

PREA Facility Audit Report: Final

Name of Facility: Davenport Work Release Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/23/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Cynthia Brunson Swier	Date of Signature: 07/23/2022

AUDITOR INFORMATION	
Auditor name:	Swier, Cynthia
Email:	cindykswier@yahoo.com
Start Date of On-Site Audit:	06/02/2022
End Date of On-Site Audit:	06/03/2022

FACILITY INFORMATION	
Facility name:	Davenport Work Release Facility
Facility physical address:	605 North Main Street, Davenport, Iowa - 52803
Facility mailing address:	

Primary Contact	
Name:	Angela Morris
Email Address:	angela.morris@iowa.gov
Telephone Number:	563-4845811

Facility Director	
Name:	Waylyn McCulloh
Email Address:	waylyn.mcculloh@iowa.gov
Telephone Number:	563-484-5830

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	120
Current population of facility:	88
Average daily population for the past 12 months:	84
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21-69
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	32
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Iowa Seventh Judicial District Department of Correctional Services
Governing authority or parent agency (if applicable):	
Physical Address:	605 Main Street, Davenport, Iowa - 52803
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Kevin Rommel	Email Address:	kevin.rommel@iowa.gov
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-02
2. End date of the onsite portion of the audit:	2022-06-03

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International Family Resources

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	84
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	86
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility profile does not allow for the housing of residents with significant physical or cognitive impairment. There is also no segregated housing at this facility. The other categories of targeted populations were not observed by the auditor. The auditor did inquire of residents while interviewing to determine if they would self-disclose any indicating information, however, there were none that were able to be further identified.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	32
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Due to the covid pandemic, there were no volunteers currently coming into the facility.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	This is a small facility. The auditor selected randomly from each floor male residents and female residents.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Due to the lack of targeted residents, additional random residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed additional random residents and asked questions to seek to determine if any met other targeted categories. One female resident indicated that she had previously been sexually victimized as a child. The appropriate targeted interview protocol was utilized to interview her in addition to the random interview questions.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility profile does not allow the housing of residents with significant physical or cognitive disabilities.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility profile does not allow for the housing of residents with significant physical or cognitive disabilities.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility profile does not allow for the housing of residents with significant physical or cognitive disabilities.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents observed by the auditor to possibly meet this category. All staff interviewed indicated that there were no LEP residents at this facility. Interviews with residents also indicated that there were no LEP residents at this facility.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed random residents and asked questions to determine if any would self-disclose their sexual identity. None of the residents indicated that they were lesbian, gay or bisexual. The auditor also asked staff if they were aware of any residents in these categories and all stated that they were not aware of anyone in these categories as being housed at this facility.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor inquired of staff and residents as to whether they were aware of any residents at the facility who were transgender. Both staff and residents indicated that they were not aware of anyone here at the facility who identified as being transgender.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were two (2) allegations of sexual abuse in the past 12 months, however, both of these residents were no longer housed at the facility.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregated housing area.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Due to the lack of residents to interview from targeted categories, the auditor interviewed additional random residents.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	10
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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If "Other," describe:	Interviews were conducted with both male and female staff. The mental health staff is technically a contract staff, but not specifically contracted with the facility, but rather, he is contracted with the Federal Bureau of Prisons to provided mental health services to the BOP residents.
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	This is a small residential work release center with 32 staff on various shifts. The auditor interviewed a total of 24 staff and 10 random staff.
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other</p>

<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>Two case managers were interviewed, two probation and parole officers and six residential officers (some from each shift).</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>N/A</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The auditor had access to all areas of the facility and was able to observe PREA informational signage which included the audit notice, PREA reporting information and information regarding access to outside entities as well as the entity providing victim advocacy services. The auditor was also able to observe critical functions in the facility including the intake process and risk screening process. The auditor also observed the privacy of the shower and restrooms, the telephone locations, and the placement of cameras and the surveillance capabilities. Staffing levels were also observed and informal interviews conducted with staff and residents.</p>

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The auditor selected the staff and residents for interviews and requested corresponding documents for these individuals (PREA training documentation, back-ground checks for staff, risk screening and intake documentation for residents, etc.).</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	0	0	2
Total	2	0	0	2

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	1
Total	0	1	0	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment or subsequent investigations at this facility in the previous 12 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>N/A</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
Identify the name of the third-party auditing entity	2K Consulting

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Policy and Procedure (PP) Gen 14.1, Introduction and Background 3. Policy and Procedure (PP) Gen 14.2, PREA Compliance 4. Policy and Procedure (PP) Gen 14.3, Sexual Violence and Sexual Harassment 5. Policy and Procedure (PP) Gen 14A.1, Tolerance Prevention 6. Policy and Procedure (PP) Gen 14.6, Definitions Related to Sexual Abuse 7. Policy and Procedure (PP) Gen 14G.1, Disciplinary Sanctions for Staff 8. Chapter 14A, Prevention Planning 9. 605 Staffing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings (By Provision):</p> <p>115.211(a) The agency has a comprehensive PREA Policy which mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. The policies address preventing sexual abuse and sexual harassment through the designation of a PREA Coordinator (PC), criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address detecting sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address responding to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.</p> <p>115.211(b) The agency's organizational chart reflects that the PREA Coordinator (PC) position is an upper-level position which reports directly to the facility director. The PC was interviewed and reported that his primary job responsibility is PREA compliance. He stated that he has direct access to the agency head. He is also the facility director and can implement policies and practices as necessary to ensure sexual safety requirements. He stated that he has sufficient time and authority to develop, implement and oversee the agency's efforts to comply with the PREA standards.</p> <p>Based on a review of the agency policies and procedures, the PAQ, the staffing plan, and an interview with the PREA Coordinator, this standard is determined to be compliant.</p>

115.212	<p>Contracting with other entities for the confinement of residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • FY22 Purchase of Service Agreement • PP GEN 14.2, Volunteer and Contractor Training • Chapter 14J, PP GEN 14J.1, Audit of Standards • Federal Contract Modification #6, Inter-Governmental Agreement 848.13 • Federal Contract Modification #7, Inter-Governmental Agreement 848.13 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Contract Administrator • Facility Director <p>Findings (By Provision):</p> <p>115.212 (a): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.</p> <p>115.212 (b): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.</p> <p>115.212 (c): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.</p> <p>Interviews with the Facility Director and the Agency Contract Administrator confirmed that the Davenport Work Release Facility does not contract with other entities for the confinement of residents. Based on this, this standard is not applicable.</p>
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115.213	Supervision and monitoring
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ul data-bbox="284 349 951 544" style="list-style-type: none"> • PAQ • 605 Staffing Plan • 605 Annual Staffing Plan • Residential Officers (RO) Schedule • PREA Building Checks • 7JD Davenport Work Release /OWI Center Data for PREA Audit <p data-bbox="242 573 352 602">Interviews:</p> <ul data-bbox="284 651 547 712" style="list-style-type: none"> • Facility Director • PREA Coordinator (PC) <p data-bbox="242 741 483 770">Findings (By Provision):</p> <p data-bbox="242 799 1469 927">115.13 (a): The facility policy indicates that the facility has a staffing plan that provides for adequate levels of staffing and is also enhanced by video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video surveillance, the facility considers the physical layout of the facility, the composition of the resident population, the prevalence of any incidents of sexual abuse and any other relevant factors.</p> <p data-bbox="242 956 1481 1218">115.213 (b): The PREA Coordinator is responsible for reviewing the PREA staffing Plan in conjunction with the daily Residential Officer Schedule. In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. Notifications are then made to the Facility Director. Interviews with the PREA Coordinator / Facility Director indicated that when there is a shortage of staff for illness or other circumstance, other staff are utilized to fill in. At times, administrative staff are also utilized to ensure that the facility staffing plan is adhered to and avoids deviations. There are numerous video cameras throughout the facility with rotating, zoom and retention capabilities. This surveillance system further enhances the established staffing plan. In conjunction with this, there are also concave mirrors in key areas throughout the facility.</p> <p data-bbox="242 1247 1485 1411">115.213 (c): The facility staffing plan is reviewed no less than once annually by facility administration in collaboration with the PREA Coordinator. The facility staffing plan assessment review is documented and recommendations and modifications are implemented as appropriate. The assessment determines and documents whether adjustments are needed to the established staffing plan, prevailing staffing patterns, the use of video monitoring systems and other monitoring technologies, and any other resources the facility has available to commit to ensure adequate staffing levels.</p> <p data-bbox="242 1440 1477 1500">Based on a review of the facility PREA policy, the PAQ, the staffing plan, the staff rosters and observations made during the tour and interviews with the Facility Director / PREA Coordinator, this standard appears to be compliant.</p>

115.215 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- PAQ
- PP GEN 14A.3
- Cross Gender Viewing and Searches Prevention
- Intake Form
- PREA Handbook
- Transgender / Intersex Addendum
- PREA Residential Staff E-Learning Record

Interviews:

- Random Staff
- Random Residents

115.215 (a): The Davenport Work Release Facility PREA policy prohibits body cavity searches except in exigent circumstances. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months and that the facility does not conduct these types of searches in general. Interviews with staff indicated that male residents are strip searched by male staff only. The female residents are only strip searched by female staff. Interviews with residents indicated that none had been naked in front of staff of the opposite gender. Interviews with residents and staff indicated that female residents are never touched by male staff. When a male staff searches a female staff, it is only with the hand-held wand metal detector. There were no non-medical staff who were involved in cross-gender strip or visual searches.

115.215 (b): The Davenport Work Release Facility PREA policy prohibits staff from conducting cross gender pat searches of residents. Interviews with random staff and random female residents indicated that they are searched by female staff. Interviews with random male residents indicates that they are searched by male staff.

115.215 (c): The Davenport Work Release PREA policy requires staff to document all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat searches of female residents. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months at this facility.

115.215 (d): The Davenport Work Release Facility PREA policy indicates that the facility enables residents to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, they require staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with random residents and interviews with random staff indicated that residents have privacy when showering, using the restroom and changing clothes. A tour through the facility noted that each resident housing room had a bathroom with a door and a shower with a curtain. There are also outer doors to the rooms which lead into the hallway. Interviews with random residents and random staff confirm that staff of the opposite gender announce their presence when entering a housing unit. During the site review, the auditor observed postings on the door of all housing units reminding opposite gender staff to announce their presence prior to entering. When the audit team entered a housing unit during the tour staff announced, "female in the unit".

115.215 (e): The Davenport Work Release Facility PREA policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PAQ indicated that there are no transgender residents at the facility. Interviews with random residents and random staff indicated there currently are not any transgender residents in the facility. Interviews with a random sample of staff also indicated that residents would not be searched or physically examined for the sole purpose of determining their genital status.

115.215 (f): The Davenport Work Release Facility PREA policy requires that staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PAQ indicated that 100% of security staff had received training in how to conduct pat searches. A review of a random sample of training records indicated that staff had received the PREA training, which included a video on searches, including cross-gender strip and cross-gender visual body searches. Interviews with a random sample of staff indicated that they received this training and

that they conduct all searches in a professional and respectful manner. Interviews with random staff indicated that they were able to describe what an exigent search would be and knew that these searches would need to be authorized and documented.

Based on a review of the PAQ, the PREA policy, staff training curriculum, a random sample of staff training records, observations made during the site review to include the presence of opposite gender announcement postings, opposite gender announcements in housing units, bathrooms with doors and shower curtains in resident housing areas as well as information from interviews with random staff, and random residents related to privacy in the bathroom as well as training on professional and respectful searches indicate this standard appears to be compliant.

115.216	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ul data-bbox="284 349 1037 477" style="list-style-type: none"> • PP GEN 14A.4, Policy on Offenders with Disabilities Prevention Inclusion • Iowa Roster of Court Interpreters, 2019 and 2022 • PREA Resource Center (PRC), PREA Disability Guide, October 2015 • LanguageLink Instructions <p data-bbox="242 508 352 537">Interviews:</p> <ul data-bbox="284 586 501 680" style="list-style-type: none"> • Agency Head • Random Staff • Random Residents <p data-bbox="242 712 384 741">Observations:</p> <ul data-bbox="284 790 687 819" style="list-style-type: none"> • PREA Posters in English and Spanish <p data-bbox="242 848 483 878">Findings (By Provision):</p> <p data-bbox="242 936 1485 1167">115.216 (a): The facility PREA policy establishes the procedure to provide disabled residents an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Residents who are deaf or hard of hearing are provided information in written format while residents who are blind or have an intellectual/cognitive disability would be read PREA information by staff. Interviews with the Agency Head indicated that residents receive PREA information in a format that they can understand. During the site review, the PREA signage was observed to be in large text and in English as well as Spanish. PREA information is provided to the resident population through various methods: video, pamphlets and posters in English and in Spanish and verbally by staff.</p> <p data-bbox="242 1196 1485 1487">115.216 (b): The facility PREA policy establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). The agency has a staff translator list which is utilized by the facility for any residents who are LEP. Policy and interviews indicate that the agency's PREA information is available in numerous formats to include: written (English and Spanish), and video in English and Spanish and that PREA information is available throughout the facility in English and Spanish. Interviews with the Agency Head and residents indicated that the residents received PREA information in a format that they can understand. All of the residents interviewed indicated that they had received PREA education in a manner that they could understand. During the site review, it was observed that PREA signage was posted throughout the facility in English and Spanish.</p> <p data-bbox="242 1516 1485 1747">115.216 (c): The facility PREA policy prohibits the use of resident interpreters for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where a resident was utilized for this purpose. Interviews with a random sample of staff indicated that residents are not utilized to translate for PREA purposes. Staff indicated that they had a list of staff they could utilize to translate in these types of circumstances. Interviews with residents indicated that other inmates were not utilized to translate for them or provide assistance. There were no LEP residents at the facility at the time of the onsite audit. The facility provided a list of staff both at the facility and in the agency who speak and can translate in languages other than English.</p> <p data-bbox="242 1776 1485 1870">Based on a review of the PAQ, the PREA policy, the staff translator list, the observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff, and random residents indicates that this standard appears to be compliant.</p>

115.217

Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- PP Gen 14A.5, Promotion Decisions Prevention
- Residential Officers Interview Questions
- 7th Judicial District Hiring Process
- Record Check (example) - NCIC, DL, Sex Registry, State CCH
- Residential Officers Background - Record Checks, 2021-2022
- Contractor Background Checks
- Five Year Background Checks for Current Staff
- Interviews: Human Resources staff

Findings (By Provision):

115.217 (a): The facility PREA policy indicates that the agency will not hire or promote anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files of staff indicated that all staff are asked about the above incidents in their application. Additionally, all staff and contractors have a criminal background completed prior to being authorized to work at the facility.

115.217 (b): The facility PREA policy indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with residents. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.217 (c): The facility PREA policy indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with residents. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with residents had received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated 100% of the random sample reviewed had a criminal background completed initially and annually thereafter. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all law enforcement agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.217 (d): The facility PREA policy indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that 100% of the staff have had a criminal background check prior to enlisting services. A review of a random sample of contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

115.217 (e): The facility PREA policy outlines the system that is in place to capture criminal background information. All staff and contractors are fingerprinted and anytime an individual in this system is arrested, the facility is immediately notified. All staff have an annual background completed each year in addition to the fingerprint process. The interview with Human Resource staff confirmed that all staff and contractors are entered into the system and that any arrests are immediately reported to the agency.

115.217 (f): The facility PREA policy indicates that the agency will ask all applicants and employees who have contact with residents directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of personnel files of staff indicated that all staff were asked about the above incidents in their supplemental application. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the employment application supplement that is required for all applicants.

115.217 (g): The facility PREA policy indicates that material omissions regarding sexual misconduct or the provision of

materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.217 (h): The facility PREA policy indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, the facility PREA policy, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

115.218	<p>Upgrades to facilities and technology</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • 605 Staffing Plan 2022 • 605 Camera Layout 2022 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Facility Director <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Observations of Absence of Modification to the Physical Plant • Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.218 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as interviews with the Agency Head and Facility Director confirmed there have not been any modifications to the facility since August 20, 2012. During the site review, the auditor did not observe any renovations, modifications or expansions.</p> <p>115.218 (b): The facility installed nine (9) additional cameras in July 2021. The facility PREA policy indicates that prior to new installation, the administrative staff will coordinate with the PC to consider how new updates will help to ensure the facility's ability to protect residents from sexual abuse. The PAQ as well as interviews with the Agency Head and the Facility Director confirmed that safety factors were considered in the staffing plan and subsequent purchase and installation of additional cameras. Cameras were noticed by the auditor throughout the facility and observation was also made of the video feed at various locations throughout the facility as well as the use of safety mirrors.</p> <p>Based upon the onsite observations, interviews with the Agency Head and the Facility Director as well as a review of the provided documents, this standard appears to be compliant.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 363 297">Documents:</p> <ul data-bbox="284 349 1182 645" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Policy and Procedure (PP) GEN 14F, Criminal and Administrative Investigations • MOU with Davenport Police Department • MOU with Family Resources • MOU with Sott County Attorney • MOU with Genesis Medical Center • Chapter 14B, PP GEN14B.1, Evidence Protocol and Forensic Exams • Department of Justice - A National Protocol for Sexual Assault Medical Forensic Exams • Victim Advocacy Information <p data-bbox="244 674 352 701">Interviews:</p> <ul data-bbox="284 752 927 882" style="list-style-type: none"> • Random Staff • Program Supervisor, Family Resources • PREA Coordinator • Residents who Reported a Sexual Abuse (none at this facility) <p data-bbox="244 911 483 938">Findings (By Provision):</p> <p data-bbox="244 1003 1485 1261">115.221 (a): The facility PREA policy outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Davenport Police Department is responsible for conducting criminal investigations. The facility has a community partnership agreement with the Davenport Police Department. According to the MOU, it is agreed and understood that the law enforcement agency will provide investigative services to residents and staff of the facility pursuant to this standard, on a 24 hour, 7 days a week basis. Interviews with random staff indicated they are aware of evidence protocol. They indicated they were aware of how to preserve evidence.</p> <p data-bbox="244 1292 1485 1420">115.221 (b): The facility PREA policy outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ as well as PREA policy this was developed appropriate for youth and was adapted from the DOJ’s Office of Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents”.</p> <p data-bbox="244 1451 1485 1778">115.221 (c): The facility PREA policy indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. The inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. The hospital providing forensic exams is the Genesis Medical Center in Davenport, Iowa, which operates twenty-four (24) hours, seven (7) days per week. The hospital provides sexual assault exams by Sexual Assault Nurse Examiners / Forensic Examiners. These exams are offered without financial cost to the victim or the victim’s family. The PAQ indicated that during the previous twelve months, there have been no forensic exams conducted. The PAQ indicated that if needed, these exams would be completed at the local hospital which provides a SANE/SAFE or a qualified medical practitioner. Medical staff were interviewed and verified that forensic medical exams are conducted at the local hospital, if one is needed and that the exams are provided by a qualified medical practitioner.</p> <p data-bbox="244 1809 1485 2036">115.221 (d): The facility PREA policy outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. The facility has an MOU in place with Family Resources. This agency provides mental health counseling, victim advocacy and emotional support services to residents at the WRC. Interviews with the residents and staff indicated the Family Resources is available to provide advocacy services if needed or requested. Residents interviewed were aware of this information. The Family Resources staff will accompany the resident victim to the hospital if there is a sexual assault exam. Interviews with the PC and residents as well as a conversation with staff at Family Resources indicated that this was the process.</p> <p data-bbox="244 2067 1485 2159">115.221 (e): The facility PREA policy outlines the process for resident victim services. The plan indicates that a victim advocate from a rape crisis center (Family Resources) will be available to the resident victim. The facility does have an MOU in place with a local community provider, Family Resources. Interviews with the residents and the staff indicated Family</p>

Resources is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. The PC and residents were interviewed and verified that there is a process in place to provide a victim advocate to provide emotional support, crisis intervention, information and referrals if requested by the victim.

115.221 (f): The facility is responsible for conducting administrative investigations while the Davenport Police Department is responsible for conducting criminal investigations. The PD is independent of the agency, however the MOU with this PD indicate they are required to comply with all federal PREA standards.

115.221 (g): The facility is responsible for conducting administrative investigations while the Davenport Police Department is responsible for conducting criminal investigations. The PD is independent of the agency, however the MOU with this agency indicates they are required to comply with all federal PREA standards.

115.221 (h): The facility PREA policy outlines the process for resident victim services. The plan indicates that a victim advocate from a rape crisis center (Family Resources) will be available to the resident victim. The facility does have an MOU in place with a local community provider, Family Resources. Interviews with the residents and the staff indicated Family Resources is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. The PC and residents were interviewed and verified that there is a process in place to provide a victim advocate to provide emotional support, crisis intervention, information and referrals if requested by the victim.

Based on a review of the PAQ, the facility PREA policy, MOU with Family Resources, Davenport PD and information from interviews with the PREA Coordinator and interview responses from residents, this standard appears to be compliant.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ul data-bbox="284 349 879 477" style="list-style-type: none"> • PAQ • PP GEN 14B.2, Referrals of Allegations for Investigations • MOU with Davenport PD • MOU with Scott County Attorney <p data-bbox="242 506 352 535">Interviews:</p> <ul data-bbox="284 584 488 647" style="list-style-type: none"> • Agency Head • Investigative Staff <p data-bbox="242 676 483 705">Findings (By Provision):</p> <p data-bbox="242 734 1485 994">115.222 (a): The facility PREA policy outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The PC is notified of all allegations of sexual abuse and harassment. If the allegation requires an administrative investigation, the PC will ensure an administrative investigation is completely promptly. The PAQ indicated that there were no allegations reported within the previous twelve months. A review of documentation confirmed there were no allegations reported. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by a trained staff member at the facility and/or criminally by local law enforcement. The interview also indicated the facility investigators had received specialized investigator training.</p> <p data-bbox="242 1023 1481 1151">115.222 (b): The facility PREA policy and MOUs with the local police department indicate that this law enforcement agency is the primary investigative entity for conducting criminal investigations at the facility. Interviews with investigative staff at the facility and contact made with the local police department indicate that these agencies have the legal authority to conduct criminal investigations. The policy regarding investigations is published on the agency's website: http://seventhdcs.com</p> <p data-bbox="242 1180 1481 1279">115.222 (c): The facility PREA policy and MOU with the local police department indicate that this law enforcement agency is the primary investigative entity for conducting criminal investigations at the facility. The policy outlines the responsibilities of the WRC and local law enforcement agencies as it relates to investigations.</p> <p data-bbox="242 1308 411 1337">115.222 (d): N/A</p> <p data-bbox="242 1366 411 1395">115.222 (e): N/A</p> <p data-bbox="242 1424 1465 1485">Based on a review of the PAQ, the facility PREA policy, MOU with the Davenport Police Department, the agency's website and information obtained via interviews with the Agency Head and Investigators, this standard appears to be compliant.</p>

115.231	Employee training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ul data-bbox="284 349 770 477" style="list-style-type: none"> • PP GEN 14C.1, Employee Training • PREA E-learning • PREA Training for Contractors and Volunteers • Sample electronic training acknowledgement <p data-bbox="242 506 352 535">Interviews:</p> <ul data-bbox="284 584 448 613" style="list-style-type: none"> • Random Staff <p data-bbox="242 642 483 672">Findings (By Provision):</p> <p data-bbox="242 701 1485 1128">115.231 (a): The facility PREA plan indicates that all staff are required to receive PREA training. A review of the PREA training curriculum confirms that the agency trains all employees who may have contact with residents on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Additionally, records indicated that staff received training weekly at shift meetings and monthly at other meetings. The PC ensures that staff are trained on a different section of PREA monthly. Interviews with random staff confirmed that they had received PREA training within the previous twelve months and that they continuously receive PREA training. The staff were exceptionally knowledgeable on PREA.</p> <p data-bbox="242 1158 1477 1352">115.231 (b): The facility PREA policy indicates that the training shall be tailored to the gender of the residents at the unit of assignment and that the employee shall receive additional training when transferring to a unit with residents of a different gender. The facility houses male and female residents. The staff receive training tailored to both male and female residents. The PAQ indicated that training is tailored to the gender of the residents at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training.</p> <p data-bbox="242 1382 1481 1543">115.231 (c): The PAQ indicated that 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that in between trainings, staff are provided PREA information. A review of documentation confirmed that all staff received PREA training and that they receive an annual refresher training during in-service. A sample of staff training records indicate that all the staff reviewed received the PREA training. Interviews with random staff confirm that they received training.</p> <p data-bbox="242 1572 1489 1668">115.231 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign an acknowledgement of training once completed.</p> <p data-bbox="242 1697 1437 1760">Based on a review of the PAQ, the facility PREA policy, the PREA staff training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that this standard is compliant.</p>

115.232	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ul data-bbox="284 349 871 445" style="list-style-type: none"> • PREA Training Powerpoint - Contractors and Volunteers • Acknowledgement of Training • Contractor Background checks <p data-bbox="242 472 352 501">Interviews:</p> <ul data-bbox="284 551 759 580" style="list-style-type: none"> • Volunteers (none at this facility) / Contractors <p data-bbox="242 607 483 636">Findings (By Provision):</p> <p data-bbox="242 663 1493 960">115.232 (a): The PAQ indicated that volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive training and as well as information in the volunteer handbook. The facility PREA policy describes the required training and indicates that the training is based on the type and level of services provided and the level of contact with residents. The facility has 0 volunteers and 6 contractors (Safer Foundation) who have had received PREA training. There are no volunteers coming into the facility at this time due to covid precautions. A review of sample training documents for contractors indicated that those reviewed received PREA training. Additionally, the interviews conducted with the contract staff confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to facility staff if they were informed of an allegation.</p> <p data-bbox="242 987 1485 1252">115.232 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the PREA training and receive information in the training Powerpoint. The training provides information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The facility PREA policy describes the required training and indicates that the training is based on the type and level of services provided and the level of contact with residents. Interviews with contractors indicated that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation. There are no volunteers coming to the facility at this time due to covid precautions.</p> <p data-bbox="242 1279 1473 1375">115.232 (c): The PAQ and a review of sample training documents for contractors indicated that those reviewed had signed the Acknowledgment of Volunteer Training form. These forms document that they received and understood the training. There are no volunteers coming into the facility at this time due to covid precautions.</p> <p data-bbox="242 1402 1426 1467">Based on a review of the PAQ, the facility PREA policy, the PREA training video transcript and a review of a sample of contractor training records as well as interviews with contractors indicate that this standard appears to be compliant</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation:

- PAQ
- PP GEN 14C.3, Offender Education
- Victim Advocacy Contacts
- PREA Informational Posters
- Resident Handbook
- Intake Packet
- PAQ Data for 7JD Davenport Work Release / OWI Center
- Court Interpreters List

Interviews:

- Intake Staff
- Random Residents

Site Review Observations:

- Observations of Intake Area
- Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.233 (a): The facility PREA policy outlines the requirement for residents to receive PREA education. In most cases, the RCF provides residents with information regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents within seventy-two (72) hours of the intake process. The PAQ indicated that 276 residents received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of residents who received this information at intake. A review of documentation indicated the resident handbook as well as the PREA brochure included information on the zero tolerance policy and the reporting methods. Both documents are provided to residents at intake. A review of a sample of resident files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the site review, the auditor observed the intake area and was provided an overview of the intake process. Residents were provided a handout/brochure and were also asked the risk screening questions during this time. A video of the PREA education is played for the resident to view in the intake area. The interview with intake staff indicated that the facility provides residents information related to the zero-tolerance policy and reporting mechanism via the orientation packet. Random residents that were interviewed indicated that they received PREA information at the time of intake.

115.233 (b): The facility PREA policy states that residents will receive refresher training whenever they are transferred from another facility. The PAQ indicated that there were no residents transferred from other facilities within the past 12 months. Interviews with the intake staff and random residents confirmed that all residents receive comprehensive PREA education via a video upon their arrival to the facility.

115.233 (c): Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. There were no residents at the facility during the on-site audit who were disabled or LEP. Staff and resident interviews indicate that the facility provides the PREA education in English and Spanish, to include resident handbooks, pamphlets and posters. The facility also has technology to assist hearing impaired residents and a list of interpreters to utilize, when necessary.

115.233 (d): Intake staff documents verification of resident orientation and education on PREA by completing the Resident PREA acknowledgment form. The form is maintained by the PC. All residents, including those transferred from another facility also receive comprehensive PREA information. Intake staff have residents sign and acknowledge the PREA Acknowledgment form informing residents on how to make reports of sexual abuse and sexual harassment along with the PREA brochure with contact numbers to outside counseling services.

115.233 (e): PREA information posters are displayed throughout the facility and information is given to the residents in the resident handbook. The PREA information is continuously and readily available or visible to residents at the facility.

Based on a review of the PAQ, the facility PREA policy, the resident handbook, the PREA brochure, the PREA education video, a sample of resident records, observations made during the site review which included the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random residents, this facility appears to be compliant.

115.234	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14C.4, Specialized Training: Investigations • Investigator Training Certificates • Investigator Training Curriculum <p>Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff <p>Findings (by provision):</p> <p>115.234 (a): The facility PREA policy indicates that the PC shall ensure that more than one person at the facility receives training as a sexual abuse investigator. The WRC/RCF has five (5) investigators including the facility director who completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. The facility provided copies of three investigators completed specialized training certificates.</p> <p>115.234 (b): The facility investigators specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>115.235 (c): The facility provided copies of specialized training certificates documenting that three investigators at the facility had completed specialized investigation training.</p> <p>115.234 (d): N/A</p> <p>Based on a review of the PAQ, the investigation training curriculum, a review of the investigator training records and certificates, and interviews with investigation staff this standard appears to be compliant.</p>
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115.235	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14C.5, Specialized Training: Mental Health Care <p>Interviews:</p> <ul style="list-style-type: none"> • Medical / Mental Health Staff (none at this facility) • Facility Director <p>Findings (by provision):</p> <p>115.235 (a): The facility PREA policy indicates that medical and mental health care professionals who work regularly in the facility shall receive specialized medical training on a biennial basis. This training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations of sexual abuse and sexual harassment. There are no medical or mental health staff who work at this facility. Mental health services are provided through an MOU with Family Resources.</p> <p>115.235 (b): Forensic exams are not conducted by facility medical staff. The facility has a MOU with Genesis Medical Center in Davenport, Iowa, which operates twenty-four (24) hours, seven (7) days per week. This hospital provides sexual assault exams by a certified Sexual Assault Nurse Examiner/Forensic Examiner.</p> <p>115.235 (c): There are no medical or mental health staff who work at this facility.</p> <p>115.235 (d): The facility PREA policy indicates that all staff, including medical staff shall be trained on their responsibilities under the zero-tolerance policy for sexual abuse and sexual harassment. There are no medical or mental health staff who work at this facility.</p> <p>Based on the PAQ, the facility PREA policy, and an interview with the facility director regarding the absence of medical and mental health staff at this facility, this standard appears to be compliant.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ 2. PP GEN 14D.1, Screening for Risk of Sexual Victimization and Abusiveness • Sexual Violence Propensity (SVP) Assessment Scoring Guide for Offenders • PAQ Data for 7JD Davenport Residential Corrections Facility • Resident Initial and Re-assessment Screening • Resident Initial and Re-assessment Screening for Victims of Sexual Abuse and Perpetrators of Sexual Abuse • Resident Records of those Admitted to the Facility within the past 12 months (sample) <p>Interviews:</p> <ul style="list-style-type: none"> • Staff Who Conduct Risk Screening • PREA Coordinator (PC) • Random Residents <p>Findings (By Provision):</p> <p>115.241 (a): The facility PREA policy indicates that all residents will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the on-site audit, the auditor observed the intake area, where the initial intake risk screening occurs. The risk screening formal assessment is conducted within a few days of intake in a private office setting, typically with a case manager. Interviews with random residents confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that residents are screened at intake and that the offender assessment screening form is completed by the case managers.</p> <p>115.241 (b): The facility PREA policy indicates that all residents will be assessed during the intake screening for their risk of being sexual abused by other residents or sexually abusive toward other residents within 72 hours. The PAQ indicated that residents are screened within this timeframe and that 273 residents were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of resident files confirmed that this screening ordinarily takes place within 72 hours.</p> <p>115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Sexual Victimization Propensity (SVP) form indicated that residents are asked these questions by staff.</p> <p>115.241 (d): A review of the Sexual Victimization Propensity (SVP) form indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the resident has a mental, physical or developmental disability; the age of the resident; the physical build of the resident; whether the resident was previously incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the resident has previously experienced sexual victimization and the resident's own perception of vulnerability. Residents at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included.</p> <p>115.241 (e): A review of the Sexual Victimization Propensity (SVP) form confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the resident is a potential predator and how to house accordingly.</p> <p>115.241 (f): A review of the facility PREA policy indicates that residents would be reassessed for their risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that all residents were reassessed within 30 days. An interview with staff responsible for the risk screening indicated that residents are reassessed between 15 and 30 days. The PAQ indicated that 244 residents were received at the facility in the previous 12 months whose length of stay was over 30 days. The PAQ also indicated that 100% of these residents had been reassessed. Interview with random residents indicated that they were asked the risk screening questions typically on the first or second day. A review of a sample of resident files who had been housed at this facility for a more extended period of time indicated that residents are being reassessed within the 30-day timeframe.</p>

115.241 (g): A review of the facility PREA policy indicates that residents would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for risk screening indicated that residents are re-assessed by the case managers in the event of new information arising or incidents occurring which may indicate a change in the resident's risk need. Interviews with random residents indicated that they were asked the risk screening questions at least twice and a few had been asked more than twice. A review of a sample of resident files indicated that residents are being reassessed.

115.241 (h): A review of the facility PREA policy indicates that residents would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the resident has a mental, physical or developmental disability; whether or not the resident is or is not perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the resident previously experienced sexual victimization and the resident's own perception of vulnerability. The PAQ indicated that residents are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that residents are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random residents confirmed that they have never been disciplined for not answering any screening questions.

115.241 (i): The facility PREA policy, as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Interviews with the PREA Coordinator and staff responsible for the risk screening indicate that the information obtained during the risk screening is only assessable to the PC and the case managers. The residential counselors keep the risk screening in files securely locked and staff only use this information to keep residents safe through assignment of housing, work and programs.

Based on a review of the PAQ, the Sexual Victimization Propensity (SVP) form, the agency PREA policy, a review of resident files and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to be compliant.

115.242	Use of screening information
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 367 300">Documents:</p> <ul data-bbox="284 349 766 412" style="list-style-type: none"> • SVP Assessment Scoring Guide • PP GEN 14D.2, Use of Screening Information <p data-bbox="242 441 354 470">Interviews:</p> <ul data-bbox="284 519 849 613" style="list-style-type: none"> • PREA Coordinator (PC) • Staff Responsible for Risk Screening • Transgender / Intersex Residents (none at this facility) <p data-bbox="242 642 386 672">Observations:</p> <ul data-bbox="284 721 609 815" style="list-style-type: none"> • Resident Housing Units • Resident Restroom / Showers • Location of Resident Records <p data-bbox="242 844 486 873">Findings (By Provision):</p> <p data-bbox="242 902 1449 1162">115.242 (a): The facility PREA policy indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate residents at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the PC and staff responsible for the risk screening indicated that the information is used to make housing determinations and job assignment determinations. Interviews confirmed that residents at high risk of victimization would not be authorized work assignments or program/education assignments with residents at high risk of being sexually abusive. A review of resident files and of resident housing and work assignments confirmed that residents at high risk of victimization and residents at high risk of being sexually abusive were not housed together.</p> <p data-bbox="242 1227 1487 1386">115.242 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each resident. The interview with the staff responsible for the risk screening indicates that all resident risk assessments are reviewed by the PC to determine the safest housing, work and program assignments and they would not be placed in the same room. The PC is involved with all housing of residents who are at high risk of victimization or high risk of being sexually abusive.</p> <p data-bbox="242 1451 1481 1644">115.242 (c): The facility PREA policy indicates that housing assignments for all residents are considered on a case-by-case basis to ensure the resident's health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place. The interview with the PC indicated that these housing determinations are typically made on a case-by-case basis. Safety and security are taken into consideration when assigning housing. Interviews with residents indicated that they were all asked about their safety by staff at the facility. There were no transgender residents at the facility at the time of the onsite audit.</p> <p data-bbox="242 1709 1474 1836">115.242 (d): The facility PREA policy indicates that the inmate's own views with respect to his or her safety is given serious consideration. There were no transgender residents at the facility at the time of the onsite audit. Interviews with the PC, risk screening staff and random residents indicates that inmates are asked about their own perceptions of vulnerability and abusiveness during the risk screening.</p> <p data-bbox="242 1901 1490 2029">115.242 (e): All residents are allowed to shower separately from other residents. Observations from the facility site review showed that each room has a separate bathroom with a door and a shower with a curtain. There is also a door on each room which separates the room from the hallway. There were no transgender residents at the facility during the onsite phase of the audit.</p> <p data-bbox="242 2094 1481 2157">115.242 (f): The PAQ and a review of the housing assignments for residents indicated that these residents were assigned to various rooms in the facility depending on how they were assessed using the information from the SVP. Interviews with the</p>

PC and random residents indicated that there are no dedicated rooms in the facility for LGBTI residents.

Based on a review of the PAQ, the facility PREA policy, a review of resident housing assignments, a review of resident's assessments and information from interviews with the PC, staff responsible for conducting risk screenings and random residents indicate that this facility meets this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- PAQ
- PP GEN 14D.3, Offender Reporting
- National PREA Resource Center Third Party Reporting
- Resident Handbook
- Offender Reporting Procedure
- PREA Informational Posters
- Victim Advocacy Contacts
- PREA Investigations

Interviews:

- PREA Coordinator (PC)
- Random Staff
- Random Residents
- Investigative Staff

Site Review Observations:

- Observation of PREA posters - English and Spanish

Findings (By Provision):

115.251 (a): The facility PREA policy outlines the multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the resident orientation handbook, the PREA brochure and PREA signage indicated that there are multiple ways for residents to report. These reporting mechanisms include: telling a staff member they are comfortable discussing the issue with; sending a letter to the District Director; utilizing the Department grievance process; sending a letter to the Ombudsman; having a family member or trusted 3rd party call the facility to make a report; or reporting to the Davenport Police Department. During the site review, it was observed that information pertaining to how to report PREA allegations was posted in the housing areas, hallways, education rooms, lobby and throughout the facility. Interviews with a sample of residents confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most residents indicated that they would ask to speak to the PC, fill out a request form or tell a family member or friend. Interviews with random staff confirm that they take all allegations seriously and that residents have multiple ways (those indicated above) to report sexual abuse and sexual harassment. In the past 12 months, the facility has had two (2) allegations of sexual abuse. Both of these residents were no longer housed at the facility during the dates of the on-site audit. One of the investigations involved a relationship between a staff member and a former resident which was observed by other staff at a location outside of the facility. This allegation was reported by another staff member to facility management. The second allegation was made by a former resident who had since the alleged incident, transferred to another facility.

115.251 (b): The facility PREA policy indicates that the agency has a way for residents to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the resident handbook, the PREA brochure and PREA signage confirm the agency provides information and phone numbers for the outside entity reporting method. The outside entity is the Davenport Police Department and the Ombudsman's Office. During the site review, it was observed that information pertaining to how to report PREA allegations was posted in numerous locations throughout the facility. Residents can also have a third-party call the facility or local law enforcement. The interview with the PC indicated that the outside entity would receive the allegation and would immediately relay the reported information back to the facility. Interviews with a sample of residents confirm that they are aware of the outside reporting mechanism and that the information is posted in their housing area and throughout the facility.

115.251 (c): The facility PREA plan notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the resident handbook, the PREA brochure and PREA signage indicated residents could report

verbally, in writing, anonymously or through a third party. Interviews with a sample of residents confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to their supervisor. One of the investigations conducted in the past 12 months was based on an allegation received from another facility. This allegation was immediately documented and investigated.

115.251 (d): The facility PREA policy states that the agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The PAQ indicates staff can privately report to the Ombudsman or to local law enforcement. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of residents to any supervisor, or to law enforcement directly.

Based on a review of the PAQ, the facility PREA policy, the resident handbook, the PREA brochure, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PC, random residents and random staff as well as the two (2) allegations of sexual abuse, this standard appears to be compliant.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- PAQ
- Offender Grievance Policy
- PP GEN 14D.1, Exhaustion of Administrative Remedies
- Client Grievance Information
- Third Party Grievances (none in the past 12 months)
- Emergency Grievances (none in the past 12 months)

Interviews:

- Residents Reporting a Sexual Abuse (none in the past 12 months)
- Random Residents

Findings (By Provision):

115.252 (a): The facility PREA policy is the policy which specifies the use of inmate grievances. The PAQ indicated that the agency is not exempt from this standard.

115.252 (b): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require a resident to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the resident handbook indicated that it discusses the grievance procedures for the facility.

115.252 (c): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the resident may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the resident handbook indicated that it contains the grievance procedures for the facility.

115.252 (d): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the resident to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The resident must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the resident does not receive a response within the allotted timeframe, the resident will consider the absence of a response to be a denial. The PAQ indicated that there have been no grievances of sexual abuse filed in the previous twelve months. A review of the resident handbook indicated that it contains the grievance procedures for the facility. There were no grievances filed regarding sexual abuse in the past 12 months. Interviews with random residents indicated that they are aware of the policy regarding grievances and that it is in the resident handbook to reference, if needed.

115.252 (e): The facility PREA policy outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist residents in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the resident. In addition, it states that if a third party files a report on behalf of a resident that the agency may require the alleged victim to agree with the request prior to filing and if the resident declines, the facility will require the agency to document the resident's decision. No grievances were filed via third party in the past 12 months.

115.252 (f): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides residents the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months.

115.252 (g): The facility PREA policy indicates that a resident may be disciplined for filing a grievance in bad faith. The PAQ indicated that zero residents had been disciplined for filing a grievance in bad faith in the previous twelve months. A review of the grievances filed in the previous twelve months showed that none resulted in disciplinary action against the inmate for having filed the grievance in bad faith.

Based on a review of the PAQ, the facility PREA policy, the resident handbook, and information obtained from interviews with residents, this standard appears to be compliant.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14D.5, Offender Access to Outside Confidential Support Services • MOU with Family Resources • Resident Handbook • Victim Advocacy Contacts • MOU with Genesis Hospital • MOU with Davenport Police Department • MOU with Scott County Attorney <p>Interviews:</p> <ul style="list-style-type: none"> • Random Residents • Residents Who Reported Sexual Abuse (none in the past 12 months) • Executive Assistant at Family Resources <p>Findings (By Provision):</p> <p>115.253 (a): The facility PREA policy indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving residents mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that residents were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. Family Resources is the agency which provides these services to the WRC. Interviews with random residents indicated that they were familiar with the process of having emotional support services. An interview conducted via telephone with a staff member at Family Services verified the MOU and the services the agency provides to residents at the WRC.</p> <p>115.253 (b): The facility PREA policy confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentially. A review of the resident orientation handbook indicated residents may make calls from the facility on any of the pay phones and for emergencies or for work, they may use other phones indicated as business phones. Residents also have the availability of personal cell phones which are authorized for outside the facility (for work or other personal purposes). Interviews with random residents indicated that they were familiar with the process of having emotional support services. They also stated that there was plenty of availability to use the telephones.</p> <p>115.253 (c): This facility has a MOU with a community provider to provide emotional support services for victims of sexual abuse, which is Family Services. Residents are allowed to make phone calls to this or any provider by requesting from staff that they be allowed to call or by using the resident phones or their personal cell phones when outside the facility.</p> <p>Based on a review of the facility PREA policy, the resident handbook, the MOU with a community provider to provide confidential emotional support services related to sexual abuse, observations from the facility site review related to PREA signage and posted information and interviews with random residents and residents who reported sexual harassment, as well as interviews with facility staff and staff from Family Services this standard appears to be compliant.</p>

115.254	<p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14D.6, Third Party Reporting • Third Party Reporting Fact Sheet • PREA Informational Posters • Resident Handbook • Victim Advocacy Contacts • Offender Reporting Procedure <p>Interviews:</p> <ul style="list-style-type: none"> • Random Residents • Random Staff • PREA Coordinator • Facility Director <p>Findings (By Provision):</p> <p>115.254 (a): The facility PREA policy states that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. A review of the agency’s website confirms that third parties can report on behalf of a resident. Third parties can report directly to the facility director, the PREA Coordinator, the Iowa Office of the Ombudsman, the Iowa Department of Corrections, the emotional support agency, Family Services, the Crisis Intervention Services and the National Sexual Assault Hotline. Reports can also be made to the Davenport Police Department and can do so through written format, verbally and anonymously. Informational posters are visible throughout the facility with reporting information for residents and third parties. Interviews with residents, staff, the PC and the Facility Director confirms this policy,</p> <p>Based on a review of the PREA policy and the agency’s website, the resident handbook, the information in the intake packet for residents and the information posted and visible throughout the facility, this standard appears to be compliant.</p>
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115.261	Staff and agency reporting duties
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 363 300">Documents:</p> <ul data-bbox="284 349 858 443" style="list-style-type: none"> • PAQ • PREA Investigations • PP GEN 14E.1, Staff and Department Reporting Duties <p data-bbox="244 474 352 501">Interviews:</p> <ul data-bbox="284 555 547 649" style="list-style-type: none"> • Random Staff • Facility Director • PREA Coordinator (PC) <p data-bbox="244 680 483 707">Findings (By Provision):</p> <p data-bbox="244 734 1485 963">115.261 (a): The facility PREA policy outlines the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any resident or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.</p> <p data-bbox="244 994 1485 1120">115.261 (b): The facility PREA policy describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated this would be the extent of distributing information except for the requirement to complete a written report of the incident.</p> <p data-bbox="244 1151 1485 1245">115.261 (c): The facility PREA policy indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform residents of their duty to report and limits to confidentiality at the initiation of services. The facility does not have on-site medical and mental health staff.</p> <p data-bbox="244 1276 1485 1438">115.261 (d): The facility PREA policy indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Facility Director indicated that they had not had any of these reports but if they did, the facility would report the allegation to the designated state or local services agency under applicable mandatory reporting laws.</p> <p data-bbox="244 1469 1461 1527">Based on a review of the PAQ, the facility PREA policy and interviews with the PREA Coordinator and the Facility Director and random staff, as well as review of PREA investigations confirm this standard appears to be compliant.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 363 300">Documents:</p> <ul data-bbox="284 349 724 412" style="list-style-type: none"> • PAQ • PP GEN 14E.2, Agency Protection Duties <p data-bbox="240 441 352 470">Interviews:</p> <ul data-bbox="284 519 464 613" style="list-style-type: none"> • Agency Head • Facility Director • Random Staff <p data-bbox="240 642 483 672">Findings (By Provision):</p> <p data-bbox="240 701 1469 960">115.262 (a): The facility PREA policy indicates that when the agency learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The PAQ noted that there were no residents who were determined to be at risk of imminent sexual abuse. Interviews with random staff indicated that if a resident is having issues with other residents, that the facility would make appropriate housing changes, if necessary. The interviews with the Agency Head and the Facility Director indicated that any resident at risk would be removed from the situation immediately and an investigation would commence. The resident's job assignment, housing assignment and programming assignments would be reviewed. The resident may be moved to a different room, or moved to a new facility. Interviews with random staff indicated that they would immediately remove the resident from the situation.</p> <p data-bbox="240 990 1461 1050">Based on a review of the PAQ, the facility PREA policy and interviews with the Agency Head, Facility Warden and random staff indicate that this standard appears to be compliant.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ul data-bbox="284 349 884 443" style="list-style-type: none"> • PAQ • PP GEN 14E.3, Reporting to Other Confinement Facilities • PREA Investigation <p data-bbox="242 472 352 501">Interviews:</p> <ul data-bbox="284 553 464 613" style="list-style-type: none"> • Agency Head • Facility Director <p data-bbox="242 642 483 672">Findings (By Provision):</p> <p data-bbox="242 701 1473 927">115.263 (a). The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility will contact the outside entity where the abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility has had one (1) resident report that they were abused while confined at another facility. This allegation was made at a different facility alleging the resident had been abused at Davenport WRC. The notification was made by the facility to the facility director. The facility has not had a current resident allege a sexual abuse or sexual harassment at another facility.</p> <p data-bbox="242 956 1485 1120">115.263 (b): The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, a head of the facility will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has had one (1) resident report that they were abused while confined at another facility.</p> <p data-bbox="242 1149 1473 1312">115.263 (c): The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility will notify the head of the facility where the alleged abuse occurred and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has had no reports of sexual abuse received from another facility.</p> <p data-bbox="242 1341 1473 1469">115.263 (d): The facility PREA policy indicates that if the facility receives information from another agency head that a resident alleged they were sexually abused while housed at the facility, the allegation will be immediately investigated. The PAQ indicated that during the previous twelve months, the facility has had one (1) allegation of sexual abuse received from another facility. This allegation was immediately investigated. The investigation was provided to the auditor for review.</p> <p data-bbox="242 1498 1453 1592">Based on a review of the PAQ, the facility PREA policy and interviews with the Agency Head, the Facility Director and the PC, as well as a review of the investigation of the allegation received from another facility, this standard appears to be compliant.</p>

115.264	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ul data-bbox="284 349 754 412" style="list-style-type: none"> • PAQ • PP GEN 14E.4, Staff First Responder Duties <p data-bbox="242 441 352 470">Interviews:</p> <ul data-bbox="284 519 743 582" style="list-style-type: none"> • Security and Non-security First Responders • Random Staff <p data-bbox="242 611 483 640">Findings (By Provision):</p> <p data-bbox="242 669 1485 1025">115.264 (a): The facility PREA policy describes staff first responder duties. Specifically, it requires that upon learning that a resident was sexually abused, the first staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been two (2) allegations of sexual abuse, however, neither of these residents were still housed at the facility. The random staff interviewed were well versed in the specifics of their first responder duties. The staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct the residents not to destroy any physical evidence. In the past 12 months there were no allegations in which staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p data-bbox="242 1059 1477 1319">115.264 (b): The facility PREA policy describes staff first responder duties. Specifically, it requires that staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff are to tell the resident not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there have been no allegations sexual abuse by residents still housed at the facility. There were no instances in the past 12 months in which the first responder was a non-security staff. Interviews with first responders (security and non-security) and random staff confirm that they are aware of their first responder duties. Staff were very well versed on first responder duties.</p> <p data-bbox="242 1352 1469 1413">Based on a review of the PAQ, the facility PREA policy and interviews with staff first responders and random residents, this standard appears to be compliant.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 363 300">Documents:</p> <ul data-bbox="284 349 979 479" style="list-style-type: none"> • PAQ • Staff Assault Checklist • PREA Flow Chart - Offender on Offender Sexual Assault Allegation • PREA Flow Chart - Staff on Offender Sexual Assault Allegation <p data-bbox="240 506 352 535">Interviews:</p> <ul data-bbox="284 584 464 647" style="list-style-type: none"> • Facility Director • PC <p data-bbox="240 674 483 703">Findings (By Provision):</p> <p data-bbox="240 730 1490 927">115.265 (a): The PAQ indicated that the facility has a written plan which coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response plan shows that all areas are accounted for in the plan. Each section includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The Facility Director and PC confirmed that the facility has a plan and that it includes all the required components.</p> <p data-bbox="240 954 1453 1016">Based on a review of the PAQ, the coordinated response plan and the interview with the Facility Director and the PC, this standard appears to be compliant.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • AFSCMI Collective Bargaining Agreement 2017-2019 • AFSCMI Collective Bargaining Agreement 2021-2023 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Facility Director <p>Findings (By Provision):</p> <p>115.266 (a): The Collective Bargaining Agreement between the State of Iowa and the American Federation of State, County and Municipal Employees, Council 61 AFL-CIO, complies with this standard. Employees are subject to discipline, including removal, if they engage in sexual abuse or sexual harassment with a resident. The interview with the Agency Head confirmed that the agency has the ability to terminate staff for violations of PREA policies.</p> <p>Based on a review of the PAQ and the interview with the Agency Head, this standard appears to be compliant.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- PAQ
- PP GEN 14E.6, Agency Protection Against Retaliation
- Master Investigation Log Incident Review and Retaliation Log
- PREA Investigations

Interviews:

- Agency Head
- Facility Director
- Staff Member Charged with Monitoring Retaliation
- Residents Who Reported a Sexual Abuse (none who were still housed at the facility)

Findings (By Provision):

115.267 (a): The facility PREA policy outlines the agency's method for protection against retaliation. It addresses that the agency will protect all residents and staff who report sexual abuse and sexual harassment from retaliation by other residents and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Coordinator is responsible for monitoring for retaliation.

115.267 (b): The facility PREA policy outlines the agency's protection against retaliation. It addresses the multiple measures that the facility will take to protect residents and staff. These measures include housing changes, facility transfers, removal of the alleged staff abuser from contact with the victim, work changes for residents, and, if necessary, emotional support services. During the past 12 months, there have been two (2) sexual abuse allegations and investigations, however, neither of these residents were housed at the facility when they made the allegations. There have been no allegations of retaliation nor any reported fear of retaliation at the facility in the past 12 months. All residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head, the Facility Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and/or work changes and would follow up with any administrative action on staff such as shift change, removal or discipline.

115.267 (c): The facility PREA policy outlines the agency's protection against retaliation. It addresses that the facility will monitor the residents or staff for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the resident or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any resident's disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The PREA Retaliation Monitoring Log is utilized for monitoring staff and residents. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The auditor reviewed the two PREA allegations the facility investigated in the previous 12 months. Neither of the residents involved were still housed at the facility when the allegations were made. As previously stated, all residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Retaliation monitoring staff indicated that they would review the resident for at least 90 days and would check the resident's disciplinary reports, housing change and program changes. Retaliation monitoring staff also indicated they would check performance reviews and post assignment changes of staff.

115.267 (d): The facility PREA plan outlines the agency's protection against retaliation. It addresses that the facility will monitor the resident for at least 90 days following a report of sexual abuse and will conduct periodic status checks. The agency has a policy that outlines the procedure and utilizes the PREA Retaliation Monitoring Report to ensure all requirements are met and staff and residents are safe from retaliation. Additionally, all residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they review the resident for at least 90 days and would perform periodic in person

status checks. There have been two allegations sexual abuse in the previous 12 months, however, neither of these residents made the allegations while they were housed at the facility, therefore, there was no necessity for retaliation monitoring.

115.267 (e): The facility PREA policy outlines the agency's protection against retaliation. It addresses that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. Interviews with the Agency Head and Facility Director indicated that they would employ the same protective measures as stated previously related to staff and residents to include, housing changes, administrative action, removal of staff and/or disciplinary action.

115.267 (f): The facility PREA policy states that if an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

Based on a review of the PAQ, the facility PREA policy and the PREA Retaliation Monitoring Log (sample) and interviews with the Agency Head, Facility Director, staff charged with monitoring for retaliation, and the two (2) PREA investigations, this standard appears to be compliant.

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- PAQ
- Chapter 14F, PP GEN 14F.1, Criminal and Administrative Investigations
- Investigator Training Certifications
- MOU with Davenport Police Department
- MOU with Scott County Attorney
- Investigative Records for Allegations of Sexual Abuse or Sexual Harassment
- Record Retention Schedule (specified in PP GEN 14F.1)

Interviews:

- Investigative Staff
- Director
- PREA Coordinator (PC)

Findings (By Provision):

115.271 (a): The facility PREA policy states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. There were two allegations of sexual abuse or harassment at the facility for the previous twelve months. One of the investigations was submitted to the auditor as a PREA investigation, however, upon review of the circumstances, the incident is a violation of policy, but does not meet the criteria for a PREA allegation. A copy of the investigation is included in the documentation for this standard. The second investigation was alleged by the resident against staff after he had left this facility. This allegation was investigated and determined to be unfounded. The interview with the facility investigator confirmed that all investigations (administrative and criminal) would be completed promptly, thoroughly and objectively. Both investigations were submitted to the auditor. Although one was not deemed by the auditor as meeting the criteria for PREA, both were reviewed and appeared to have been investigated promptly, thoroughly and objectively.

115.271 (b): The PAQ indicated that currently there are five (5) facility investigators who complete PREA investigations. A review of training documents confirmed that all investigators have received specialized training. The interview with the investigative staff confirmed that the criminal investigations are conducted by a local law enforcement entity. The facility investigators received specialized training through the agency.

115.271 (c): The facility PREA policy discusses evidence collection including physical evidence, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were two allegations of sexual abuse at the facility for the previous twelve months. Both investigations were reviewed and neither allegations were made in a period of time which would have allowed for the collection of physical evidence. The investigations did contain witness statements and review of the information in the statements was completed and followed up by the investigators. The interview with the facility investigator indicated that in the event of an allegation and subsequent investigation, electronic evidence collection would be done and interviews completed as well as collection and preservation of any physical evidence for the criminal investigation. The interviews with investigative staff confirmed that in the event of a sexual abuse, that an investigator would respond immediately, would require the victim to be taken for a "rape kit" and would ensure the crime scene was secured until evidence collection initiated. The crime scene would be photographed and the alleged victim, alleged perpetrator and any witnesses would be interviewed. Cameras would be reviewed, if applicable, and a suspect list would be created, if applicable. Since the local law enforcement handles any criminal investigation, the facility investigator's role would be as initial gatherers of information and preserving and securing the scene. Contact would be made with local law enforcement and support would be given to the investigation as needed.

115.271 (d): The facility PREA policy states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The interview with the investigative staff confirmed that they would consult with the law enforcement entity conducting the criminal investigation and that the law enforcement entity would consult the prosecutor prior to the interview. A review of the two reports of sexual abuse the facility had in the past 12 months, one was substantiated, but was not referred for criminal prosecution. The other investigation was determined to be unfounded.

115.271 (e): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be

determined based on the individual's status as an inmate or staff member. Additionally, it indicates that residents would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigative staff confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on residents who allege sexual abuse. A review of the two sexual abuse allegations the facility investigated in the past 12 months, neither investigation utilized polygraph exams or other truth telling devices.

115.271 (f): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. There were two administrative investigations conducted in the previous twelve months. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. A review of the two investigations completed in the past 12 months show that this information was reviewed and considered by the investigators.

115.271 (g): The facility PREA policy states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The interview with the investigative staff confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports. The local police department investigates any sexual abuse allegations at the facility which are deemed to be criminal. A review of the two investigations completed in the past 12 months indicates that they both contain a thorough description of the physical, testimonial and documentary evidence.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with investigative staff confirmed if solid evidence was available and the elements were met for prosecution, that the case would be referred, however, this would not be referred by the facility, but by the law enforcement agency conducting the criminal investigation. The PAQ indicated that there were two (2) allegations of sexual abuse at the facility in the past 12 months. These investigations were reviewed by the auditor and one was not deemed by the auditor to rise to the level of PREA. The investigation was completed and referred to the local police department. Documentation of this was provided to the auditor. The police department declined to refer this case for prosecution. The second investigation was reviewed by the auditor and it is noted that it was determined by investigators to be unfounded.

115.271 (i): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it indicates that all written investigations are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of previous investigations indicates that older investigations are retained according to the policy.

115.271 (j): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or control of the agency shall not provide a basis for terminating an investigation. The interview with investigative staff confirmed that all investigations are completed regardless of whether staff leave/resign or if residents depart the facility or agency's custody. The PAQ indicated that there were two (2) allegations of sexual abuse at the facility in the previous 12 months. Both investigations were reviewed by the auditor and one was determined to not rise to the level of PREA. This incident involved a staff member and resident, however, the resident was no longer residing at the facility at the time of the beginning of the relationship. The staff member was terminated from employment for violating facility policy by having a relationship with the resident. The investigation shows that even though the staff member was terminated and the resident was no longer housed at the facility, the investigation continued until it was completed and a determination made as to the final outcome. The second investigation was an allegation made by a former resident who had transferred to another facility. The investigation was conducted even though the resident was no longer housed at the facility.

115.271 (k): N/A

115.271 (l): The facility PREA policy states the facility shall enter into a written Memorandum of Understanding with the outside agency investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Interviews with the Facility Director, PREA Coordinator, and Investigative Staff indicated that the agency and the local law enforcement have a MOU and have a great relationship and that information is shared from them with the PC who is also one of the facility investigators. The PREA investigations submitted to the auditor were completed by the facility investigator in conjunction with the local police department. The investigations were reviewed by the auditor and documentation was included which showed cooperative investigations by the facility and local law enforcement.

Based on a review of the PAQ, the facility PREA policy, training records, the PREA investigations and information from

interviews with the Agency Head, Facility Director, PREA Coordinator, and investigative staff, this standard appears to be compliant.

115.272	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • Criminal and Administrative Investigation Policy • PP GEN 14F.2, Evidentiary Standard for Administrative Investigations • PREA Investigations <p>Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a): The facility PREA policy describes the administrative investigation process. Specifically, it indicates that the agency does not impose a higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the records indicated that there were no sexual abuse/harassment administrative investigations completed within the previous twelve months. The facility indicated in the PAQ that there was one (1) allegation of sexual abuse in the previous 12 months, however, the auditor was provided the investigation and upon review by the auditor, it was determined that this incident did not meet the criteria for PREA. A second investigation was also completed by the facility. The investigations were determined to have been completed and a determination was made based on the standard of preponderance of evidence. One of the investigations resulted in a determination that was substantiated, however, due to the nature of the incident, it is determined by the auditor to be a violation of facility policy and is not a violation of PREA standards. The second investigation was determined to be unfounded. Interviews with investigative staff confirmed that all administrative investigations only require a preponderance of evidence to make a substantiated finding.</p> <p>Based on a review of the PAQ, the facility PREA policy, the PREA Investigations Training and information from the interviews with investigative staff as well as the investigations provided by the facility, it is determined that this standard is compliant.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- PAQ
- PP GEN 14F.3, Reporting to Offenders
- PREA Allegation Investigations and Documentations of Notifications to the Residents

Interviews:

- Facility Director
- Investigative Staff
- Residents Who Reported Sexual Abuse (none of the residents were still remaining at the facility during the time of the on-site audit)

Findings (By Provision):

115.273 (a): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into a resident's sexual abuse allegation, the facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were two (2) criminal / administrative investigation completed within the previous twelve months. Upon review of one of the allegations and investigations, the auditor determined that it does not meet the criteria of a PREA allegation. The other investigation was determined to be unfounded. Notification to the residents were provided to the auditor for review. The interviews with the Facility Director and the Investigative staff confirmed that residents are informed of the outcome of the investigation into their allegation. These notifications would be in written format and signed by the resident. A review of the investigations completed by the facility/local law enforcement verified that the residents were notified of the outcome of the investigation.

115.273 (b): The facility PREA policy states that if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident. A local law enforcement entity is responsible for conducting all criminal and certain administrative investigations for the agency. The law enforcement entity provides the outcome of the investigation to the PREA Coordinator who in turn provides the memo to notify the resident. The PAQ indicated that there were two (2) investigations completed within the previous twelve months by an outside agency. Both of the investigations were reviewed by the auditor and one was determined to not rise to the level of a PREA allegation. In both of these investigation, information was obtained by the facility investigator from the local police department and the former residents were notified of the outcome of the investigation.

115.273 (c): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into an resident's sexual abuse allegation against a staff member, the agency will inform the resident as to whether the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there has been one (1) substantiated allegation of sexual abuse/sexual harassment committed by a staff member against a resident in the previous twelve months. A review of the allegation and investigation by the auditor was made and it was determined that this allegation did not meet the criteria of a PREA allegation, however, the facility did notify the former resident that the staff member had been terminated.

115.273 (d): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into a resident's sexual abuse allegation by another resident, the agency will inform the resident as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there has been two (2) allegations of sexual abuse at the facility in the past 12 months. These investigations were reviewed by the auditor and one was not determined to meet the criteria for PREA. Both of the investigations involved a staff member and a former resident. There have been no instances involving a resident abusing another resident in the previous twelve months.

115.273 (e): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were two (2) sexual abuse allegations made during the previous 12 months. Both of the investigations were reviewed by the auditor and one

was determined to not meet the criteria of a PREA. The facility did notify the former resident in writing of the outcome of the investigation in both cases. This was reviewed by the auditor.

115.273 (f): N/A

Based on a review of the PAQ, the facility PREA policy, and information from interviews with the Facility Director and investigative staff as well as a review of the investigations for the sex abuse allegation investigations and the documentation of notification of the outcome of the investigation to the former residents, this standard is determined to be compliant.

115.276	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ul data-bbox="284 349 782 477" style="list-style-type: none"> • PAQ • PP GEN 14G.1, Disciplinary Sanctions for Staff • PER 9.01, Performance of Job Duties • PREA Investigations <p data-bbox="242 506 352 535">Interviews:</p> <ul data-bbox="284 584 544 712" style="list-style-type: none"> • Agency Head • PREA Coordinator • Facility Director • Human Resources staff <p data-bbox="242 741 483 770">Findings (By Provision):</p> <p data-bbox="242 799 1481 893">115.276 (a): The facility PREA policy describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.</p> <p data-bbox="242 922 1485 1084">115.276 (b): The facility PREA policy indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there was one (1) staff who violated the sexual abuse and sexual harassment policies. The investigation was reviewed by the auditor and the auditor determined that this was not a PREA violation, but rather an inappropriate staff/former resident relationship. The staff member was terminated upon conclusion of the investigation, however, this was for violation of agency policy regarding the relationship.</p> <p data-bbox="242 1113 1490 1375">115.276 (c): The facility PREA policy describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there had been one (1) staff that was terminated for a relationship with a former resident. This incident was investigated as a PREA incident and the investigation was reviewed by the auditor and determined to rise to the level of a PREA incident. There were no staff who were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months.</p> <p data-bbox="242 1404 1477 1666">115.276 (d): The facility PREA policy indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there was one (1) staff member who was disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. This was investigated as a PREA investigation and reviewed by the auditor, however, it was determined by the auditor not to rise to the level of a PREA incident, but rather an inappropriate relationship between the staff member and the former resident. The documentation provided in the investigation showed that the incident was reported to law enforcement who declined to refer the case for prosecution.</p> <p data-bbox="242 1695 1414 1760">Based on a review of the PAQ, the PREA policy, the PREA investigations and interviews with facility and agency staff indicate that this standard is determined to be compliant.</p>

115.277	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14G.2, Corrective Action for Contractors and Volunteers <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director / PREA Coordinator <p>Findings (By Provision):</p> <p>115.277 (a): The facility PREA policy describes the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and will be reported to law enforcement and to relevant licensing bodies The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.</p> <p>115.277 (b): The facility PREA policy and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Facility Director / PC indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, their supervisor or organization would be contacted to report the misconduct and the allegation would be reported and investigated.</p> <p>Based on a review of the PAQ, the facility PREA policy and information from interviews with the Facility Director / PC, this standard is determined to be compliant.</p>
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115.278	Disciplinary sanctions for residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ul data-bbox="284 349 831 445" style="list-style-type: none"> • PAQ • PP GEN 14G.3, Disciplinary Sanctions for Offenders • Chapter 23, Discipline, RCF 23.01 Policy <p data-bbox="242 472 352 501">Interviews:</p> <ul data-bbox="284 551 799 613" style="list-style-type: none"> • Facility Director / PREA Coordinator • Medical / Mental Health Staff (none at the facility) <p data-bbox="242 640 488 669">Findings (By Provision):</p> <p data-bbox="242 696 1481 860">115.278 (a): The facility PREA policy describes the disciplinary process for residents. Specifically, it states that residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months.</p> <p data-bbox="242 887 1490 1120">115.278 (b): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by residents with similar histories. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Facility Director / PC indicated that the resident abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.</p> <p data-bbox="242 1146 1490 1379">115.278 (c): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the disciplinary process will consider whether the resident's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Facility Director indicated that the resident abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.</p> <p data-bbox="242 1406 1490 1603">115.278 (d): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. There are no medical and mental health staff who work on-site at this facility.</p> <p data-bbox="242 1630 1490 1729">115.278 (e): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the agency may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where residents have been disciplined for sexual contact with staff.</p> <p data-bbox="242 1756 1490 1890">115.278 (f): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that residents will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where residents have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.</p> <p data-bbox="242 1917 1490 2007">115.278 (g): The facility PREA policy describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.</p> <p data-bbox="242 2033 1449 2096">Based on a review of the PAQ, the facility PREA policy and information from interviews with the Facility Director / PC this standard is determined to be compliant.</p>

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14H.1, Access to Emergency Medical and Mental Health Services • MOU with Genesis Medical • MOU with Family Resources <p>Interviews:</p> <ul style="list-style-type: none"> • Medical / Mental Health Staff (none at the facility) • Residents Who Reported Sexual Abuse (no reports of sexual abuse in the past 12 months) • Security and Non-Security First Responders • Family Resources staff • Random staff • PREA Coordinator <p>Findings (By Provision):</p> <p>115.282 (a): The facility PREA policy describes the residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The facility does not have on-site medical and mental health staff. Interviews with the facility director confirm that residents receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours. The facility has a MOU with Genesis Medical Center for SAFE/SANE exams and other medical treatment of residents, if necessary.</p> <p>115.282 (b): The facility PREA policy and the PAQ indicated that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services at the local hospital. Policy indicates that the resident would be transported to the nearest hospital emergency room that had medical staff qualified to conduct forensic medical examinations. The interviews with first responders indicated the resident would be immediately separated and would remain with the staff member. The staff member would contact a supervisor and steps would immediately be taken to get the resident the required medical attention. During the past 12 months, there have been no instances in which residents were transported to the local hospital for a forensic exam. The facility has a MOU with Genesis Medical Center in Davenport, Iowa (a local hospital) for outside medical services to include forensic exams. A review of the MOU with this hospital describes the forensic services that are provided to residents at WRC.</p> <p>115.282 (c): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, the policy indicates that resident victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that residents receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.</p> <p>115.282 (d): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no residents at the facility who had reported a sexual abuse or harassment in the previous 12 months. Both of the investigations completed by the facility in the previous 12 months were allegations made by residents who were no longer housed at the facility. The MOU with Genesis hospital states that residents would not be charged for this service.</p> <p>Based on a review of the PAQ, the facility PREA policy, the MOU with Genesis Medical Center and information from interviews with facility staff as well as interviews with residents indicated that this standard appears to be compliant.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14H.2, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers • MOU with Genesis Medical Center <p>Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff (none at this facility) • Residents Who Reported a Sexual Abuse (none at this facility) • Random Residents • PREA Coordinator • Family Resources – Staff <p>Findings (by Provision):</p> <p>115.283 (a): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The facility does not have medical and mental health staff on-site. The facility does, however, have a MOU with Genesis Medical Center for medical services.</p> <p>115.283 (b): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. It also describes services for those inmates being released from the agency's custody. Interviews with the Facility Director confirmed that follow up services would be offered through the local hospital (Genesis Medical Center). A few of the services include assessment, individual counseling and follow-up counseling. There were no residents who reported sexual abuse at the facility during the onsite phase of the audit. The two sexual abuse allegations made by residents in the past 12 months were by residents who were no longer housed at the facility. Random resident interviews indicated that some were receiving counseling services through the community provider, Family Services.</p> <p>115.283 (c): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. The facility does not have medical or mental health staff on-site. The facility utilizes the local hospital for forensic medical examinations. Interviews with the Facility Director confirm that the services they provide are consistent with the community level of care.</p> <p>115.283 (d): The agency PREA policy states that female resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. The interview with the Facility Director indicated that there have been no forensic exams or a need for pregnancy tests for female residents in the past 12 months.</p> <p>115.283 (e): The agency PREA policy states that female residents who become pregnant due to sexual victimization while incarcerated will receive timely and comprehensive information and access to all lawful pregnancy related medical services. The interview with the Facility Director indicated that there had not been any forensic exams of female residents and none that had become pregnant at the facility due to sexual victimization in the previous 12 months.</p> <p>115.283 (f): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. There were no forensic exams conducted in the past 12 months for this facility.</p> <p>115.283 (g): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse will receive treatment services without financial cost and regardless of whether or not the victim names the alleged abuser or cooperates with any investigation. There were no residents at the facility during the onsite audit who had reported a sexual abuse. The two (2) investigations for sexual abuse were based on allegations made by residents who were no longer housed at the facility.</p> <p>115.283 (h): The facility PREA policy indicates that a mental health evaluation of all known resident-on-resident abusers</p>

shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. The facility has a MOU with Genesis Medical Center for medical services for the residents and a MOU with Family Services for mental health services for the residents.

Based on a review of the PAQ, the facility PREA policy and information from interviews with facility staff and a review of the MOU with Genesis Medical Center and the MOU with Family Services, this standard appears to be compliant.

115.286	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ul data-bbox="284 349 882 445" style="list-style-type: none"> • PAQ • PP GEN 14I.1, Sexual Abuse Incident Reviews • Master Investigation Log, Incident Review and Retaliation <p data-bbox="242 472 352 501">Interviews:</p> <ul data-bbox="284 551 547 647" style="list-style-type: none"> • Facility Director • PREA Coordinator (PC) • Incident Review Team <p data-bbox="242 674 483 703">Findings (By Provision):</p> <p data-bbox="242 730 1493 860">115.286 (a): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that there were two (2) sexual abuse investigations completed at the facility in the past 12 months. One of these was determined to be unfounded.</p> <p data-bbox="242 887 1493 1016">115.286 (b): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that there were two sexual abuse investigation completed within the previous twelve months. One of these was determined to be unfounded.</p> <p data-bbox="242 1043 1493 1211">115.286 (c): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health. The interview with the Facility Director and PC confirmed that, in the event of a sexual abuse investigation, these reviews would be completed and they would include upper management officials. There were no incident reviews completed at the facility during the previous 12 months.</p> <p data-bbox="242 1238 1493 1603">115.286 (d): The Sexual Abuse Incident Review Form outlines information required to be completed related to sexual abuse incident reviews. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The completed incident review will be forwarded to the Facility Director and the PREA Coordinator. Interviews with the Facility Director / PC confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will adjust the staffing if necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.</p> <p data-bbox="242 1630 1493 1727">115.286 (e): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the administrative incident review form indicated that a section exists for recommendations and corrective action.</p> <p data-bbox="242 1753 1493 1850">Based on a review of the PAQ, the facility PREA policy, the Sexual Abuse Incident Review Form, and information from interviews with the Facility Director and the PC who is also a member of the sexual abuse incident review team, this standard appears to be compliant.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • PAQ • Memo from Division of Investigative Services (DIS) Administrator to District PREA Coordinators • PP GEN 14I.2, Data Collection • Facility Aggregated Data <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • PREA Coordinator / Facility Director <p>Findings (By Provision):</p> <p>115.287 (a): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at RCF using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards.</p> <p>115.287 (b): The facility PREA policy outlines how PREA data is collected. A review of collected data confirmed that the agency aggregates sexual abuse data at least annually.</p> <p>115.287 (c): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.287 (d): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the agency will maintain, review and collect data as needed from available incident-based documents, including reports investigation files and sexual abuse incident reviews.</p> <p>115.287 (e): N/A</p> <p>115.287 (f): N/A</p> <p>Based on a review of the facility PREA policy as well as interviews with the Agency Head, the PC and the Facility Director, this standard appears to be compliant.</p>

115.288	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ul data-bbox="284 349 868 477" style="list-style-type: none"> • PAQ • PP GENI.3, Data Review for Corrective Action • Corrective Action Form • Annual Staffing Plan Inspection and Report (2020-2022) <p data-bbox="242 506 352 535">Interviews:</p> <ul data-bbox="284 584 668 645" style="list-style-type: none"> • Agency Head • PREA Coordinator / Facility Director <p data-bbox="242 674 483 703">Findings (By Provision):</p> <p data-bbox="242 732 1485 1059">115.288 (a): The PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed. The Agency Head indicated that the data is used to determine appropriate interventions, such as enhanced training, policy updates, infrastructure modifications etc. The data is also utilized to compile the annual report and to ensure that appropriate action is taken at every level of the organization.</p> <p data-bbox="242 1090 1485 1249">115.288 (b): The PAQ indicated that the agency’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress. A review of annual reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action.</p> <p data-bbox="242 1281 1485 1375">115.288 (c): The PAQ indicated that the agency’s annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that after it is approved, it is distributed as required. A review of the website confirmed that the current annual report as well as previous reports are available to the public online.</p> <p data-bbox="242 1406 1445 1467">115.288 (d): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.</p> <p data-bbox="242 1498 1418 1559">Based on a review of the PAQ, the annual report and the website, as well as interviews with the Agency Head, Facility Director / PC, this standard appears to be compliant.</p>

115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • PAQ • PP GEN 14I.4, Data Storage, Publication and Destruction • Sample of Publicly Available Sexual Abuse Data • Sample of Historical Sexual Abuse Data since August 20, 2012 <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>Findings (By Provision):</p> <p>115.289 (a): The facility PREA policy states that the facility PREA Team shall ensure that data collected is securely retained. PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained by password protected technology.</p> <p>115.289 (b): The facility PREA policy states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the current annual report, which includes aggregated data, is available to the public online.</p> <p>115.289 (c): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.</p> <p>115.289 (d): The PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The records retention schedule confirmed the PREA Program Annual Report is retained ten years from the end of the calendar year it was submitted.</p> <p>Based on a review of the PAQ, the facility PREA policy, the records retention schedule, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • The Davenport Work Release Facility, Prison Rape Elimination Act (PREA) Policy and Procedures • The Davenport Work Release Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director / PREA Coordinator <p>Findings:</p> <p>This is the facility's third PREA audit and was audited in Year 3 of the 3rd Audit Cycle. This auditor had access to, and the ability to observe all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. The auditor was able to conduct private interviews with residents. Residents were permitted to send confidential correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor, however, did not receive any confidential correspondence from residents or staff.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • The Davenport Work Release Center (WRC), Prison Rape Elimination Act (PREA) Policy and Procedures • The Davenport Work Release Center (WRC) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director / PREA Coordinator <p>Findings:</p> <p>115.403 (f): The facility was previously auditing on May 13-14, 2019. The final report dated May 31, 2019 is posted and available for public review on the facility website.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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
115.212 (c)	Contracting with other entities for the confinement of residents	
	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.)	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.)	na
115.213 (a)	Supervision and monitoring	
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	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
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	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 inmates.)	yes
	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 inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	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

115.215 (e)	Limits to cross-gender viewing and searches	
	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
	If the 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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

115.217 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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.)	na
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	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.)	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.)	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.)	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	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 for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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

115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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
	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
	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
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	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.	no
115.252 (b)	Exhaustion of administrative remedies	
	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
	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
115.252 (c)	Exhaustion of administrative remedies	
	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
	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
115.252 (d)	Exhaustion of administrative remedies	
	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
	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 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
	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
115.252 (e)	Exhaustion of administrative remedies	
	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
	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
	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

115.252 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	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
115.253 (a)	Resident access to outside confidential support services	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	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
	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
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	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
	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
	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
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
	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
115.271 (b)	Criminal and administrative agency investigations	
	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

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
	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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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

115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency 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
115.273 (c)	Reporting to residents	
	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
	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
	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
	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
115.273 (d)	Reporting to residents	
	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
	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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for 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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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.)	na
115.287 (f)	Data collection	
	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.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	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
	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
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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, there has never been a Final Audit Report issued.)	yes