>
<b>Name of PREA Compliance Manager (if applicable):</b> <i>Jon Groteluschen</i>		<b>Title:</b> <i>PPO Supervisor / PREA Coordinator</i>
<b>Email address:</b> <i>Jon.groteluschen@iowa.gov</i>		<b>Telephone number:</b> <i>515-574-4027</i>
<b>Agency Information</b>		
<b>Name of agency:</b> <i>Second Judicial District Dept. of Correctional Services - Fort Dodge Residential Center</i>		
<b>Governing authority or parent agency:</b> <i>(if applicable) Board of Directors</i>		
<b>Physical address:</b> <i>510 5<sup>th</sup> Street, Ames, Iowa 50010</i>		
<b>Mailing address:</b> <i>(if different from above) 311 1<sup>st</sup> Ave. South, Fort Dodge, Iowa 50501</i>		
<b>Telephone number:</b> <i>515-955-6393</i>		
<b>Agency Chief Executive Officer</b>		
<b>Name:</b> <i>Amanda Milligan</i>		<b>Title:</b> <i>District Director</i>

Email address: <i>amanda.milligan@iowa.gov</i>	Telephone number: <i>515-574-4021</i>
Agency-Wide PREA Coordinator	
Name: <i>Jen. Grotebuschen</i>	Title: <i>PPO Supervisor / PREA Coordinator</i>
Email address: <i>jen.grotebuschen</i>	Telephone number: <i>515-574-4027</i>

## AUDIT FINDINGS

**NARRATIVE:**

[Following information to be populated automatically from auditor compliance tool]

*See attached:*

**DESCRIPTION OF FACILITY CHARACTERISTICS:**

[Following information to be populated automatically from auditor compliance tool]

*See attached:*

**SUMMARY OF AUDIT FINDINGS:**

[Following information to be populated automatically from auditor compliance tool]

*See attached:*

## **Audit Findings**

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

#### **Fort Dodge Residential Center**

#### **Fort Dodge, Iowa**

##### **Narrative:**

The site visit for the PREA audit of the Second Judicial District Department of Correctional Services Fort Dodge Residential Center, Fort Dodge, Iowa was conducted on August 4 and 5, 2014. During the two days the auditor toured the facility and conducted formal staff and resident interviews and reviewed documentation. Seventeen male and female randomly selected residents from the three housing units were interviewed. Eleven staff from all shifts was interviewed including District Director Amanda Milligan. Staff were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation.

An entrance meeting was held with Jon Grotelushen, PREA Coordinator to discuss the audit schedule of activities. Following the entrance meeting I toured the facility from 8:30 a.m. to 9:30 a.m.

In the past twelve months the facility has had two sexual assault / harassment allegation cases. On March 13, 2013 a female resident reported to staff a male resident "slapped on her on the buttocks". The accused abuser denied the allegation. Due to the fact that the investigation produced insufficient evidence as to whether the allegation did occur, it was determined by the review team the allegation was unsubstantiated. On March 11, 2014 and March 13, 2014 a female resident reported to staff, another female resident had slapped her neck and slapped her buttocks three times, respectfully. The accused abuser denied slapping her buttocks, but admitted slapping her neck in a kidding manner. Due to the fact that the investigation produced in-sufficient evidence as to whether the resident was slapped on the buttocks, it was determined by review team the allegation was unsubstantiated.

**Description of Facility Characteristics:**

The community based residential work release center was opened in 2008. The primary goal of the facility is assisting offenders in re-entering society through identifying and addressing specific need areas in order to lower the chance of recidivating. The typical average length of stay for the residents is 60-90 days. Offenders are housed in the facility, but receive some of their programming through a network of community service providers offering employment, substance abuse, mental health, medical and social services. Facility programming includes Active Battered Education, Iowa Domestic Violence program and treatment, and Thinking for a Change Program.

The center is a 60 bed male (48) and female (12) facility with an average population the past twelve months of 55 residents. The facility population at the time of the audit was 50. The center is a two story building constructed of bricks and mortar, with the residential facility on the first floor only. The residents housing area consists of two, three and four person bedrooms. The center uses local hospital, UnityPoint Health-Trinity Regional Medical Center for medical and mental health care. The center has five trained investigators for administrative investigations and uses the Fort Dodge Police Department and the Iowa Department of Corrections Investigative Division for criminal investigations. The center has an excellent relationship with the local Crisis Intervention Center for advocacy programs. Ms. Mary Ingham, Executive Director was contacted prior to the audit to discuss any sexual abuse / harassment allegations at the center and stated the facility enforces the PREA concept at the facility and has found no issues at the facility.

The resident population consists of state offenders on parole, probation, work release, operating while intoxicated (OWI) and also Federal Bureau of Prison clients for supervision. Facility policy and rules limits contact between the male and female residents. Male and female residents are housed in separate wings and have separate hygiene areas. They do share common visiting rooms that are under direct supervision.

The auditor found the staff and residents to be very aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were all aware of reporting responsibilities, preservation of evidence, as well as dealing with victims and abusers of sexual assault / harassment. The staff has had extensive training on how to identify signs of sexual assault / harassment and how to deal and treat victims of sexual assault and or harassment.

**Summary of Audit Findings:**

An exit meeting was held August 5, 2014 with the following persons in attendance: Joel McNulty, Assistant District Director via telephone conference call, Jon Grotelushen, PREA Coordinator and Adam Yetmar, Residential Manager.

**Number of standards exceeded: 0**

**Number of standards met: 39**

**Number of standards not met: 0**



[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.211** STANDARD INSERTED HERE *Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 101-1AB page 1 states the facility has a zero tolerance of sexual abuse and harassment. Previous Resource documentation reviewed indicated a zero tolerance and staff sign documents stating they understand the zero tolerance level. The PREA coordinator reports to the Assistant District Director.*

[ space for comments extends as needed here ]

Standard number here **115.212** STANDARD INSERTED HERE *Contracting with other entities for the confinement of residents.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*The agency has not contracted with other entities for the purpose of resident confinement.*

[ space for comments extends as needed here ]

Standard number here **115.213** STANDARD INSERTED HERE *Supervision and monitoring.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*The District Director and other executive staff continuously monitor the staffing plan to ensure staffing levels are always met using part-time staff. The staffing plan was reviewed and determined to be adequate. The plan is reviewed annually and approved by District Director. Policy 101-2A-C covers all elements of the standard.*

[ space for comments extends as needed here ]

Standard number here **115.215** STANDARD INSERTED HERE *Limits to cross-gender viewing and searches.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*The facility does not do cross-gender checks per policy 101-3A page 1. Policy does state if searches had to be completed they would be documented. Policy also states transgender residents would shower separately. Staff announce themselves when*

housing area of opposite gender. Policy 101-3B-F pages 1 and 2 cover all elements of the standard.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.216 STANDARD INSERTED HERE Residents with disabilities and residents who are limited English proficient.

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

Auditor comments, including corrective actions needed if does not meet standard

Policy 101-4A page 2 covers all the elements of the standard. Staff does not allow residents to be interpreters for other residents. An Iowa State Interpreters list is used. The facility ensures that residents with any disability have equal opportunities to participate in or benefit from all programming and to prevent, detect and respond to any sexual abuse or harassment incident.

[space for comments extends as needed here]

Standard number here 115.217 STANDARD INSERTED HERE Hiring and promotion decisions.

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

Auditor comments, including corrective actions needed if does not meet standard

Based upon interviews with District Director and H.R. Supervisor the elements of the standard are met. Background checks are completed at least every 5 years and are completed for any new hire or promotion. Policy 101-5A-H pages 1-3 cover all aspects of the standard. Background checks were reviewed.

[space for comments extends as needed here]

Standard number here 115.218 STANDARD INSERTED HERE Upgrades to facilities and technology.

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

Auditor comments, including corrective actions needed if does not meet standard

Based upon interviews with District Director and other executive staff, upgrades and modifications are always considered to improve the operation to ensure the safety of the residents. There were several upgrades the past 12 months. Policy 101-6A-B page 3 cover the elements of the standard.

[space for comments extends as needed here]

Standard number here 115.221 STANDARD INSERTED HERE Evidence protocol and forensic medical examinations.

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

Auditor comments, including corrective actions needed if does not meet standard

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The facility has MOUs with the Fort Dodge Police Department, Iowa Dec Investigative Division, to perform criminal investigations, there is an MOU with the Crisis Intervention Center and local hospital duty point Health-Trinity Regional Medical Center for forensic exams. SAFE/SANE services. There are no youths at the facility. Policy



102-1A page 1 covers the elements of the standard.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.222 STANDARD INSERTED HERE Policies to ensure referrals of allegations for investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

The facility had two allegations of sexual abuse/harassment the past 12 months and both were determined to be unsubstantiated. The facility policy 102-2A-D page 1 covers all elements of the Standard. The facility uses the Fort Dodge Police Department and the IDOC Investigation Division to perform criminal investigations. The facility has three trained investigators by the Moss Group.

[space for comments extends as needed here]

Standard number here 115.231 STANDARD INSERTED HERE Employee training.

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

Auditor comments, including corrective actions needed if does not meet standard

Facility training curriculum and training records were reviewed. All staff are trained including executive staff, line staff and volunteers. Interviews with the staff indicated they clearly understood PREA policies and standards. Policies 103-A1-A2 page 1 and 103-A2 page 2 and 103-A3-4 page 2 covers all elements of the standard.

[space for comments extends as needed here]

Standard number here 115.232 STANDARD INSERTED HERE Volunteer and contractor training.

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

Auditor comments, including corrective actions needed if does not meet standard

Policy 103-B1-B page 1 covers all elements of the standard. Volunteers and contractors are required to sign documentation indicating they have received and understood the PREA policy and standards. Documentation was reviewed by the auditor.

[space for comments extends as needed here]

Standard number here 115.233 STANDARD INSERTED HERE Resident education.

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

Auditor comments, including corrective actions needed if does not meet standard

Residents receive PREA education through the intake process upon entering the facility. They receive the rules and regulations, handbook and other materials that include the Crisis Intervention hot line number. through resident interviews



they clearly understand PREA and understand they have a right to be free from sexual abuse and harassment. They also know the means of reporting abuse or harassment if need be. Policy 103-C 1-5 page 2 covers all elements of the standard. PREA posters are posted throughout the facility,  
[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.234** STANDARD INSERTED HERE *Specialized training, investigations.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*The facility has 3 trained investigators through the Moss Group to conduct administrative investigations. The facility uses the Fort Dodge Police Department and the IDOC Investigation Division to perform criminal investigations. The facility policy 103-D1-2 page 2 covers all elements of the standard.*  
[ space for comments extends as needed here]

Standard number here **115.235** STANDARD INSERTED HERE *Specialized training: Medical and mental health care.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*The facility uses local hospital UnityPoint Health-Trinity Regional Medical Center for medical and mental health services. A referral has been established with the hospital.*  
[ space for comments extends as needed here]

Standard number here **115.241** STANDARD INSERTED HERE *Screening for risk of victimization and abusiveness.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Review of the SVP Screening instrument and interviews with staff and residents confirmed that residents are safely placed in housing and programs. The screening instrument is an objective instrument. Policy 104-AAA page 1 cover all elements of the risk screening process.*  
[ space for comments extends as needed here]

Standard number here **115.242** STANDARD INSERTED HERE *Use of screening information.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Through interviews with Residential Officers, who were very knowledgeable of the screening instrument, knowing how to place residents in a safe environment for housing and programs. Policy 104-B1-6 page 1 covers all elements of the*

standard. There are no consent decrees or pending judgments for the facility.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.251 STANDARD INSERTED HERE Resident reporting.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Resident and Residential Officer interviews indicated residents are aware on when, how to report any sexual abuse / harassment incidents either verbally, written to staff, third party or external agencies. They are also aware they can report anonymously and privately. Policy 105-A1-4 page 1 covers all elements of the standard.  
[space for comments extends as needed here]

Standard number here 115.252 STANDARD INSERTED HERE Exhaustion of administrative remedies.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy 105-B1-15 pages 1 and 2 cover all elements of the standard allowing residents to file grievances for sexual abuse and harassment. Decisions are made in 90 day period on the merits of the grievance. Residents are also allowed third parties to file the grievance for them.  
[space for comments extends as needed here]

Standard number here 115.253 STANDARD INSERTED HERE Residents access to outside confidential support services.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy 105-C1-2 page 2 covers all aspects of the standard allowing residents access to outside confidential support services. The local crisis center address and telephone number is posted near the telephone for easy access. Resident interviews indicated they aware of the crisis center information.  
[space for comments extends as needed here]

Standard number here 115.254 STANDARD INSERTED HERE Third-party reporting.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy 105-D page 3 covers all elements of the standard. Resident interviews indicated the residents were aware of the Third Party agencies they could report to such as Crisis Intervention Center, Fort Dodge Police Department, family  
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members and attorney. The facility has an excellent relationship with the Crisis Intervention Center. I interviewed a representative from the center who indicated the facility has an excellent PREA culture.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.261** STANDARD INSERTED HERE *Staff and agency reporting duties.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Random staff interviews indicated staff are aware and well trained in reporting and responding to any sexual abuse/harassment incident. They report all incidents immediately to supervisors. Policy 106-A-1 thru 6 page 1 covers all elements of the standard. There are no juveniles housed at the facility.*

[ space for comments extends as needed here ]

Standard number here **115.262** STANDARD INSERTED HERE *Agency protection duties.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Random staff interviews including District Director indicated all staff are aware of their duty to protect residents and take immediate action of separation and preserving evidence. Policy 106-B1 page 1 covers all aspects of the standard.*

[ space for comments extends as needed here ]

Standard number here **115.263** STANDARD INSERTED HERE *Reporting to other confinement facilities.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 106-C1-3 page 1 covers all elements of the standard. Staff interviews including District Director and executive staff, the facility will comply with the standard and cooperate with the facility reporting the incident and document notification.*

[ space for comments extends as needed here ]

Standard number here **115.264** STANDARD INSERTED HERE *Staff first responder duties.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Interviews with Residential Officers, Parole Officers and other random staff indicated staff understand and comply with all elements of the standard, i.e. separation, collection of evidence, preserving incident scene and reporting*



to supervision & Policy 106-D1 a-d page 1 covers all elements of the standard.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.265** STANDARD INSERTED HERE *Coordinated response.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*A detailed PREA Plan and Policy 106-E1 page 1 cover all elements of the standard is in place for a coordinated response by first responders. Responders included are, law enforcement, medical and mental health providers and advocacy crisis center. Staff interviews indicated staff are aware of the plan.*  
[ space for comments extends as needed here]

Standard number here **115.266** STANDARD INSERTED HERE *Preservation of ability to protect residents from contact with abusers.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Facility Human Resource documentation and AFSCME agreement were reviewed and the documents protect residents from sexual abuse / harassment by staff. Staff will be disciplined for involvement of any sexual abuse or harassment incident. Policy requires staff to sign documents indicating awareness of discipline.*  
[ space for comments extends as needed here]

Standard number here **115.267** STANDARD INSERTED HERE *Agency protection against retaliation.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 106-F1-4 pages 1-2 covers all elements of the standard. The facility has a retaliation monitor who monitors incidents for retaliation for at least 90 days or longer if needed, there were no incidents of retaliation the past 12 months.*  
[ space for comments extends as needed here]

Standard number here **115.271** STANDARD INSERTED HERE *Criminal and administrative agency investigations.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 107-A1-9 pages 1 and 2 cover the elements of the standard. The facility has three staff who are trained investigators through the Moss Group, who conduct administrative investigations. The facility has the Fort*

Dodge Police Department and the IDOC Investigative Division conduct criminal investigations. The County Attorney Office is used for prosecution of criminal cases.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.272** STANDARD INSERTED HERE Evidentiary standards for administrative investigations.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy 107-B1 page covers all elements of the standard when determining the preponderance of the evidence. When to determine whether allegations of sexual abuse harassment are substantiated, unsubstantiated or unfounded. Staff interviewed indicated they understood the requirements. [ space for comments extends as needed here]

Standard number here **115.273** STANDARD INSERTED HERE Reporting to residents.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Staff interviews and Review Team interviews indicated residents are notified verbally whether the investigation of the incident was determined to be substantiated, unsubstantiated or unfounded. Policy 107-C1-4 page 1 and 2 and 107-A-10 page 1 cover all the elements of the standard. [ space for comments extends as needed here]

Standard number here **115.276** STANDARD INSERTED HERE Disciplinary sanctions for staff.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Human Resource documentation, AFSCME agreement and policy 108-A1-4 page 1 covers all the elements of the standard. The documents state staff are subject to be disciplined if involved in a sexual abuse/harassment incident. There were no disciplines the past 12 months. [ space for comments extends as needed here]

Standard number here **115.277** STANDARD INSERTED HERE Corrective action for contractors and volunteers.

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

**Auditor comments, including corrective actions needed if does not meet standard**

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Policy 108-B1-2 page 1 and 108-C1-7 pages 1 and 2 cover all elements of the standard. Policy states services with volunteer and contractor will cease until the investigation is completed, the contractors and volunteers are aware of policy



[Following information to be populated automatically from auditor compliance tool]

Standard number here *115.278* STANDARD INSERTED HERE *Disciplinary sanctions for residents.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 108-C1-7 page 1 covers all elements of the standard. Resident disciplinary sanctions are clearly stated in the handbooks and residents are informed during the intake process.*  
[ space for comments extends as needed here]

Standard number here *115.282* STANDARD INSERTED HERE *Access to emergency medical and mental health services.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*The facility has an MOU with local hospital Unity Point Health Trinity Regional Medical Center for medical and mental health services. Policy 109-A1-3 page 1 covers all elements of the standard. Residents are not responsible for medical or mental health service fees.*  
[ space for comments extends as needed here]

Standard number here *115.283* STANDARD INSERTED HERE *Ongoing medical and mental health care for sexual abuse victims and abusers.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 109-B1-8 page 1 covers all elements of the standard including proper follow-up care equal to or consistent to community care at no cost to the resident. The facility attempts to conduct a mental health evaluation of all known residents on resident abusers within 60 days of learning of the abuse history.*  
[ space for comments extends as needed here]

Standard number here *115.286* STANDARD INSERTED HERE *Sexual abuse incident reviews.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 110-A1-4 page 1 covers all elements of the standard. The facility has a Review Team that includes upper level staff. The allegations (2) incident reports were reviewed and found to be accurately reported.*



[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.287** STANDARD INSERTED HERE *Data collection.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Policy 110-B1-4 page 1 covers all the elements of the standard. The facility and IDOC Investigation Division collect, review and maintain all data concerning sexual abuse/harassment incidents. The data is reviewed at least annually.*  
[ space for comments extends as needed here]

Standard number here **115.288** STANDARD INSERTED HERE *Data review for corrective action.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*Data was reviewed by the auditor and verified the annual report was approved by the District Director and placed on website. Names are redacted from the report. Policy 110-C1-4 pages 1 and 2 cover all the elements of the standard.*  
[ space for comments extends as needed here]

Standard number here **115.289** STANDARD INSERTED HERE *Data storage, publication and destruction.*

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

**Auditor comments, including corrective actions needed if does not meet standard**

*The data is retained by the facility and the IDOC Investigation Division and administrative offices for safety and security of the data. Policy 110-B1-4 page 2 covers all elements of the standard.*  
[ space for comments extends as needed here]

Standard number here STANDARD INSERTED HERE *End of Report*

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

**Auditor comments, including corrective actions needed if does not meet standard**

[ space for comments extends as needed here]

<b>Standard number here</b> STANDARD INSERTED HERE
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

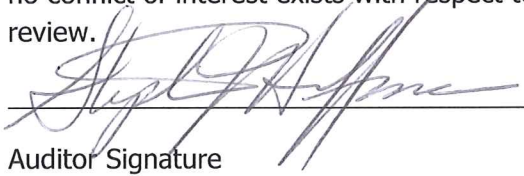
**Auditor comments, including corrective actions needed if does not meet standard**

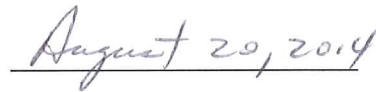
[ space for comments extends as needed here]

[Following information to be populated automatically from auditor compliance tool]

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

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

  
\_\_\_\_\_  
Date