

PREA Facility Audit Report: Final

Name of Facility: ANCHOR Center for Women

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/30/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 06/30/2022

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	06/14/2022
End Date of On-Site Audit:	06/15/2022

FACILITY INFORMATION	
Facility name:	ANCHOR Center for Women
Facility physical address:	3115 12th Street Southwest, Cedar Rapids, Iowa - 52404
Facility mailing address:	1051 29th Ave. SW, Cedar Rapids , Iowa - 52404

Primary Contact

Name:	Cynthia Dennis
Email Address:	cynthia.dennis@iowa.gov
Telephone Number:	319-730-1126

Facility Director	
Name:	Bruce Vander Sanden
Email Address:	951 29th Ave. SW, Cedar Rapids, IA 52404
Telephone Number:	319-730-1147

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

Facility Characteristics	
Designed facility capacity:	26
Current population of facility:	17
Average daily population for the past 12 months:	16
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	35-38
Facility security levels/resident custody levels:	Residential Correctional Facility
Number of staff currently employed at the facility who may have contact with	16

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION

Name of agency:	Iowa Sixth Judicial District Department of Correctional Services
Governing authority or parent agency (if applicable):	Iowa Department of Corrections
Physical Address:	951 29th Avenue SW, Cedar Rapids , Iowa - 52404
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Cynthia Dennis	Email Address:	cynthia.dennis@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:

1

- 115.231 - Employee training

Number of standards met:

40

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:	2022-06-14
2. End date of the onsite portion of the audit:	2022-06-15

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
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<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>The auditor contacted the Riverview Center related to victim advocacy services. The staff member at the Riverview Center confirmed that they have an MOU with the entire first and sixth districts, which includes the Anchor Center for Women. She indicated the MOU was executed April 1, 2019 and that they were in the process of renewing the MOU. The staff member stated that they provide 100% free and confidential services to any age and gender identity. The staff member further stated that the staff at the Riverview Center are certified to provide legal, medical and general advocacy as well as maintain the accountability portion of the PREA process for the service area. The staff member indicated that her point of contact for the Anchor Center was the PREA Coordinator. She stated they have provided services to residents at the Anchor Center, however she believed that the services were more historical trauma experience and not PREA correlated. The staff member confirmed that the organization did not have any concerns related to the Anchor Center's PREA compliance, or any concerns related to sexual safety for residents at the Anchor Center. The staff member did state she would welcome the opportunity to collaborate more with the Anchor Center. In addition to the Riverview Center, the auditor also contacted Just Detention International (JDI) related to victim advocacy. JDI stated that they did not have any correspondence with residents at the Anchor Center.</p>
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AUDITED FACILITY INFORMATION

<p>14. Designated facility capacity:</p>	<p>26</p>
<p>15. Average daily population for the past 12 months:</p>	<p>16</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>1</p>

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>22</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>4</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>This is a community confinement facility so there is a not a segregated housing unit and the residents who disclosed prior victimization does not apply to this standard set as 115.281 does not exist.</p>

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:	11
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:	2
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:	2
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility has three wings of resident rooms. Three residents from wing one were interviewed, two residents from wing two were interviewed and four residents from wing three were interviewed.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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):</p>	<p>Based on the population on the first day of the audit (22) the PREA auditor handbook indicated that at least ten residents were required to be interviewed. From the provided lists, the auditor selected a representative sample of residents for the targeted and random interviews. Residents for the random interviews varied across race, ethnicity, age, housing assignment and time at the facility. The facility has three wings of resident rooms. Three residents from wing one were interviewed, two residents from wing two were interviewed and four residents from wing three were interviewed. The facility houses all female residents and there were zero transgender male residents at the facility during the on-site portion of the audit. With regard to race for the ten residents interviewed, eight were white/Caucasian residents, one was a black/African American resident and one was a Native American resident. Nine of the residents interviewed were Non-Hispanic and one was Hispanic. The age of the residents interviewed were broken into categories; zero were under eighteen, zero were eighteen to 25; five were 26-35, four were 36-45, one was 46-55 and zero were over 55. While time at the facility was considered, all 22 residents currently at the facility were there less than a year. Of the ten interviewed, two were at the facility less than a month; seven were there between two and five months and one was there longer than five months.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</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:</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 confirmed through a review of risk assessments as well as conversation with the PC, staff and residents that there were zero residents currently who had a physical disability, were limited English proficient and/or identified as transgender.</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>1</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 auditor confirmed through a review of risk assessments as well as conversation with the PC, staff and residents that there were zero residents currently who had a physical disability, were limited English proficient and/or identified as transgender.</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 auditor confirmed through a review of risk assessments as well as conversation with the PC, staff and residents that there were zero residents currently who had a physical disability, were limited English proficient and/or identified as transgender.</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>The auditor confirmed through a review of risk assessments as well as conversation with the PC, staff and residents that there were zero residents currently who had a physical disability, were limited English proficient and/or identified as transgender.</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>4</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 confirmed through a review of risk assessments as well as conversation with the PC, staff and residents that there were zero residents currently who had a physical disability, were limited English proficient and/or identified as 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>The auditor also reviewed the reported sexual abuse allegations during the audit period and confirmed the one resident who reported sexual abuse was no longer 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>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>It should be noted that the handbook advises that auditors are required to interview at least one resident who reported sexual victimization during the risk screening, however PREA Standard 115.281 does not exist for community confinement standards and as such interviews for this category would not apply.</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>This is a community confinement facility. The facility does not have a segregated housing unit.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Due to the type of facility (substance abuse treatment center for community custody residents) there was a limited number of residents from the targeted categories. Targeted interviews from the following categories were not conducted as there were zero residents identified during the on-site portion of the audit: youthful residents, residents with a physical disability (including hearing and vision), limited English proficient residents, transgender residents and residents who reported sexual abuse. It should be noted that the handbook advises that auditors are required to interview at least one resident who reported sexual victimization during the risk screening, however PREA Standard 115.281 does not exist for community confinement standards and as such interviews for this category would not apply. The auditor confirmed through a list of residents at the facility that there were zero youthful residents. The auditor confirmed through a review of risk assessments as well as conversation with the PC, staff and residents that there were zero residents currently who had a physical disability, were limited English proficient and/or identified as transgender. The auditor also reviewed the reported sexual abuse allegations during the audit period and confirmed the one resident who reported sexual abuse was no longer at the facility. Interviews were conducted using the Resident Interview Questionnaire supplemented by the Targeted Resident Questionnaire.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender and Race</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>

<p>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):</p>	<p>Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. The auditor conducted eight staff interviews. Twelve interviews were not completed due to the staffing at the facility. The facility has three shifts, each shift is staffed with two individuals. During the on-site portion of the audit, the auditor interviewed staff (Residential Officers) from all three shifts (totaling six staff). The staff working on the second day of the on-site portion of the audit were the same staff interviewed. Additionally, the auditor interviewed the two Probation and Parole Officers that were available during the on-site portion of the audit. Two staff were interviewed from the 6am-2pm shift, two were interviewed from the 2pm-10pm shift and two were interviewed from the 10pm-6am shift. Two administrative shift staff were also interviewed. With regard to the demographics of the random staff interviewed; one was male and seven were female. All eight staff interviewed were white and Non-Hispanic. Length of tenure was broken into categories; one staff member was employed less than a year; one had one to five years, five had six to ten years and one had over ten years. The facility does not employ security staff and as such there were not ranks. Staff were either Residential Officers, Probation and Parole Officers or Administrative level.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Staff selected for the specialized interviews were selected based on job duties. The auditor conducted most of the specialized interviews via phone on June 7, 2022 and June 8, 2022. A few of the specialized interviews were conducted on-site on June 14, 2022 and June 15, 2022. The facility does not house youthful residents and as such there were zero staff interviewed who work with or supervise youthful residents. The facility does not employ medical or mental health care staff. All medical and mental health care services are provided within the community. As such, there were zero interviews of medical and mental health care staff conducted. It should be noted that the facility does contract with four medical staff. These staff are at the facility for a few hours a day, three days a week to administer medication. These staff do not provide any emergency medical services or any routine medical services. Additionally, the agency prohibits cross gender strip and visual body cavity searches and there were zero exigent circumstances where these searches were conducted and as such no interviews were conducted.</p>
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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</p> <p><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>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

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).

The on-site portion of the audit was conducted on June 14-15, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documents to review. The auditor conducted a tour of the facility on June 14, 2022. The tour included all areas associated with the Anchor Center to include; the wings of housing, intake, visitation, food service, recreation, therapy rooms and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing areas and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Each housing wing had a very large poster, with adequate font that displayed information on how to report sexual abuse (phone number, email address and to a staff member). Additionally, the auditor observed a list of "free" phone numbers posted near the phone, including the Ombudsman's Office phone number and Riverview Center's phone number. The Riverview Center's information, including the phone number and mailing address was also observed near the phones. Posters and the list of phone numbers were in adequate font (for vision impairment) and were placed appropriately in a resident's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. The audit announcement was observed on the housing wings and in common areas in bright yellow paper. The posters had adequate font size and were posted at an adequate sight level. Third party reporting information was observed at the facility entrance area as well as a few places within the facility (to include by the computers in the dining area). The third party posters had large font, were printed in red and black, were in both English and Spanish and included the phone number

and email for reporting. In addition to the PREA information being posted, the information is also available to residents through the Anchor Center for Women Handbook (Handbook). The residents also have access to the internet through two computers located in the dining hall and are able to access PREA information online and through the agency's website. Informal conversation with staff and residents confirmed that the posted information has been there for a while (most residents stated it was up since they arrived). The residents indicated that they are aware of the information and it is easy to read and understand. Residents indicated that they can report through any staff member or they could call any of the free numbers. Staff stated that residents can report via the phone numbers, to any staff member and through the information on the PREA posters.

During the tour the auditor confirmed that the facility follows the staffing plan. There were two staff on each shift and additional staff available during administrative hours. Informal conversation with staff confirmed that staffing is always the same with two staff per shift. The staff stated they have a small population and there is not any overcrowding. Staff confirmed that they make rounds throughout the day. Informal conversation with residents also confirmed that the two staff members is typical and that staffing is adequate but they could use more because the staff get busy. The residents stated this is not a safety issue or anything, they just felt the staff could use some help so they aren't so busy. During the tour the auditor observed that the staff desk is at a central location and staff have a clear line of sight down each of the housing wings and to other areas of the facility. The auditor did not observe any blind spots and staffing appeared to be adequate for the population size and facility's physical plant.

During the tour the auditor observed cameras throughout the facility. Cameras were observed in the hallways of the housing wings and in most common areas. Cameras were also observed on the outside of the building. Some of the cameras had pan, tilt and zoom capabilities while others did not. Cameras are accessible for staff to view in the control center and they are also available remotely for administrative staff. The auditor confirmed that the cameras assisted with supervision through coverage of high traffic areas and areas that staff are not directly assigned. The auditor viewed the cameras and observed that the views assisted with monitoring and did not present any cross gender viewing or privacy issues.

With regard to cross gender viewing, the auditor confirmed that each wing provided privacy through solid doors, walls and shower curtains. Each wing had two or three separate bathrooms (outside of the bedding areas). These bathrooms were equipped with a solid entrance door and once inside had a shower curtain and a full wall to block the toilet. The staff advised that only one resident was permitted in the bathroom at a time. A review of the video monitoring system confirmed that none of the cameras were in the bathroom or living area where resident would shower, use the restroom or change their clothes. The facility does not conduct strip searches and as such there were no cross gender viewing issues related to searches. Informal conversation with staff and residents indicated that residents have adequate privacy when showering, using the restroom and changing clothes through doors. During the tour the auditor was unable to hear the opposite gender announcement as the tour was conducted by the auditor (female) and a facility supervisor (female). Informal conversation with staff and residents confirm that the opposite gender announcement is routinely made when male staff walk down the wings.

Resident risk assessment files are both electronic and paper. The facility does not provide medical and mental health services and as such no records are stored/maintained. The risk assessment information is stored electronically through the agency's ICON system. All Residential Officers (RO) and Probation and Parole Officers (PPO) have access to the information as they all complete initial and/or reassessments. The paper risk assessment records are stored with resident files in the intake office. The files are in a locked file cabinet and the intake office is locked when not in use. Access to resident files is limited to ROs and PPOs. During the tour the auditor spoke with staff who advised that all ROs, PPOs and administrative staff have access to the resident's risk screening information. Staff indicated they have access due to completing these assessments and also being responsible for housing. Staff advised that any reported sexual abuse or sexual harassment allegation would be documented in ICON through the PREA database. This database has limited access (Administrative staff and Investigators). The PC stated that staff would send an email to the PC and Facility Administrator related to the allegation and that information would not be entered in ICON under generic notes to ensure confidentiality.

The facility does not have a mailroom. Residents are able to drop mail at the facility in the staff copy room or they also have the ability to drop mail in any drop box in the community while they are outside the facility on furloughs, work or other services. The mail left in the staff copy room is picked up daily by a mail courier and taken to the post office. Incoming mail is received and then information is posted on a white board to notify residents who has mail to pick up. The residents then retrieve their mail and open it in front of staff to confirm there is not any contraband. Staff do not read the letters. The

staff confirmed that pens, papers, journals, etc. are distributed to the residents and residents can also buy their own supplies during furlough trips to the stores in the community.

The auditor observed the intake process through a demonstration by staff. Residents are verbally provided information upon intake by the RO. The RO goes over the zero tolerance policy, definitions, how to report, mandatory reporting, what to do if assaulted, all reporting mechanisms, what happens after a report is made, retaliation, who the PC is, possible outcomes and victim advocacy information. The RO utilizes the Prevention of Sexual Misconduct - An Overview for Offender form (2412A-20). The resident is then provided a copy of the form. The staff member reads the acknowledgment form (2412B-14A) and has the resident initial and sign the form confirming they received the information. Both forms are available in English and Spanish. The intake staff member stated that the information would be provided to accommodate any disabilities and that they can utilize a translator to interpret if the resident does not speak English. After the RO goes over the information verbally, residents are then taken to the therapeutic rooms to view the PREA What You Need to Know video. The video is shown one on one and staff ask the resident if they have any questions once the video is complete.

The auditor was provided a demonstration of the initial risk assessment. Prior to the residents arrival the staff member reviews the prior information in the risk screening and reviews file information to ensure that the previous information that was already entered is accurate. The information is updated with any new information taken from criminal history and other documents. The staff saves the information until the resident arrives. Upon arrival, the staff member reviews the information on the risk screening with the

resident and asks directly about prior sexual victimization and gender identity. The initial risk screening is conducted in the intake office, which has a door that can be closed for confidentiality. Once the staff member goes over the information with the resident the risk assessment is submitted. The reassessment is completed by the PPOs and is done in their offices. The PPOs have conversation with the residents to discern whether the information provided during intake is accurate. The staff indicated they have informal conversation with the residents which allows for more information to be provided compared to asking direct questions. The staff stated that they can ask about family history, prior relationships, etc. which usually provides more detailed information related to sexual preference, prior sexual victimization, etc. Informal conversation with residents indicated that they are asked the risk screening questions and that the questions are asked in a comfortable manner/setting.

The auditor tested the PREA hotline during the tour on the two wings with free calls. The auditor left a message during one of the calls and was provided confirmation from the PC the same day that the message was received. The residents are able to access the internet through two computers in the dining area. The auditor had a resident send an email to the listed reporting email. The resident walked the auditor through the email process and sent the email on June 14, 2022. The auditor did not receive confirmation the email was received and as such inquired with the PC on June 22, 2022 about the email. The PC indicated that she did not receive any information related to the email that was sent from the resident. The PC advised she did have a co-worker test the email to ensure functionality. The PC forwarded a copy of the email submitted by her co-worker confirming that the email was functionable. In addition to the phone and email, residents can report verbally to staff and in writing, either through

a grievance, through the kiosk system or through any other paper format. Residents confirmed they can verbally report to any staff member and things are taken seriously. During the tour the auditor had a resident illustrate the reporting method on the kiosk. The resident pulled up messages that she sent to her PPO related to numerous topics. The resident walked the auditor through the process of how she would send the message to her PPO (or any other staff listed). The resident displayed prior messages and indicated that most responses from the PPO are received the same day or the next day. In addition, federal residents and certain other residents with permission, have cell phones. Residents can report via their cell phones when outside of the facility. The auditor tested the outside reporting mechanism by calling the Ombudsman's Office phone number that was posted by the phones. The auditor reached a live person who confirmed that sexual abuse and sexual harassment allegations could be reported. The staff at the Ombudsman's office confirmed that residents could remain anonymous when reporting. The staff indicated that once the information is reported it is forwarded to the appropriate staff/facility to investigate. Staff indicated that residents can report verbally, however the staff were inconsistent with how they would document it. A few staff indicated they would document in ICON under generic notes or in the medical/mental health section, while a few other staff stated they would send an email to the PC. Staff further advised that they can report sexual abuse or sexual harassment of a resident any way that the residents can report and that they can contact the PC directly to report.

The auditor tested the third party reporting mechanism prior to the on-site portion of the audit. The auditor viewed the agency PREA website and confirmed that the agency has an online form that the public can complete related to sexual abuse and sexual

harassment. The auditor submitted the form on May 27, 2022. The auditor received a response via email and text message on May 27, 2022 confirming that the form was received. The response was from the Psychological Division Manager as well as the PREA Coordinator. The response indicated that they would initiate a review process that includes gathering any relevant information, and if appropriate, trigger a formal investigation into the allegation.

The facility provides access to victim advocates through the Riverview Center hotline. The auditor attempted to contact the Riverview Center, however during the on-site portion of the audit the phone number was not functional. During the interim report period the facility reached out to the agency staff responsible for the phone system. He stated that they would need assistance from Century Link to alleviate the problem. The facility staff member subsequently reached out to Riverview Center who provided a second toll-free number (563-557-0310). The facility staff member called the number from the resident phones and confirmed that the number was accessible. She stated that once the other number is functional they would move back to that number. In the interim they would utilize the new number. Staff updated their free numbers list and the Handbook with the second working number. The facility provided the auditor with a photo of the updated free numbers sheet as well as the updated number on the victim advocacy poster next to the phone. Residents can also write to the Riverview Center for services by sending correspondence. Residents are provided paper and writing utensils and can also purchase them during furloughs. Letters to the Riverview Center are treated similar to other mail and are not read/screened. Informal conversation with residents confirmed that they have a number to contact for Riverview, they can call this number anytime and it is one of the free numbers.

The residents confirmed that the phones are on all the time.

Random staff interviews were conducted on June 14, 2022 and June 15, 2022. The 6am-2pm and 2pm-10pm shift staff were interviewed on June 14, 2022 and the 10pm-6am shift staff were interviewed on June 15, 2022. The few specialized staff interviews that were conducted on-site were completed on June 14, 2022 and June 15, 2022. Resident interviews were conducted on June 14, 2022. All staff and resident interviews were conducted in a private office setting. The auditor did not interview an LEP resident, however the auditor did conduct a test of the interpretation services to confirm functionality. The facility has a list of certified court interpreters that they are able to utilize. The auditor contacted a Spanish interpreter from the list and was unable to reach the person. The auditor left a message for the interpreter explaining the issue. The auditor did not receive a call back from the interpreter. The auditor then selected a second Spanish interpreter from the list. The interpreter answered and advised that she would be able to provide interpretation services if needed, depending on her schedule. She stated she would do it over the phone and that she had not previously provided any interpretation services for the organization requesting (Anchor Center).

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, resident files, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The facility has sixteen staff assigned. The auditor reviewed a random sample of twelve staff personnel and/or training records that included four staff hired within the previous twelve months and four staff that were hired over five years ago. Additionally, personnel and/or training files for two volunteers and four contractors were reviewed.

Resident Files. A total of fourteen resident files were reviewed. All fourteen were of those that arrived within the previous twelve months and one was a resident with a cognitive disability.

Medical and Mental Health Records. The facility does not provide medical or mental health services. Services are provided through the community. The auditor confirmed that the facility utilizes St. Luke's Hospital for emergency medical services. Mental health services are provided by community organizations as well. It should be noted that two residents interviewed indicated they were currently receiving services through the Riverview Center.

Grievances. In the past year, the facility had one sexual abuse grievance. The auditor reviewed the sexual abuse grievance and all of the grievances filed over the previous twelve months to confirm no additional sexual abuse grievances were filed.

Hotline Calls. The agency has a PREA hotline for reports of sexual abuse and sexual harassment. The agency had seventeen total calls to the PREA hotline from all four of its' facilities, one of which was a report of sexual

abuse. The one reported sexual abuse allegation was from another facility. There were zero reported sexual abuse allegation from the Anchor Center via the PREA hotline. The auditor tested the hotline during the tour to ensure functionality.

Incident Reports. The facility does not complete incident reports. Information is documented via generic notes in ICON or through the residential formal or informal disciplinary process in ICON. Reports of sexual abuse or sexual harassment are required to be submitted via email, rather than entered into ICON. There were zero emails provided to review.

Investigation Files. During the previous twelve months, there was one allegation reported to have occurred at the Anchor Center. The allegation was staff on resident sexual abuse related to an improper pat search. The investigation was completed at the facility level as an administrative investigation. During the on-site portion of the audit reviewed the completed investigation. In the previous twelve months, there were zero criminal investigations and zero investigations referred for prosecution.

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	1	0	1	0
Total	1	0	1	0

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	0
Total	0	0	0	0

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:	1
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility only had one sexual abuse allegation over the audit period. There were zero allegations of sexual harassment. As such the auditor reviewed the only reported sexual abuse investigations.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had one allegation reported during the audit period. The auditor reviewed the investigation tied to the only allegation.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.

- Yes
 No

Non-certified Support Staff

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.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2400-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) 3. 2401-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Responsive Planning) 4. 2402-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) 5. 2403-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Screening & Risk of Sexual Victimization & Abusiveness) 6. 2404-17 - Sexual Misconduct With Offenders Community Confinement

Standards (PREA Reporting)

7. 2405-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Official Response Following An Offender Report)
8. 2406-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Investigations)
9. 2407-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Discipline)
10. 2408-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Medical and Mental Health Care)
11. 2409-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Data Collection and Review)
12. 2335-17 - Search and Seizure/Contraband (ANCHOR Residential)
13. Agency Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ indicated that the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy has definitions of prohibited behavior and sanctions for those found to have participated in prohibited behavior. The PAQ further indicated that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. 2400-17 through 2409-17 are the primary PREA policies. Page 1 of 2400-17 states that it is policy of the Sixth Judicial District, Department of Correctional Services, to provide a safe, humane, and secure environment, free from the threat of sexual violence and sexual harassment for all offenders, by maintaining a program of education, prevention, detection, response, investigation, prosecution and tracking. The Sixth Judicial District Department of Correctional Services has zero tolerance for sexual violence of any kind. 2400-17 through 2409-17 address "preventing" sexual abuse and sexual harassment through the designation of a PC, 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, victim services, medical and mental health services, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.211 (b): The PAQ indicated that the facility employs or designates an upper-level, facility-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The position of PREA Coordinator within the agency is Residential Manager and that position reports to the Division Manager. Page 1 of 2400-17 states the Clinical Services Director or designee serves as the PREA Coordinator and develops, implements, and oversees the Department's efforts to comply with the PREA standards in all of the Department's confinement facilities. The agency's organizational chart reflects that the PC position reports to the Division Manager. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated she is involved with getting everyone together to discuss the staffing plan and any changes. She indicated she authored all of the PREA policies and she reviews them on an annual basis. The PREA Coordinator stated she schedules the incident review team meetings and she makes sure everyone is on the same page about any issues found during the reviews. She noted that she provides updates monthly on PREA during management meetings. The PREA Coordinator indicated that if she discovered an issue complying with a PREA standard she would determine the problem and then look at ensuring that everyone receives the appropriate training on the problem and resolution. She confirmed that previously she has requested more monitoring equipment related to issues discovered.

Based on a review of the PAQ, 2400-17, 2401-17, 2402-17, 2403-17, 2404-17, 2405-17, 2406-17, 2407-17, 2408-17, 2409-17, 2335-17, the organizational chart and information from the interview with the PC, this standard appears to be compliant.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. 2400-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)

Interviews:

1. Interview with the Agency Contract Administrator
2. Interview with the PREA Coordinator

Findings (By Provision):

115.212 (a): The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. 2400-17, page 1 states the Department does not contract with other entities for the confinement of offenders. The interview with the Agency Contract Administrator confirmed that they do not contract with anyone for the confinement of residents and this provision does not apply. The PC also confirmed that the agency does not contract for the confinement of residents. All services for confinement are provided through the Sixth Judicial District Department of Correctional Services.

115.212 (b): The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. 2400-17, page 1 states the Department does not contract with other entities for the confinement of offenders. The interview with the Agency Contract Administrator confirmed that they do not contract with anyone for the confinement of residents and this provision does not apply. The PC also confirmed that the agency does not contract for the confinement of residents. All services for confinement are provided through the Sixth Judicial District Department of Correctional Services.

115.212 (c): The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. 2400-17, page 1 states the Department does not contract with other entities for the confinement of offenders. The interview with the Agency Contract Administrator confirmed that they do not contract with anyone for the confinement of residents and this provision does not apply. The PC also confirmed that the agency does not contract for the confinement of residents. All services for confinement are provided through the Sixth Judicial District Department of Correctional Services.

Based on the review of the PAQ, 2400-17 and information from the Agency Contract Administrator and PC this standard appears to not be applicable and as such

	compliant.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2400-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) 3. The Staffing Plan 4. Annual Staffing Plan Reviews <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director Designee 2. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Devices <p>Findings (By Provision):</p> <p>115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan for adequate levels of staffing, and where applicable, video monitoring to protect resident against sexual abuse. 2400-17, page 2 states There is a documented staffing plan that provides for adequate levels of staffing and where applicable video monitoring to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, consideration is given to: the physical layout of each facility; the composition of offender population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The PAQ</p>

indicated that the current staffing plan is based on the average daily population of residents (which is fifteen). Further communication with the PC indicated that this is incorrect and that the staffing plan is based on capacity (26) and that the staffing plan at the Anchor Center requires at least one female staff member per shift. The facility employs sixteen staff. All staff are civilian staff and make up three shifts; 6am-2pm; 2pm-10pm and 10pm-6am. A review of the staffing plan confirms that it includes analysis of the facility population; availability of education and programming; access to medical and mental health care; physical facility characteristics; privacy consideration and the number of substantiated and unsubstantiated incidents of sexual abuse. A review of the daily staffing roster indicates that at least two staff are assigned to each shift. Facility leadership staff and other program staff (PPO) are also available during administrative business hours. During the tour the auditor confirmed that the facility follows the staffing plan. There were two staff on each shift and additional staff available during administrative hours. Informal conversation with staff confirmed that staffing is always the same with two staff per shift. The staff stated they have a small population and there is not any overcrowding. Staff confirmed that they make rounds throughout the day. Informal conversation with residents also confirmed that the two staff members is typical and that staffing is adequate but they could use more because the staff get busy. The residents stated this is not a safety issue or anything, they just felt the staff could use some help so they aren't so busy. During the tour the auditor observed that the staff desk is at a central location and staff have a clear line of sight down each of the housing wings and to other areas of the facility. The auditor did not observe any blind spots and staffing appeared to be adequate for the population size and facility's physical plant. Additionally, auditor observed cameras throughout the facility. Cameras were observed in the hallways of the housing wings and in most common areas. Cameras were also observed on the outside of the building. Some of the cameras had pan, tilt and zoom capabilities while others did not. Cameras are accessible for staff to view in the control center and they are also available remotely for administrative staff. The auditor confirmed that the cameras assisted with supervision through coverage of high traffic areas and areas that staff are not directly assigned. The auditor viewed the cameras and observed that the views assisted with monitoring and did not present any cross gender viewing or privacy issues. The interview with the Director Designee confirmed that the facility has a staffing plan that provides adequate staffing levels to protect residents from sexual abuse and that the facility complies with the staffing plan on a regular basis. She stated that prior to COVID-19 there were two staff on first shift, three staff on second shift and two staff on the overnight shift. Since COVID-19 they have had a reduced population and as such the staffing plan changed to two staff on each shift. She indicated that there is always an on-call supervisor available and they always have the minimum required coverage. She confirmed that video monitoring is part of the staffing plan and that they utilize cameras to cover blind spots as much as possible. The Director Designee stated that the staffing plan is documented and is available on the website. The interview with the PC confirmed that all the required components are considered when developing and reviewing the staffing plan. She stated that one of the facilities just remodeled a pantry and she asked for video monitoring inside because it was

identified as a possible future issue. She stated there are additional cameras at the female facility (Anchor Center) in certain areas because of the population type. She confirmed that she walks through the facility to determine if more staff is needed or whether cameras are needed in areas. The Director Designee confirmed that the components under this provision are considered when reviewing the staffing plan. She stated they review information from sexual abuse incident reviews, they look at the physical plant and they base staffing on the number of residents. The Director Designee confirmed that she reviews for compliance with the staffing plan through the daily schedule and through incidents and policy.

115.213 (b): 2400-17, page 2 states in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The PAQ indicated the facility does not deviate from the staffing plan and as such this provision is not applicable. The interview with the Director Designee confirmed that any deviations from the staffing plan would be documented. She stated that if there was a deviation it would be a work rule violation and it would be documented in discipline/investigation. She stated that they are not allowed to deviate from the two assigned staff.

115.213 (c): 2400-17, page 2 states whenever necessary, but no less frequently, that once each year, the facility assesses, determines and documents whether adjustments are needed to: the staffing plan established pursuant to paragraph (3.A.) of this section; prevailing staffing patterns; the facilities deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adequate staffing levels. The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan was most recently reviewed on April 9, 2021. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan reviewed the facility population; availability of education and programming; access to medical and mental health care; physical facility characteristics; privacy consideration and the number of substantiated and unsubstantiated incidents of sexual abuse. The prior staffing plan review was completed on April 14, 2020. The PC confirmed that she authors the staffing plans and is consulted annually during the staffing plan reviews.

Based on a review of the PAQ, 2400-17, the staffing plan, the annual staffing plan reviews, observations from the tour and information from the interviews with the PC and the Director Designee indicate that this standard appears to be compliant.

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 1347 770" style="list-style-type: none"> <li data-bbox="280 412 689 445">1. Pre-Audit Questionnaire <li data-bbox="280 479 1347 557">2. 2400-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) <li data-bbox="280 591 1267 624">3. 2335-17 - Search and Seizure/Contraband (ANCHOR Residential) <li data-bbox="280 658 525 692">4. Search Logs <li data-bbox="280 725 1003 759">5. Contraband and Searches Training Curriculum <p data-bbox="280 882 437 916">Interviews:</p> <ol data-bbox="280 949 828 1061" style="list-style-type: none"> <li data-bbox="280 949 756 983">1. Interview with Random Staff <li data-bbox="280 1016 828 1050">2. Interview with Random Residents <p data-bbox="280 1173 652 1207">Site Review Observations:</p> <ol data-bbox="280 1240 1147 1352" style="list-style-type: none"> <li data-bbox="280 1240 1147 1274">1. Observations of Privacy in Housing Units and Restrooms <li data-bbox="280 1308 1035 1341">2. Observation of Opposite Gender Announcement <p data-bbox="280 1464 612 1498">Findings (By Provision):</p> <p data-bbox="280 1599 1474 2013">115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. 2400-17, page 2 states staff do not conduct cross-gender strip searches or cross gender visual body cavity searches (meaning a search of the anal or the genital opening) except in exigent circumstances or when performed by medical practitioners. 2335-17, page 4 states members of the same sex as the resident conduct strip searches as follows: two staff are present if practical; an adequate degree of privacy is afforded to the resident; staff document the strip search on the Strip Search Log (2335A), etc. The policy further describes appropriate procedures for conducting strip searches.</p>

115.215 (b): The PAQ indicated that the facility does not permit cross gender pat down searches of female residents, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. The PAQ indicated there have been zero pat down searches of female residents conducted by male staff. 2400-17, page 2 states effective August 20, 2015 facilities that house more than 50 offenders, or as of August 21, 2017 facilities that house less than 50 offenders, do not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. The facility does not restrict female resident's access to regularly available programming or other outside opportunities in order to comply with this provision. 2335-17, page 3 states pat searches on male residents are conducted by male staff members, whenever practical. Pat searches on female residents are conducted by female staff members. Pat searches on cross gender residents are conducted per PREA Policy (2400) using the Cross Gender Pat Search (2400A). Interviews with eight random staff and ten residents confirmed that there have been zero instances where female residents were restricted access to programming and out of cell activities because there was not a female staff member to conduct a search. A review of a sample of search logs confirmed that all searches were performed by female staff members.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches, all cross gender visual body cavity searches and all cross gender pat searches of female residents to be documented. 2400-17, page 3 states the facility documents all cross-gender/trans-gender strip searches and cross-gender/trans-gender visual body cavity searches, and all cross-gender pat down searches of female offenders (2400A, 2400B). This documentation is maintained by the Residential Manager, Residential Supervisor or Designee. 2335-17, page 4 indicates after completing the pat search and/or strip search, staff logs the search in ICON. A review of a sample of search logs confirmed that all searches were performed by female staff members.

115.215 (d): The PAQ indicated that the facility has implemented policies and 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. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 2400-17, page 3 states offenders may 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 room checks. Staff of the opposite gender must announce their presence when entering an area where offenders are likely to be showering, performing bodily functions or changing clothing. During the tour the auditor confirmed that each wing provided privacy

through solid doors, walls and shower curtains. Each wing had two or three separate bathrooms (outside of the bedding areas). These bathrooms were equipped with a solid entrance door and once inside had a shower curtain and a full wall to block the toilet. The staff advised that only one resident was permitted in the bathroom at a time. A review of the video monitoring system confirmed that none of the cameras were in the bathroom or living area where resident would shower, use the restroom or change their clothes. The facility does not conduct strip searches and as such there were no cross gender viewing issues related to searches. Informal conversation with staff and residents indicated that residents have adequate privacy when showering, using the restroom and changing clothes through doors. During the tour the auditor was unable to hear the opposite gender announcement as the tour was conducted by the auditor (female) and a facility supervisor (female). Informal conversation with staff and residents confirm that the opposite gender announcement is routinely made when male staff walk down the wings. Interviews with ten residents indicated that none of the ten had ever been naked in front of an opposite gender staff member and as such have privacy when showering, using the restroom and changing their clothes. All eight random staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all eight staff and all ten residents interviewed confirmed that an announcement is made when opposite gender staff enter the living/bathroom areas.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. 2400-17, page 3 states employees do not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown it is determined during conversations with the offender, 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. Interviews with eight random staff confirm that the agency has a policy that prohibits staff from physically searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. The facility did not house any transgender or intersex residents at the time of the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. 2400-17, page 3 states staff are trained in how to conduct cross-gender pat down searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs. A review of Contraband and Searches Training curriculum confirmed that it provides information on how to conduct pat searches

	<p>and strip searches. The training outlines the process for males residents versus female residents. The training also covers cross gender searches and searches of transgender residents. In addition, the training provides key information related to gender identity and gender terms. All eight of the random staff interviewed confirmed that they received training on conduct cross gender searches and searches of transgender and intersex residents</p> <p>Based on a review of the PAQ, 2400-17, 2335-17, search logs, the Contraband and Searches Training curriculum, observations made during the tour as well as information from interviews with random staff and random residents indicates that this standard appears to be compliant.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2400-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) 3. Support Service Providers for Offenders with Disabilities 4. Iowa's Roster of Court Interpreters 5. Anchor Center for Women Handbook (Handbook) 6. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with Random Staff 3. Interview with Residents with a Cognitive Disability

Site Review Observations:

1. Observations of PREA Information

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. 2400-17, page 3 states offenders with disabilities (including, for example, those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps include when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or who have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164. A review of the Support Service Providers for Offenders with Disabilities (2404C-16) indicates that the agency has numerous resources that can be utilized for residents with a disability, including: Relay Iowa, LanguageLine, TTY/TTD, Deaf Iowans Against Abuse, Hands Up Communication, National Federation of the Blind and Braille Works. The agency utilizes Iowa Court Interpreters to provide translation services. The facility provided the auditor with a two page list of Court Interpreters and confirmed numerous individuals on the list were available to interpret via American Sign Language. The interview with the Agency Head confirmed that the agency has established procedures to provide disabled residents 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. He stated that all the posters and notices are English and Spanish. He indicated that they inform residents upon intake of the agency's practices and who they can reach out to. He stated the agency has a contract with a language translation service and that accommodations are made for any disabled residents. The Agency Head stated that the PC would oversee any accommodations. The interview with the one resident with a cognitive disability confirmed that she received information in a format that she could understand. She indicated the video was easy to understand. During the tour the auditor observed PREA information posted throughout the facility. Each housing wing had a very large poster, with adequate font that displayed information on how to report sexual abuse (phone number, email address and to a staff member). Additionally, the auditor

observed a list of “free” phone numbers posted near the phone, including the Ombudsman’s Office phone number and Riverview Center’s phone number. The Riverview Center’s information, including the phone number and mailing address was also observed near the phones. Posters and the list of phone numbers were in adequate font (for vision impairment) and were placed appropriately in a resident’s line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents with limited English proficiency 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. 2400-17, page 4 states the Department takes 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 offenders who are limited English proficient, including steps to provide interpreters, who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary (or a full roster of Iowa’s State Court Interpreters go to <http://www.iowacourts.gov/wfdata/frame15169-1521/File1.pdf>). The agency utilizes Iowa Court Interpreters to provide translation services. The facility provided the auditor with a two page list of Court Interpreters that provide translation services in nine different languages. The auditor did not interview an LEP resident, however the auditor did conduct a test of the interpretation services to confirm functionality. The facility has a list of certified court interpreters that they are able to utilize. The auditor contacted a Spanish interpreter from the list and was unable to reach the person. The auditor left a message for the interpreter explaining the issue. The auditor did not receive a call back from the interpreter. The auditor then selected a second Spanish interpreter from the list. The interpreter answered and advised that she would be able to provide interpretation services if needed, depending on her schedule. She stated she would do it over the phone and that she had not previously provided any interpretation services for the organization requesting (Anchor Center). A review of PREA Posters, the Handbook and other resident posted/distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. The interview with the one resident with a cognitive disability confirmed that she received information in a format that she could understand. She indicated the video was easy to understand. There were zero LEP residents at the facility during the on-site portion of the audit and as such no interviews were conducted. During the tour the auditor observed PREA information posted throughout the facility. Each housing wing had a very large poster, with adequate font that displayed information on how to report sexual abuse (phone number, email address and to a staff member). Additionally, the auditor observed a list of “free” phone numbers posted near the phone, including the Ombudsman’s Office phone number and Riverview Center’s phone number. The Riverview Center’s information, including the phone number and mailing address was also observed near the phones. Posters and the list of phone numbers were in adequate font (for vision impairment) and were placed

appropriately in a resident's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish.

115.216 (c): The PAQ indicated that agency policy prohibits use of resident interpreters, resident readers, or other type 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 responder duties, or the investigation of the resident's allegation. The PAQ further stated that there were zero instances where an resident was utilized to interpret, read or provide other types of assistance. 2400-17, page 4 states the Department does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under §115.264 or the investigation of the offender's allegations. Interviews with eight random staff indicated that seven were aware of a policy that prohibits utilizing resident interpreters, translators and assistants. None of the eight were aware of a time that another resident was utilized to interpret, translate or assist for a sexual abuse allegation. The interview with the one resident with a cognitive disability confirmed that she received information in a format that she could understand. She indicated the video was easy to understand and she did not have anyone assist her.

Based on a review of the PAQ, 2400-17, Support Service Providers for Offenders with Disabilities document, Iowa's Roster of Court Interpreters, the Anchor Center for Women Handbook (Handbook), PREA Posters, observations made during the tour as well as interviews with the Agency Head, random staff and the resident with a cognitive disability indicates that this standard appears to be compliant.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. 2400-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)3. Application for Employment4. PREA Background Spreadsheet

5. Reference Check Questions
6. Personnel Files of Staff
7. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting 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. 2400-17, page 4 states the Department does not hire or promote anyone, or enlist the services of any contractor, who may have contact with offenders, that have: 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); been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. A review of personnel files for four staff who were hired in the previous twelve months confirmed that all four had a criminal background records check completed. All four staff completed the application for employment which includes the following questions: "Have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual harassment, or 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?" and "Have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". While on-site the auditor determined that while the application included these two questions, it did not directly ask about whether the applicant has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency immediately corrected the issue by adding the question to the online application for employment. The agency added the question: "Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (community corrections center), juvenile facility, or other

institution?”. The auditor confirmed through the online application link <https://sixthdcs.com/employment/>) that this question was live and now required for all applicants. In addition to the staff personnel files, all four contractors reviewed had a criminal background records check completed.

115.217 (b): The PAQ indicated 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 a resident. 2400-17, page 4 states the Department considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The interview with the Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting any staff or contractor. She stated they reach out to prior employers and ask about sexual harassment and they also ask about sexual harassment on the application.

115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. 2400-17, page 4 states before hiring new employees or promoting current employees who may have contact with offenders, the Department: performs a criminal background records check; and 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.

All applicants who were previously employed by an institution must sign an Authority for Release of Information form. The PAQ indicated that six staff hired in the past twelve months that may have contact with residents had a criminal background records check completed. This was three more staff than indicated as new hires in the facility information. Further communication with the PC indicated that there were four staff who were hired in the previous twelve months. All four had a criminal background records check completed. The two other staff did not end up working with the agency/facility. A review of four personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. Three of the four had a prior institutional employer. All three included the Reference Check Questions which asked about discretion and good judgement; reliability and dependability; why the applicant left the position and whether the agency would re-hire the applicant. The Human Resource staff member confirmed that a criminal background records check is completed on all new employees who have contact with residents and all prior institutional employers are contacted.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there have been two contract at the facility within the past twelve months and all contractors under the contract have had a criminal background records check completed. This was one less contract than reported in the facility characteristics. Further communication with the PC indicated that the facility only has one contract (medical) with four contractors. All four contractors had a criminal background records check completed. 2400-17, page 5 states the Department also performs a criminal background records check before enlisting the services of any contractor who may have contact with offenders. A review of four contractor personnel files indicated that a criminal background records check had been conducted for all four. The Human Resource staff member confirmed that a criminal background records check is completed for all contractors and vendors that have contact with residents.

115.217 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. 2400-17, page 5 states the Department either conducts criminal background records checks when an employee is being considered for a promotion or at least every five (5) years on current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees. A review of four staff hired over five years indicated that all had a recent criminal background check completed (within the previous five years). The auditor was unable to confirm when the prior criminal background check was completed as the agency does not retain paper files of the checks and the PREA Background Spreadsheet only has the most recent criminal background records check and the date the next criminal background records check is due. While the documentation did not show the prior criminal background records checks, the oldest criminal background records check was in July 2017 with a due date for the next in July 2022. With the release of the PREA standards in 2013 the facility has completed the required five years by criminal background records check being completed in 2017. As such the auditor accepted the current PREA Background Spreadsheet, but recommends that the agency track at least the previous two criminal background records checks. The interview with the Human Resource staff member indicated that criminal background records checks are completed through the National Crime Information Center (NCIC). She confirmed that criminal background records checks are completed every five years and they have a spreadsheet that indicates the date the last criminal background records check was completed and when the next one is due.

115.217 (f): 2400-17, page 5 states the Department also asks all applicants and employees who may have contact with offenders directly about previous

misconduct (described in section A) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department also imposes upon employees a continuing affirmative duty to disclose any such misconduct. A review the application for employment which includes the following questions: "Have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual harassment, or 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?" and "Have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". While on-site the auditor determined that while the application included these two questions, it did not directly ask about whether the applicant has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency immediately corrected the issue by adding the question to the online application for employment. The agency added the question: "Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (community corrections center), juvenile facility, or other institution?". The auditor confirmed through the online application link <https://sixthdcs.com/employment/>) that this question was live and now required for all applicants. A review of personnel files for four staff who were hired in the previous twelve months indicated that all four had answered the two questions on the old application, and none had answered yes. The Human Resource staff member stated that they ask two questions on the application related to this requirement. She confirmed that employees have a continuing duty to disclose any such misconduct and they are expected to self-report per policy and procedure.

115.217 (g): The PAQ indicated that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. 2400-17, page 5 states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

115.217 (h): 2400-17, page 5 states unless prohibited by law, the Department provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Human Resource staff indicated that information related to prior sexual abuse and/or sexual harassment allegations is shared openly with other agencies.

Based on a review of the PAQ, 2400-17, the Application for Employment, the updated Application for Employment (online), the PREA Background Spreadsheet, the Reference Check Questions, a review of personnel files for staff and contractors

and information obtained from the Human Resource staff interview indicates that this standard has been corrected during the interim report and is compliant.

Recommendation

The auditor recommends that the agency add a question to the Reference Check Questions form that specifically asks about any substantiated incidents of sexual abuse or sexual harassment. While the questions that are asked would indirectly obtain the information related to sexual abuse and sexual harassment, the more direct way is to ask to ensure nothing is missed. The auditor also recommends that the agency track at least the two prior criminal background records check via their spreadsheet. This will provide better documentation that the criminal background records checks are being completed at least every five years.

115.218 Upgrades to facilities and technology

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 2400-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)

Interviews:

1. Interview with the Agency Head
2. Interview with the Director Designee

Site Review Observations:

1. Observations of Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 2400-17, page 5 states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department considers the effect of the design, acquisition, expansion or modification upon the agency's ability to protect offenders from sexual abuse. During the tour, the auditor did not observe any expansions or modifications of the facility. The interview with the Agency Head confirmed that any plan to design, acquire or modify an agency facility would include consideration of protecting staff and residents from sexual abuse and sexual harassment. He stated that with any construction they ensure adequate line of sight. He stated that every facility built over the previous twelve years has a control center where staff can view down the hallways. He further stated that they also install cameras to eliminate blind spots and they consider the flow of the residents coming in and out of the facility during construction. The interview with the Director Designee confirmed that there have not been any substantial expansions or modifications to the facility since the last PREA audit. She stated the facility is brand new and did not require any modification.

115.218 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 2400-17, page 5 states when installing or updating a video monitoring system, electronic surveillance system, other monitoring technology, the Department considers how such technology may enhance the agency's ability to protect offenders from sexual abuse. During the tour, the auditor observed video monitoring technology that supplemented monitoring and assisted with reducing blind spots. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect residents from sexual abuse. He stated that the agency uses cameras for when staff cannot be in certain areas and that they are installed in areas that are vulnerable, are a blind spot or have high resident movement. The Agency Head confirmed that they have assessed facilities over the years and have updated cameras with better quality products. He confirmed that if they identify any blind spots they add a camera or block off the area. The Director Designee confirmed that when the facility installs or updates video monitoring technology that they consider how the technology will protect residents from sexual abuse. She stated they use video monitoring to reduce blind spots in areas that may cause an issue. She stated the facility has cameras on both sides of the housing wings to cover all angles. She also confirmed that they discuss cameras during the annual staffing plan review and during staffing meetings.

Based on a review of the PAQ, 2400-17, observations made during the tour and

	information from interviews with the Agency Head and Director Designee indicate that this standard appears to be compliant.
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2401-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Responsive Planning) 3. Sexual Assault Response Checklist 4. List of SANEs 5. Memorandum of Understanding with Riverview Center 6. Qualified Staff Support Person Training 7. Qualified Staff Support Person Biography 8. Correspondence with the Cedar Rapids Police Department <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.221 (a): The PAQ indicated that the agency is responsible for conducting administrative sexual abuse investigations and that the agency is not responsible for conducting criminal sexual abuse investigation. The PAQ further stated that local law enforcement (Cedar Rapids Police Department) conduct criminal sexual abuse investigations. The PAQ stated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 2401-17, page 1 states to the extent the agency is responsible for investigating allegations of sexual abuse; the agency follows a uniform evidence protocol that maximizes the potential for</p>

obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication "An National Protocol for Sexual Assault medical Forensic Examinations Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. A review of the Sexual Assault Response Checklist confirmed that it directs staff to immediately separate the victim and perpetrator, and separate any witnesses as well. It then outlines to ask the victim if he/she is injured and/or needs medical attention; to control resident movement and secure the crime scene; to not allow any fluid to be cleaned up; to consider both the victim and perpetrators body a crime scene and not let them shower, use the restroom, eat, drink, etc.; to ask the victim what occurred; to report the incident; to contact the investigator; to reassure the victim; to coordinator transportation to the hospital; to notify the PC; to document the incident; to give victim resource information on sexual assault to the victim and to write a report. Interviews with eight random staff indicated that all eight were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all eight staff stated they knew who was responsible for conducting sexual abuse investigations. Most staff stated the agency sexual abuse investigator or the local police department conducted investigations.

115.221 (b): The PAQ indicates that the evidence protocol is not developmentally appropriate for youth and that it was not adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/ Adolescents". Further clarification with the PC indicated that this was an error and that the protocol was developed appropriate for youth and is based on the most recent edition of the DOJ's Office of Violence Against Women publication. A review of the Sexual Assault Response Checklist confirmed that it directed staff to immediately separate the victim and perpetrator, and separate any witnesses as well. It then outlines to ask the victim if he/she is injured and/or needs medical attention; to control resident movement and secure the crime scene; to not allow any fluid to be cleaned up; to consider both the victim and perpetrators body a crime scene and not let them shower, use the restroom, eat, drink, etc.; to ask the victim what occurred; to report the incident; to contact the investigator; to reassure the victim; to coordinator transportation to the hospital; to notify the PC; to document the incident; to give victim resource information on sexual assault to the victim and to write a report.

115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations at Unity Point or University of Iowa Hospitals and Clinics. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ noted that

the facility documents effort to provide SAFEs or SANEs. The PAQ indicated there were zero forensic medical examinations provided during the previous twelve months. 2401-17, page 1 states staff offers all victims of sexual abuse access to forensic medical examinations at a local hospital, without financial cost, where evidentiarily or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Staff call a local hospital and request a SANE when needed. If SAFEs or SANEs are not available, the examination is performed by other qualified medical practitioners. A list of SANEs (2401A) is attached to this policy. A review of list of SANEs confirmed that Cedar Rapids has three hospitals, including; Waypoint Services, St. Luke's Hospital and Mercy Hospital. The facility utilizes St. Luke's Hospital and/or the University of Iowa Hospital to provide residents access to forensic medical examinations. The auditor contacted both hospitals related to forensic medical examinations. The staff member at St. Luke's Hospital stated that they provide SAFE/SANE and when SAFE/SANE are not available they utilize a physician. The staff member stated that the same process would be utilized for a resident being transported from the Anchor Center. The staff member from the University of Iowa Hospital advised that they have a SANE that they call when forensic medical examinations are needed. She stated that for adults the process would be the same regardless of the status of the individual or where they were coming from. A review of the one sexual abuse investigation indicated that it did not involve penetration and as such the victim did not require a forensic medical examination.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. The PAQ noted that these efforts are documented. 2401-17, page 2 states staff attempts to make available to the victim an internal Victim Advocate or a Victim Advocate from a rape crisis center. Staff documents attempts to secure services from the rape crisis centers, another qualified community based provider or qualified agency staff. The facility has a Memorandum of Understanding with Riverview Center which was signed on February 8, 2022. The MOU states that the Riverview Center agrees to provide personal and community advocacy to survivors of sexual violence who are under the supervision of, or whose offender is under the supervision of the Sixth Judicial District Department of Corrections. It further states that the Sixth District Department of Correctional Services, agrees to provide safe, welcoming and confidential space where sexual assault advocates can meet for counseling and advocacy with survivors. Additionally, the agency has five staff that serve as a Qualified Staff Support Person. All five staff have completed the Qualified Staff Support Person Training. The Qualified Staff Support Persons are a front line ROs from each of the four facilities who work on various shifts. The interview with the PC confirmed that the facility attempts to make available to the victim a victim advocate from a rape crisis center. The PC stated that the facility has an MOU with Riverview Center to provide

services. She stated that the facility can call Riverview Center and have them come out and meet with the resident or the resident can call on the free phone. She further stated that residents also have the opportunity to meet with Riverview Center staff out in the community. The PC indicated that Riverview Center staff will respond to the hospital for accompaniment during forensic medical examinations as well. She stated that the number and address to Riverview Center is also posted all over the facility. The PC confirmed that the Riverview Center is a certified victim advocacy group that handles Eastern Iowa. The staff at Riverview Center have a certification and specialized training. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.221 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 2401-17, page 2 states as requested by the victim, the Victim Advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The facility has a Memorandum of Understanding with Riverview Center which was signed on February 8, 2022. The MOU states that the Riverview Center agrees to provide personal and community advocacy to survivors of sexual violence who are under the supervision of, or whose offender is under the supervision of the Sixth Judicial District Department of Corrections. It further states that the Sixth District Department of Correctional Services, agrees to provide safe, welcoming and confidential space where sexual assault advocates can meet for counseling and advocacy with survivors. Additionally, the agency has five staff that serve as a Qualified Staff Support Person. All five staff have completed the Qualified Staff Support Person Training. The Qualified Staff Support Persons are a front line ROs from each of the four facilities who work on various shifts. The interview with the PC confirmed that the facility attempts to make available to the victim a victim advocate from a rape crisis center. The interview with the PC confirmed that the facility has an MOU with Riverview Center to provide victim advocacy services to residents at the hospital during forensic medical examinations. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.221 (f): The PAQ indicated that this provision was not applicable. Further communication with facility staff indicated that the Cedar Rapids Police Department (CRPD) conducts criminal investigations. A review of correspondence between the PC and the Cedar Rapids Police Department confirmed that CRPD would investigate any sexual assault and that they have protocols in place with the local hospitals. The CRPD advised that they meet all the criteria of the Prison Rape Elimination Act.

115.221 (g): The auditor is not required to audit this provision.

115.221 (h): The agency has five staff that serve as a Qualified Staff Support Person. All five staff have completed the Qualified Staff Support Person Training. The Qualified Staff Support Persons are a front line ROs from each of the four facilities who work on various shifts. A review of the training curriculum for the Qualified Staff Support Person indicated it was a 47 slide PowerPoint Program training that went over: the dynamics of sexual abuse in corrections; myths and misconceptions; challenges for incarcerated victims related to reporting; what to expect from incarcerated victims and understanding the staff members role as a support person. The facility provided the biography of the staff member selected from the Anchor Center. The staff member was selected due to her work with the Victim and Restorative Justice Program for the Iowa Department of Corrections, the National Association of Victim Assistance in Corrections and the Iowa Attorney General's Crime Victim Assistance Division. Additionally, she has a history of serving as a volunteer in the community with victim services and is a licensed mental health counselor.

Based on a review of the PAQ, 2401-17, the Sexual Assault Response Checklist, the MOU with Riverview Center, the List of SANEs, the Qualified Staff Support Person Training, the Qualified Staff Support Person Biography and information from interviews with random staff and the PREA Coordinator indicates that this standard appears to be compliant.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. 2401-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Responsive Planning)3. Investigative Reports4. Correspondence with the Cedar Rapids Police Department

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.222 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 2401-17, page 2 states an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ stated there have been zero allegations reported within the previous twelve months. A review of documentation indicated there was one sexual abuse allegation reported after the PAQ was submitted. The allegation had an administrative investigation completed by a facility investigator. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He indicated that agency staff have the ability to conduct criminal investigations but they typically hand those over to the county attorney and/or local law enforcement. He stated that administrative investigations are completed by facility PREA certified investigators. The Agency Head stated that any allegation is assigned to a facility investigator who will do an internal investigation. Then, depending on the outcome, they will take action and if necessary, refer to the county attorney for potential legal/criminal charges.

115.222 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ stated that the agency policy is published on the agency website or made publicly available via other means and that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 2401-17, page 2 states Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. All referrals for investigation are documented and tracked. A review of the agency website indicates that 2401-17 is published and accessible to the public. A review of documentation indicated there was one sexual abuse allegation reported after the PAQ was submitted. The allegation had an administrative investigation completed by a facility investigator. The interviews with the investigator confirmed that all

	<p>allegations are referred to an investigative agency with the authority to conduct criminal investigations. Both stated that if the investigation is determined to be criminal they stop their administrative investigation and refer to local law enforcement.</p> <p>115.222 (c): 2401-17, page 2 states if a separate entity is responsible for conducting criminal investigations, such publication describes the responsibilities of both the agency and the investigating entity. The agency has a certified Police Officer Unit (High Risk Unit). The Officers have power of arrest and the ability to submit charges to the County Attorney’s Office. If the High Risk Unit is not available, then the agency would contact local law enforcement (Cedar Rapids Police Department). A review of correspondence between the PC and the Cedar Rapids Police Department confirmed that CRPD would investigate any sexual assault and that they have protocols in place with the local hospitals. The CRPD advised that they meet all the criteria of the Prison Rape Elimination Act.</p> <p>115.222 (d): The auditor is not required to audit this provision.</p> <p>115.222 (e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 2401-17, the investigative report, correspondence with local law enforcement, the agency’s website and information obtained via interviews with the Agency Head and investigators indicate that this standard appears to be compliant.</p>
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2402-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) 3. PREA Training

4. Training Related to Female Residents

5. Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.231 (a): The PAQ indicates that the agency trains all employees who may have contact with residents on the requirements under this provision. 2402-17, pages 1-2 state all employees who may have contact with offenders are trained on: the zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; 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 relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA training curriculum confirms that the training includes information on: the agency's 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 eleven staff training records indicated that 100% of those reviewed received PREA training. Interviews with eight random staff confirmed that all eight had received PREA training. Staff stated that training is completed annually online and that topics include: how to report, how to identify sexual abuse, first responder duties, who the PC is, the cross gender announcement, gender identity topics and that there are no cross gender searches allowed. All eight staff confirmed that the required topics under this provision were included in the training.

115.231 (b): The PAQ indicated that training is tailored to the gender of resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 2402-17, page 2 states such training is tailored to the gender of the offenders at the employee's facility. The employee receives additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. A review of the Creating Regulations & Resilience (CR/2) training curriculum confirms that staff are provided additional training related to female residents. The training includes ten sections with approximately four hours of training. The training touches on trauma, regulation, resilience and using the CR/2 model and approach.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 2402-17, page 2 states all current employees who have not received such training are trained within one year of the effective date of the PREA standards, and the agency provides each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies. A review of the PREA training curriculum confirms that the training includes information on: the agency's 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. The training is completed annually by each staff member. A review of eleven staff training records indicated that nine had PREA training annually over the last two years. Two staff were new hires and had not completed the training more than once. It should be noted that a few of the new hires had two trainings as the agency functions on a fiscal year, rather than a calendar year.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signatures or electronic verification. 2402-17, page 2 states the Department documents, through employee signature or electronic verification, that

	<p>employees understand the training they have received. All staff are required to complete a quiz upon completion of the PREA training. A review of eleven staff training records indicated that all eleven had completed the post training quiz and had a passing score.</p> <p>Based on a review of the PAQ, 2402-17, the PREA training curriculum, the female resident training, a review of staff training records as well as interviews with random staff indicate that the facility appears to exceed this standard. Staff are provided training annually on PREA. The annual training covers all the required components under provision (a) for the initial staff PREA training. Additionally, staff receive training tailored to female residents annually as well. At the completion of the training staff are required to complete a quiz to test their knowledge, rather than just sign that they received and understood the training.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2402-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) 3. Prison Rape Elimination Act (PREA) Volunteers and Contractor Training Curriculum 4. Contractor Training Records 5. Volunteer Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Residents <p>Findings (By Provision):</p> <p>115.232 (a): The PAQ indicated that all volunteers and contractors who have contact</p>

with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 2402-17, page 2 states the agency ensures that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ indicated that eight volunteers and contractors had received PREA training, which is equivalent to over 100% of the total volunteers and contractors. Further communication with the PC indicated that they currently have four contractor and two volunteers, and all six have received PREA training. Volunteer and contractor training is completed online via https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id.p. The training consists of a 22 minute video that discusses; the agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; 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 relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of a sample of training documents for four contractors and two volunteers indicated that all six had received PREA training. The interviews with the contractor and two volunteers confirmed that all three had received training on the agency's sexual abuse and sexual harassment policies. The contractor and volunteers confirmed that the training was online and there was a knowledge test at the end.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Additionally, the PAQ indicates that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 2402-17, page 2 states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All contractors and volunteers, regardless of contact, receive the PREA Volunteer and Contractor Training, which includes the same topics as the staff training. A review of a sample of training documents for four contractors and two volunteers indicated that all six had received PREA training. The interviews

with the contractor and two volunteers confirmed that all three had received training on the agency's sexual abuse and sexual harassment policies. The contractor and volunteers confirmed that the training was online and there was a knowledge test at the end. All three stated that the training covered the agency's zero tolerance policy and how and whom to report information to.

115.232 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 2402-17, page 2 states the agency maintains documentation confirming that volunteers and contractors understand the training they have received (2402A). At the end of the training all volunteers and contractors are required to take a 20 question quiz. The results of the training are maintained in an electronic volunteer and contractor database, confirming which individuals have completed the training and their score. A review of a sample of training documents for four contractors and two volunteers indicated that all six had received PREA training and completed the quiz.

Based on a review of the PAQ, 2402-17, the PREA Volunteer and Contractor Training curriculum, a review of a sample of contractor and volunteer training records as well as the interviews with the contractor and volunteers indicate that this standard appears to be compliant.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2402-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) 3. Prevention of Sexual Misconduct - An Overview for Offender Form (2412A-20) 4. PREA What You Need to Know Video 5. Support Service Providers for Offenders with Disabilities 6. Iowa's Roster of Court Interpreters

7. Anchor Center for Women Handbook (Handbook)
8. PREA Poster (English and Spanish)
9. Preventing Sexual Misconduct Offender Form (2412B-14A) – Resident Acknowledgment Form

Interviews:

1. Interview with Intake Staff
2. Interview with Random Residents

Site Review Observations:

1. Observations of Intake Process
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 2402-17, page 3 states during the intake process all offenders, including those offenders transferred from other community confinement facilities, receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment. Also included is information on how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and information regarding agency policies and procedures for responding to such incidents. The PAQ indicated that 63 residents received information on the zero tolerance policy and how to report at intake. This is equivalent to less than 100% of residents that arrived in the previous twelve months. A review of the Prevention of Sexual Misconduct – An Overview for Offender form, the PREA What You Need to Know video, the Handbook and PREA Poster confirm that residents are provided information on the agency's zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and how to report sexual abuse and sexual harassment. A review of fourteen resident files of those received within the previous twelve months indicated that all fourteen were

documented with receiving PREA education. During the tour, the auditor observed the intake process through a demonstration by staff. Residents are verbally provided information upon intake by the RO. The RO goes over the zero tolerance policy, definitions, how to report, mandatory reporting, what to do if assaulted, all reporting mechanisms, what happens after a report is made, retaliation, who the PC is, possible outcomes and victim advocacy information. The RO utilizes the Prevention of Sexual Misconduct - An Overview for Offender form (2412A-20). The resident is then provided a copy of the form. The staff member reads the acknowledgment form (2412B-14A) and has the resident initial and sign the form confirming they received the information. Both forms are available in English and Spanish. The intake staff member stated that the information would be provided to accommodate any disabilities and that they can utilize a translator to interpret if the resident does not speak English. After the RO goes over the information verbally, residents are then taken to the therapeutic rooms to view the PREA What You Need to Know video. The video is shown one on one and staff ask the resident if they have any questions once the video is complete. The residents also receive the Handbook during intake, which also contains information on PREA. The auditor viewed that the video was available in Spanish and that the television had closed captioning capabilities. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake. She stated that upon intake the residents are provided the PREA packet and they also watch a PREA DVD. She stated she verbally goes over the ways to report, to include the phone numbers, and that the calls are free. She further stated that posters are all over the facility with the information as well. The intake staff member also indicated that residents receive a Handbook as well as the packet and DVD, and that PREA information is also in the Handbook. She confirmed all residents, regardless of where they are coming from, go through this same process upon arrival. She stated the process is done in the office and the therapy room. She stated if there was an LEP resident they have the video available in Spanish and she confirmed the tv had closed captioning. All ten of the residents interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies. All ten also stated that they were provided information about the zero-tolerance policy, how to report sexual abuse and sexual harassment and their rights under PREA. The residents stated they received the education on the first day they arrived and it was provided verbally, in writing and through a video.

115.233 (b): The PAQ indicated that the agency does not provide refresher information whenever a resident is transferred as residents are not transferred from another community confinement facility. The PAQ further indicated there were zero residents who transferred from a different community confinement facility over the previous twelve months. The PAQ indicated that all residents admitted within the previous twelve months were given PREA information/education. 2402-17, page 3 states during the intake process all offenders, including those offenders transferred from other community confinement facilities, receive information explaining the

zero-tolerance policy regarding sexual abuse and sexual harassment. Also included is information on how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and information regarding agency policies and procedures for responding to such incidents. A review of fourteen resident files of those received within the previous twelve months indicated that all fourteen were documented with receiving PREA education. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake. She stated that upon intake the residents are provided the PREA packet and they also watch a PREA DVD. She stated she verbally goes over the ways to report, to include the phone numbers, and that the calls are free. She further stated that posters are all over the facility with the information as well. The intake staff member also indicated that residents receive a Handbook as well as the packet and DVD, and that PREA information is also in the Handbook. She confirmed all residents, regardless of where they are coming from, go through this same process upon arrival. She stated the process is done in the office and the therapy room. She stated if there was an LEP resident they have the video available in Spanish and she confirmed the tv had closed captioning.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to LEP residents, resident who are deaf, residents with a visual impairment, residents with limited reading skills, and residents with other disabilities. 2402-17, page 3 states offender education is provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as offenders who have limited reading skills. A review of the Support Service Providers for Offenders with Disabilities (2404C-16) indicates that the agency has numerous resources that can be utilized for residents with a disability, including: Relay Iowa, LanguageLine, TTY/TTD, Deaf Iowans Against Abuse, Hands Up Communication, National Federation of the Blind and Braille Works. The agency utilizes Iowa Court Interpreters to provide translation services. The facility provided the auditor with a two page list of Court Interpreters and confirmed numerous individuals on the list were available to interpret via American Sign Language and nine additional languages. A review of PREA Posters, the Handbook and the Prevention of Sexual Misconduct - An Overview for Offender form confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. Additionally, the information can be provided in large font and bright colors. The one resident with a cognitive disability had an acknowledgment form signed indicating she understood the information that was provided.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 2402-17, page 3 states documentation of offender participation in these education sessions is maintained.

Residents sign and initial the acknowledgment form (2412B-14A) and to confirm that they received the information. A review of fourteen resident files confirmed that all fourteen signed the acknowledgment form confirming that they received the PREA education.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks or other written formats. 2402-17, page 3 states key information is continuously and readily available and visible to offenders through posters, and offender handbooks or other written materials and formats. A review of the Prevention of Sexual Misconduct - An Overview for Offender form, the Handbook and PREA Poster confirm that information is continuously and readily available or visible. During the tour the auditor observed PREA information posted throughout the facility. Each housing wing had a very large poster, with adequate font that displayed information on how to report sexual abuse (phone number, email address and to a staff member). Additionally, the auditor observed a list of "free" phone numbers posted near the phone, including the Ombudsman's Office phone number and Riverview Center's phone number. The Riverview Center's information, including the phone number and mailing address was also observed near the phones. Posters and the list of phone numbers were in adequate font (for vision impairment) and were placed appropriately in a resident's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. In addition to the PREA information being posted, the information is also available to residents through the Anchor Center for Women Handbook (Handbook). The residents also have access to the internet through two computers located in the dining hall and are able to access PREA information online and through the agency's website. Informal conversation with staff and residents confirmed that the posted information has been there for a while (most residents stated it was up since they arrived). The residents indicated that they are aware of the information and it is easy to read and understand. Residents indicated that they can report through any staff member or they could call any of the free numbers. Staff stated that residents can report via the phone numbers, to any staff member and through the information on the PREA posters.

Based on a review of the PAQ, 2402-17, the Prevention of Sexual Misconduct - An Overview for Offender Form (2412A-20), the PREA What You Need to Know Video, the Support Service Providers for Offenders with Disabilities, Iowa's Roster of Court Interpreters, the Anchor Center for Women Handbook (Handbook), PREA Poster (English and Spanish), resident files, observations made during the tour as well as information obtained during interviews with intake staff and random residents indicates that this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 2402-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education)
3. Training for Correctional Investigators: Investigating Incidents of Sexual Abuse
4. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.234 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 2402-17, page 3 states in addition to the general training provided to all employees pursuant to §115.231, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The agency utilizes their own training for this standard (which was conducted by the Moss Group, Inc. staff); Training for Correctional Investigators: Investigating Incidents of Sexual Abuse. A review of the training outline noted that the training included a refresher and an overview of the PREA investigative standards, trauma and victim response, legal issues and agency liability, first response and evidence collection, agency culture and boundary issues, interviewing techniques, report writing, the audit process, forensic medical exams and prosecutorial collaboration. A review of documentation indicated that thirteen facility and agency staff were documented with the specialized investigations training. The one investigation completed during the audit period was conducted by a staff member documented with the specialized investigator training. The interviews with the investigators confirmed that they both received training specific to conducting sexual abuse investigations in a confinement setting. One investigator stated that the training went over how to start the investigation, how to secure and collect evidence, the difference between Miranda and Garrity, appropriate safety responses including medical and victim advocacy, the different criteria for administrative investigations and prosecution, techniques for interview and evidence gathering and what is a criminal investigation. The second

investigation stated she received the training in Des Moines via a group setting. She indicated the training went over interview techniques, evidence collection, types of evidence, criteria to substantiate a case and when to refer cases for prosecution. She stated the training included practices interviews with people from outside the agency.

115.234 (b): 2402-17, page 3 states 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. A review of the Training for Correctional Investigators: Investigating Incidents of Sexual Abuse training curriculum confirmed it includes the following: 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 an administrative investigation. A review of documentation indicated that thirteen facility and agency staff were documented with the specialized investigations training. The one investigation completed during the audit period was conducted by a staff member documented with the specialized investigator training. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: 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 an administrative case.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that ten facility investigators have completed the specialized training. Further communication with the PC indicated that there are twelve staff (as outlined in facility characteristics) with the specialized investigator training. 2402-17, page 3 states the agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. A review of documentation indicated that thirteen facility and agency staff were documented with the specialized investigations training. The one investigation completed during the audit period was conducted by a staff member documented with the specialized investigator training.

115.234 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 2402-17, the Training for Correctional Investigators: Investigating Incidents of Sexual Abuse, a review of investigator training records as well as the interviews with the investigators, indicates that this standard appears to

	be compliant.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2402-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) <p>Findings (By Provision):</p> <p>115.235 (a): The PAQ indicated that this provision does not apply as medical and mental health services are provided in the community. While this standard does not apply for the facility, the agency does have a policy that addresses this provision. 2402-17, pages 3-4 states the Department ensures that all 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; 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 or suspicions of sexual abuse and sexual harassment. The auditor confirmed that the facility does not employ medical and mental health care staff that provide emergency or routine services. The facility does employ four medical contractors, however they are only available a few hours a day a few days a week to administer medication.</p> <p>115.235 (b): The PAQ indicated that this provision does not apply as the facility does not have medical or mental health care staff.</p> <p>115.235 (c): The PAQ indicated that this provision does not apply as medical and mental health services are provided in the community. While this standard does not apply for the facility, the agency does have a policy that addresses this provision. 2402-17, page 4 states the agency maintains documentation that medical and mental health practitioners have received the training referenced in this standard</p>

	<p>either from the agency or elsewhere.</p> <p>115.235 (d): The PAQ indicated that this provision does not apply as medical and mental health services are provided in the community. While this standard does not apply for the facility, the agency does have a policy that addresses this provision. 2402-17, page 4 states medical and Mental health care practitioners also receive the training mandated for employees under §115.231 or for contractors and volunteers under §115.232, depending upon the practitioner’s status at the agency.</p> <p>Based on a review of the PAQ and 2402-17 this standard appears to be not applicable and as such compliant.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2403-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Screening & Risk of Sexual Victimization & Abusiveness) 3. Sexual Violence Propensity Assessment Scoring Guide for Offenders 4. Resident Risk Assessments 5. Staff Training Related to Risk Assessments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Residents 3. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area

2. Observation of Risk Screening Process
3. Observations of Where Resident Files are Located

Findings (By Provision):

115.241 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. 2403-17, page 1 states all offenders are assessed via the Sexual Violence Propensity Assessment (SVP) during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. During the tour the auditor was provided a demonstration of the initial risk assessment. Prior to the residents arrival the staff member reviews the prior information in the risk screening and reviews file information to ensure that the previous information that was already entered is accurate. The information is updated with any new information taken from criminal history and other documents. The staff saves the information until the resident arrives. Upon arrival, the staff member reviews the information on the risk screening with the resident and asks directly about prior sexual victimization and gender identity. The initial risk screening is conducted in the intake office, which has a door that can be closed for confidentiality. Once the staff member goes over the information with the resident the risk assessment is submitted. Informal conversation with residents indicated that they are asked the risk screening questions and that the questions are asked in a comfortable manner/setting. Interviews with ten residents that arrived within the previous twelve months indicated that eight were asked questions related to risk of victimization and abusiveness. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness upon arrival at the facility.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 2403-17, page 1 states intake screening ordinarily takes place within seventy-two (72) hours of arrival at the facility. The PAQ indicated that 59 residents were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of fourteen resident records of those that arrived within the previous twelve months indicated that all fourteen had an initial risk screening. Two of the residents had a risk screening past the 72 hours and two had a risk screening completed prior to their arrival. It was determined that those two completed prior to arrival were submitted rather than saved, which is typically the process when staff review the information prior to the residents arrival. The staff indicated that when the resident arrived they conducted the risk screening

and that none of the responses were different so the submitted version was not updated. They indicated it was an error on their part to submit rather than save. During the interim report period the facility conducted a training with all staff who complete initial risk assessments. The training went over saving rather than submitting the information and the requirement to ask the appropriate risk screening questions during intake, regardless of the prior responses. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours. She stated that it is completed immediately upon intake. Interviews with ten residents that arrived within the previous twelve months indicate that eight were asked the questions related to risk of victimization and abusiveness on the day they arrived.

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. 2403-17, pages 1-2 state the intake screening (SVP) considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization: whether the offender has a mental, physical, or developmental disability; the age of the offender; the physical build of the offender; whether the offender has previously been incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions for sex offenses against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. Policy further states the intake screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening has two section, one for victimization and one for abusiveness. The victimization section of the screening considers whether the resident has an intellectual/physical disability or is severely mentally ill; the residents age, height and weight; whether it is the residents first time incarcerated or in a residential community facility or feels threatened/traumatized by prison or a residential community facility; whether the resident displays sexual orientation in a way that projects vulnerability; whether the resident has a conviction for a current or previous sexual offense against a child thirteen years or under; whether the resident has a history of sexual violence victimization; whether the resident is unassertive, lacks confidence, projects weakness or fear and whether the resident has nonviolence crime or property crime only. Each response has a score based on the response. A score of ten or more on questions ten through seventeen indicate the resident is a victim potential (VP) and a yes response on question 15.A results in a victim incarcerated (VI) designation. The abusiveness section considers whether the resident has two or more felony convictions; whether the resident has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated

predatory violence (other than sex offenses); whether the resident is a sex offender (victim over the age of fourteen); whether the resident has an intimidating or aggressive attitude; whether the resident is highly familiar with prison or residential community facility or present as prison wise or street smart; whether the resident has a history of sexual predatory behavior or sexual assault of offenders; whether the resident has two or more convictions for serious or aggravated misdemeanor assaults, domestic abuse assault, or one felony Class D willful injury and whether the resident has a felony drug conviction plus confirmed/suspected STG (serious threat group) plus two or more felony incarcerations. Each questions is awarded a point score depending on the response. If the score is ten or more for questions one through nine, the resident is considered an aggressor potential (AP). If the response to question 7.A is yes, the resident is considered an aggressor Incarcerated (AI). If the resident does not score out on the section she/he is considered a no score. Sexual Violence Propensity Assessment (SVP) Scoring Guide for Offenders is very detailed and directs staff on each question how to derive responses and information. It explains how is question should be scored as well as when to consult with staff related to any manual overrides. During a review of the risk screening tool, the auditor determined that it was objective and included a weighted process regarding the responses provided, however the weight given to each response was mainly tailored to adult male inmates/residents. The auditor advised the facility that it is the auditors recommendation to utilize a different weighted system for female residents in a community confinement setting. During the interim report period the PC advised that she had spoken with other female facilities across the state and that they would be changing the weighted process for the height and weight, which was one of the larger reasons that most of the female residents were coded as potential victims.

115.241 (d): 2403-17, pages 1-2 state the intake screening (SVP) considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization: whether the offender has a mental, physical, or developmental disability; the age of the offender; the physical build of the offender; whether the offender has previously been incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions for sex offenses against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening considers whether the resident has an intellectual/physical disability or is severely mentally ill; the residents age, height and weight; whether it is the residents first time incarcerated or in a residential community facility or feels threatened/traumatized by prison or a residential community facility; whether the resident displays sexual orientation in a way that projects vulnerability; whether the resident has a conviction for a current or previous sexual offense against a child thirteen years or under; whether the resident has a history of sexual violence victimization; whether the resident is unassertive, lacks confidence, projects weakness or fear and

whether the resident has nonviolence crime or property crime only. Each response has a score based on the response. A score of ten or more on questions ten through seventeen indicate the resident is a victim potential (VP) and a yes response on question 15.A results in a victim incarcerated (VI) designation. The staff responsible for the risk screening indicated that the risk screening considers quite a few factors including; past incarcerations, criminal history, age, height, past sexual victimization, past sexual assaults, sexual orientation, etc. She confirmed that all the required components under this provision were included in the risk assessment. The risk screening staff indicated that staff ask residents questions but they also review information such as criminal history to get a full picture of anything that may affect the scoring. She stated some of the responses are based on data already in the system, such as previous incarcerations and aggressive attitudes.

115.241 (e): 2403-17, page 2 states the intake screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the Sexual Violence Propensity Assessment (SVP) indicates it considers whether the resident has two or more felony convictions; whether the resident has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated predatory violence (other than sex offenses); whether the resident is a sex offender (victim over the age of fourteen); whether the resident has an intimidating or aggressive attitude; whether the resident is highly familiar with prison or residential community facility or present as prison wise or street smart; whether the resident has a history of sexual predatory behavior or sexual assault of offenders; whether the resident has two or more convictions for serious or aggravated misdemeanor assaults, domestic abuse assault, or one felony Class D willful injury and whether the resident has a felony drug conviction plus confirmed/suspected STG (serious threat group) plus two or more felony incarcerations. Each questions is awarded a point score depending on the response. If the score is ten or more for questions one through nine, the resident is considered an aggressor potential (AP). If the response to question 7.A is yes, the resident is considered an aggressor Incarcerated (AI). If the resident does not score out on the section she/he is considered a no score. The staff responsible for the risk screening indicated that the risk screening considers quite a few factors including; past incarcerations, criminal history, age, height, past sexual victimization, past sexual assaults, sexual orientation, etc. She confirmed that all the required components under this provision were included in the risk assessment. The risk screening staff indicated that staff ask residents questions but they also review information such as criminal history to get a full picture of anything that may affect the scoring. She stated some of the responses are based on data already in the system, such as previous incarcerations and aggressive attitudes

115.241 (f): The PAQ indicated that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 2403-17, page 2 states within a set time period, not to exceed thirty (30) days from the offender's arrival at the facility, the facility reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ did not indicate the number of residents entering the facility over the previous twelve months whose length of stay was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days of arrival. Further communication with the PC indicated that 55 residents received a reassessment which is equivalent to 100% of the residents who stayed at the facility longer than 30 days. During the tour the auditor was provided a demonstration of the reassessment process. The reassessment is completed by the PPOs and is done in their offices. The PPOs have conversation with the residents to discern whether the information provided during intake is accurate. The staff indicated they have informal conversation with the residents which allows for more information to be provided compared to asking direct questions. The staff stated that they can ask about family history, prior relationships, etc. which usually provides more detailed information related to sexual preference, prior sexual victimization, etc. The interview with the staff responsible for the risk screening indicated that residents are reassessed within 30 days. Interviews with ten residents that arrived within the previous twelve months indicated that five have been asked questions related to their risk of victimization and abusiveness more than once. The five stated that the second instance was either a couple weeks or a couple months after their arrival. A review of fourteen resident files of those that arrived in the previous twelve months indicated that all fourteen had a reassessment completed. Of the fourteen, five were completed after the 30 day timeframe. While only half of the resident remember a reassessment, all were documented with one being completed. Additionally, after discussion with the staff related to how information is gathered for the risk screening (informal conversation rather than direct questions), the auditor attributed this to the resident responses. During the interim report period the facility provided the auditor with documentation indicating that appropriate risk screening staff were provided training on the requirement of the 30 day timeframe for reassessments to be completed

115.241 (g): The PAQ indicated that the policy requires that an resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. 2403-17, page 2 states an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening confirmed that residents are reassessed when warranted due to referral,

request, incident of sexual abuse or receipt of additional information that bears on the residents risk of sexual victimization or abusiveness. Interviews with ten residents that arrived within the previous twelve months indicated that five have been asked questions related to their risk of victimization and abusiveness more than once. The five stated that the second instance was either a couple weeks or a couple months after their arrival. There was one sexual abuse allegation reported, which was unfounded, and as such did not require a reassessments. A review of fourteen resident files of those that arrived in the previous twelve months indicated that all fourteen had a reassessment completed. Additionally, one resident was documented with a "for cause" risk assessment due to additional information being received.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability. 2403-17, page 2 states offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs C.1., or C.7. through C.9. of this section. The interview with the staff responsible for risk screening confirmed that residents are not disciplined for refusing to answer any of the risk screening questions.

115.241 (i): 2403-17, page 2 states the Department implements 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 offender's detriment by staff or other offenders. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to the risk screening information so that it is not exploited. She stated that only staff who have signed confidentiality policies that are dealing with residents directly have access. She indicated access is needed to appropriately house the residents. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited. Resident risk assessment files are both electronic and paper. The facility does not provide medical and mental health services and as such no records are stored/maintained. The risk assessment information is stored electronically through the agency's ICON system. All Residential Officers and Probation and Parole Officers have access to the information as they all complete initial and/or reassessments. The paper risk assessment records are stored with resident files in the intake office. The files are in a locked file cabinet and the intake office is locked when not in use. Access to resident files is limited to ROs and PPOs. During the tour the auditor spoke with staff who advised that all ROs, PPOs and administrative staff have access to the resident's risk screening information. Staff indicated they have access due to

	<p>completing these assessments and also being responsible for housing. Staff advised that any reported sexual abuse or sexual harassment allegation would be documented in ICON through the PREA database. This database has limited access (Administrative staff and Investigators). The PC stated that staff would send an email to the PC and Facility Administrator related to the allegation and that information would not be entered in ICON under generic notes to ensure confidentiality.</p> <p>Based on a review of the PAQ, 2403-17, the Sexual Violence Propensity Assessment Scoring Guide for Offenders, the staff training related to risk assessments, a review of resident risk assessments, 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 corrected and compliant.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2403-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Screening & Risk of Sexual Victimization & Abusiveness) 3. Housing Assignments of Residents at Risk of Sexual Victimization and/or Sexual Abusiveness 4. LGBTI Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with Gay, Lesbian and Bisexual Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Shower Area in Housing Units

2. Housing Assignments of LGBTI Residents

Findings (By Provision):

115.242 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 2403-17, page 2 states staff uses information from the SVP risk screening required by §115.241 to inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The interview with the PREA Coordinator indicated that every resident who walks through the door has an assessment completed. The assessment includes talking to them and asking them about their history of sexual abuse. She stated based on the information provided there is a score that dictates whether they are a potential victim or potential aggressor. She stated that the information is then used to make sure that potential victims do not end up in a room with potential aggressors. She also stated they use the information for room placement in the facility as well. She stated they may place a resident closer to the front desk near staff if determined they are a potential victim or potential aggressor. The interview with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to determine housing and bed assignments. She stated that they make sure residents are assigned to housing or areas that are aligned with their score so that they are safer. A review of housing documentation confirmed there were zero residents at high risk of abusiveness at the facility. There were residents at high risk of victimization at the facility during on-site portion of the audit and based on the housing documentation the auditor confirmed housing was done on an individualized basis.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 2403-17, page 3 states the Department makes individualized determinations about how to ensure the safety of each offender. The interview with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to determine housing and bed assignments. She stated that they make sure residents are assigned to housing or areas that are aligned with their score so that they are safer.

115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case

basis. 2403-17, page 3 states in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the Department considers on a case-by-case basis whether a placement ensures the offender's health and safety, and whether the placement presents management or security problems. The PC confirmed that housing assignments for transgender and intersex residents are made on a case-by-case basis. She stated they review how they were housed in prison, their past criminal history and they asked them where they feel most comfortable. The PC confirmed that the placement considers the residents' health and safety as well as any security or management problems. There were zero transgender and intersex residents at the facility over the audit period and during the on-site portion of the audit and as such there was no documentation to review, nor any interviews conducted.

115.242 (d): 2403-17, page 3 states a transgender or intersex offender's own view with respect to his or her own safety is given serious consideration. The interviews with the PC and the staff responsible for risk screening confirmed that the residents' views with respect to his/her safety would be given serious consideration. The PC stated that they ask the transgender and intersex residents about staff they feel most comfortable with administering urine analysis, the pronouns they prefer, where they would like to be house and what they need and feel most comfortable with. There were zero transgender and intersex residents at the facility over the audit period and during the on-site portion of the audit and as such there was no documentation to review, nor any interviews conducted.

115.242 (e): 2403-17, page 3 states transgender and intersex offenders are given the opportunity to shower separately from other offenders. During the tour the auditor observed that all bathrooms had a solid entrance door. Upon entry into the bathroom the auditor viewed the single person showers all had curtains. The bathrooms also had the ability to be locked by the resident from the inside to ensure privacy when showering and using the restroom. The interview with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PC stated that the showers are single person and there is a door for privacy. There were zero transgender and intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): 2403-17, page 3 states the Department does not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. The interview with the PC confirmed that the agency is not subject to a consent decree

	<p>and that there is not a dedicated facility for LGBTI residents. The interviews with the three LGB residents confirmed that none believed they were placed in a dedicated facility, unit or wing solely based on their sexual preference. A review of the housing assignment for the LGB residents confirmed that they were in different rooms across the different wings.</p> <p>Based on a review of the PAQ, 2403-17, residents at risk of sexual abusiveness and sexual victimization housing determinations, LGBTI resident housing assignments, observations made during the tour and information from interviews with the PC, staff responsible for conducting the risk screening and LGB resident, indicates that this standard appears to be compliant.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2404-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Reporting) 3. Anchor Center for Women Handbook (Handbook) 4. PREA Poster (English and Spanish) 5. Resident Education on the Handbook Updates 6. Staff Training on Verbal Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with Random Staff 3. Interview with Random Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of PREA Reporting Information

2. Functionality Tests of the Internal and External Reporting Mechanisms

3. Observation of Mail Procedures

Findings (By Provision):

115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 2404-17, page 1 states the Department provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Reporting methods include: report to staff verbally, report to staff in writing and report via a kite or grievance form and give to staff. Additionally, pages 1-2 state the Department also informs offenders of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Outside reporting methods include: report to the State Ombudsman's Office, report to the State Victim Services Coordinator and report to the District PREA Coordinator or PREA Compliance Manager. A review of additional documentation to include the Handbook and PREA Posters confirmed that residents were advised of the reporting methods. These methods include: telling a staff member they feel comfortable with; sending a letter to the District Director (address provided); using the facility grievance process; calling the PREA hotline (phone number provided); emailing the PREA email (email provided); sending a letter or calling the Ombudsman's Office (address and phone number provided) and contacting the Riverview Center (email and phone number provided). Interviews with ten residents confirm that all ten were aware of at least one method to report sexual abuse and sexual harassment. The residents stated they would report to a staff member they trusted, in writing, on the computer or through one of the phone numbers provided. Interviews with eight random staff indicated that residents can report through the Ombudsman's Office, the PREA number, via a letter, through a third party, via the website or directly to staff. During the tour the auditor observed PREA information posted throughout the facility. Each housing wing had a very large poster, with adequate font that displayed information on how to report sexual abuse (phone number, email address and to a staff member). Additionally, the auditor observed a list of "free" phone numbers posted near the phone, including the Ombudsman's Office phone number and the Riverview Center's phone number. Informal interviews with residents indicated that they can report through any staff member or they could call any of the free numbers. Staff stated that residents can

report via the phone numbers, to any staff member and through the information on the PREA posters. The facility does not have a mailroom. Residents are able to drop mail at the facility in the staff copy room or they also have the ability to drop mail in any drop box in the community while they are outside the facility on furloughs, work or other services. The mail left in the staff copy room is picked up daily by a mail courier and taken to the post office. Incoming mail is received and then information is posted on a white board to notify residents who has mail to pick up. The residents then retrieve their mail and open it in front of staff to confirm there is not any contraband. Staff do not read the letters. The staff confirmed that pens, papers, journals, etc. are distributed to the residents and residents can also buy their own supplies during furlough trips to the stores in the community. The auditor tested the PREA hotline during the tour on the two wings with free calls. The auditor left a message during one of the calls and was provided confirmation from the PC the same day that the message was received. The residents are able to access the internet through two computers in the dining area. The auditor had a resident send an email to the listed reporting email. The resident walked the auditor through the email process and sent the email on June 14, 2022. The auditor did not receive confirmation the email was received and as such inquired with the PC on June 22, 2022 about the email. The PC indicated that she did not receive any information related to the email that was sent from the resident. The PC advised she did have a co-worker test the email to ensure functionality. The PC forwarded a copy of the email submitted by her co-worker confirming that the email was functional. In addition to the phone and email, residents can report verbally to staff and in writing, either through a grievance, through the kiosk system or through any other paper format. Residents confirmed they can verbally report to any staff member and things are taken seriously. During the tour the auditor had a resident illustrate the reporting method on the kiosk. The resident pulled up messages that she sent to her PPO related to numerous topics. The resident walked the auditor through the process of how she would send the message to her PPO (or any other staff listed). The resident displayed prior messages and indicated that most responses from the PPO are received the same day or the next day. In addition, federal residents and certain other residents with permission, have cell phones. Residents can report via their cell phones when outside of the facility. During the interim report period the facility updated the Handbook and added information regarding the ability to report via the agency website. Additionally, the facility removed the Riverview Center as a reporting method and relocated it to a section for victim advocacy/emotional support services. The facility provided confirmation that all current residents were educated on the updated information.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. 2404-17, pages 1-2 state the Department also informs offenders of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and

immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Outside reporting methods include: report to the State Ombudsman's Office, report to the State Victim Services Coordinator and report to the District PREA Coordinator or PREA Compliance Manager. A review of the Handbook confirms that residents are provided information on how to report to the Ombudsman's Office. The Handbook provides the mailing address and telephone number. The auditor tested the outside reporting mechanism by calling the Ombudsman's Office phone number that was posted by the phones. The auditor reached a live person who confirmed that sexual abuse and sexual harassment allegations could be reported. The staff at the Ombudsman's office confirmed that residents could remain anonymous when reporting. The staff indicated that once the information is reported it is forwarded to the appropriate staff/facility to investigate. The interview with the PC indicated that residents can report to the Ombudsman's Office. She stated that the Ombudsman's Office has a phone number the residents can call for free. She stated the line is not recorded and confirmed that the residents can remain anonymous upon request. She further stated that the Ombudsman's Office would contact the agency directly when they receive an allegation of sexual abuse or sexual harassment to report the allegation for investigation. Interviews with ten residents indicated that nine were aware of the outside reporting entity and all ten were aware they could anonymously report. During the tour the auditor observed PREA information posted throughout the facility. Each housing wing had a very large poster, with adequate font that displayed information on how to report sexual abuse (phone number, email address and to a staff member). Additionally, the auditor observed a list of "free" phone numbers posted near the phone, including the Ombudsman's Office phone number and the Riverview Center's phone number. The facility does not have a mailroom. Residents are able to drop mail at the facility in the staff copy room or they also have the ability to drop mail in any drop box in the community while they are outside the facility on furloughs, work or other services. The mail left in the staff copy room is picked up daily by a mail courier and taken to the post office. Incoming mail is received and then information is posted on a white board to notify residents who has mail to pick up. The residents then retrieve their mail and open it in front of staff to confirm there is not any contraband. Staff do not read the letters. The staff confirmed that pens, papers, journals, etc. are distributed to the residents and residents can also buy their own supplies during furlough trips to the stores in the community. During the interim report period the facility updated the Handbook to clearly identify that the Ombudsman's Office is the outside reporting entity. It was also updated to indicate that residents can remain anonymous upon request when reporting to the Ombudsman's Office. Documentation was provided to the auditor confirming that all residents were educated on the updated Handbook information.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 2404-17, page 2 states staff accepts reports

made verbally, in writing, anonymously and from third parties and promptly documents any verbal reports (2404A, 2404B). Interviews with ten residents indicate that all ten knew they could report verbally and/or in writing and nine knew they could report through a third party. Interviews with eight random staff indicated that all eight were aware that residents could report verbally, in writing, anonymously and through a third party. Staff indicated that residents can report verbally, however the staff were inconsistent with how they would document it. A few staff indicated they would document in ICON under generic notes or in the medical/mental health section, while a few other staff stated they would send an email to the PC. Staff further advised that they can report sexual abuse or sexual harassment of a resident any way that the residents can report and that they can contact the PC directly to report. During the interim report period the facility provided training to all staff on the appropriate method of documentation of verbal sexual abuse and sexual harassment allegations. Staff were instructed they are to send an email with the information to the PC when a resident verbally reports sexual abuse or sexual harassment.

115.251 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PC advised that staff can report directly to the PC and they are informed of this method through the policy. 2404-17, page 2 states staff may privately report sexual abuse and sexual harassment of offenders to the PREA Coordinator or designee(s). Initial reports taken from an offender where the alleged incident occurred at a federal, state, county, juvenile correctional or jail setting; treatment facility or while under field services supervision at the federal, state, county or juvenile level are reported immediately to the PREA Coordinator or designee (s). Interviews with eight random staff confirmed all were aware that they could privately report sexual abuse of a resident. Staff indicated they could report any way that a resident can and that they would report through the Ombudsman, Facility Administrator and/or verbally to their supervisor.

Based on a review of the PAQ, 2404-17, the Handbook (original and updated), the PREA Posters, resident education on the Handbook updates, staff training on documenting verbal sexual abuse and sexual harassment allegation, observations during the tour including functionality tests, information from interviews with the PC, random residents and random staff indicates this standard appears to be corrected and as such compliant.

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

Documents:

1. Pre-Audit Questionnaire
2. 2404-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Reporting)
3. Anchor Center for Women Handbook (Handbook)
4. Sexual Abuse Grievance
5. All Grievances Over the Previous Twelve Months
6. Resident Education on the Handbook Updates

Findings (By Provision):

115.252 (a): 2404-17 is the policy related to grievance procedures for residents. The PAQ indicated that the agency is not exempt from this standard.

115.252 (b): The PAQ indicated that agency policy or procedure allows a residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 2404-17, page 2 states there is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The Department does not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A review of Handbook indicated that page 18 had information on grievances, however it was general grievance information and not the required information under this provision/standard. During the interim report period the facility updated the Handbook and included a section on sexual abuse grievances. Page 20 was updated with the required language under this provision, including that there is no time limit and that residents are not required to use the informal grievance process. Documentation was provided to the auditor confirming that all residents were educated on the updated Handbook information.

115.252 (c): The PAQ stated that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred

to the staff member who is the subject of the complaint. 2404-17, page 2 states the department ensures that: an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint. A review of Handbook indicated that page 18 had information on grievances, however it was general grievance information and not the required information under this provision/standard. During the interim report period the facility updated the Handbook and included a section on sexual abuse grievances. Page 20 was updated with the required language under this provision, including that residents are not required to submit the grievance to the staff member who is the subject of the complaint and that the grievance will not be referred to the staff member who is the subject of the complaint. Documentation was provided to the auditor confirming that all residents were educated on the updated Handbook information.

115.252 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated there were zero sexual abuse grievances filed in the previous twelve months The PAQ further indicates that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. 2404-17, page 3 states the Department issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Computation of the ninety (90) day time period does not include time consumed by offenders in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department notifies the offender in writing of any such extension and provides a date by which a decision is made. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response as a denial at that level. There were zero residents who reported sexual abuse during the on-site and as such no interviews were conducted. Informal conversation with staff and residents indicated that residents are able to hand a grievance to any staff member to process or they can place it in the Facility Administrators box for processing. After the PAQ was submitted, the facility received a grievance alleging sexual abuse. A review of the one sexual abuse grievance confirmed that it was reported on February 26, 2022 and a response was provided to the resident related to the investigation on March 3, 2022. The auditor also reviewed all the grievances filed over the previous twelve months and confirmed that no additional sexual abuse grievances were filed.

115.252 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and

outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. It further indicated that agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. 2404-17, page 3 states third parties, including fellow offenders, staff members, family members, attorneys and outside advocates, are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, 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. If the offender declines to have the request processed on his or her behalf, the agency documents the offender's decision. The PAQ indicated there were zero third-party grievances filed in the previous twelve months where the resident declined assistance and contained the residents' decision to decline. A review of all the grievances filed over the previous twelve months confirmed there were zero sexual abuse grievances filed by a third party. There were zero residents who reported sexual abuse during the on-site and as such no interviews were conducted.

115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 2404-17, page 3 states the Department establishes procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, staff immediately forwards the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to management, who provides an initial response within forty-eight (48) hours and issues a final agency decision within five (5) calendar days. The initial response and final Department decision documents the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of all the grievances filed over the previous twelve months confirmed there were zero sexual abuse grievances filed alleging imminent risk of sexual abuse. There were zero residents who reported sexual abuse during the on-site and as such no interviews were conducted.

	<p>115.252 (g): The PAQ indicated that the agency does not has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. Further communication with the PC indicated that this was incorrect and that the agency does has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. 2404-17, page 4 states offenders may be disciplined for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith. The PAQ indicated that zero residents have been disciplined for filing a grievance in bad faith in the previous twelve months.</p> <p>Based on a review of the PAQ, 2404-17, the Handbook (original and updated), the education of the residents on the Handbook updates, the sexual abuse grievance and the grievances over the previous twelve month, this standard appears to be corrected and as such compliant.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2404-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Reporting) 3. Memorandum of Understand with Riverview Center 4. Anchor Center for Women Handbook (Handbook) 5. Free Phone Number List 6. Victim Advocacy Information Poster 7. Resident Education on the Handbook Updates 8. Email Confirmation of Victim Advocacy Number Functionality <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Residents

Site Review Observations:

1. Observation of Victim Advocacy Information
2. Functionality Tests of Victim Advocacy Hotline
3. Observation of Mail Procedures

Findings (By Provision):

115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable communication. 2404-17, page 4 states the facility provides offenders with access to outside Victim Advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between offenders and these organizations, in as confidential a manner as possible (2404C). The MOU with Riverview Center confirms that they agree to provide personal and community advocacy to survivors of sexual violence and supply the agency with brochures and informational materials regarding Riverview Center's free and confidential services for survivors of sexual assault. It further indicates that Riverview Center will inform the survivor of the status of the suspect, the criminal process, legal right and option and available services. A review of the Victim Advocacy Poster and the Handbook confirmed residents were provided a phone number to the Riverview Center and the Rape Victim Advocacy Program (RVAP). The Handbook also contained the email to Riverview Center. While residents were provided this information, it was under the reporting section of the Handbook and did not indicate the services were for victim advocacy/emotional support. During the tour the auditor observed a list of "free" phone numbers posted near the phone, including the Ombudsman's Office phone number and Riverview Center's phone number. The Riverview Center's information, including the phone number and mailing address was also observed near the phones. The facility provides access to victim advocates through the Riverview Center hotline. The auditor attempted to contact the Riverview Center, however during the on-site portion of the audit the phone number was not functional. During the interim report period the facility reached out to the agency staff responsible for the phone system. He stated that they would need assistance from Century Link to alleviate the problem. The facility staff member subsequently reached out to Riverview Center who provided a second toll-free number (563-557-0310). The facility staff member called the number from

the resident phones and confirmed that the number was accessible. She stated that once the other number is functional they would move back to that number. In the interim they would utilize the new number. Staff updated their free numbers list and the Handbook with the second working number. The facility provided the auditor with a photo of the updated free numbers sheet as well as the updated number on the victim advocacy poster next to the phone. Residents can also write to the Riverview Center for services by sending correspondence. Residents are provided paper and writing utensils and can also purchase them during furloughs. Letters to the Riverview Center are treated similar to other mail and are not read/screened. Informal conversation with residents confirmed that they have a number to contact for Riverview and they can call this number anytime and it is one of the free numbers. The residents confirmed that the phones are on all the time. Interviews with ten residents indicated that nine were aware of outside victim advocacy services and were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most of the residents indicated that they knew the services were free and could be utilized at any time. Most also stated that they were aware that would they told the organization would be confidential. Two of the residents confirmed that they go to Riverview Center for services currently. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. During the interim report period the facility updated the Handbook and removed the victim advocacy centers as a reporting mechanism. The updated Handbook (page 21) provided a section titled "Victim Services related to Sexual Abuse/Sexual Assault/Sexual Harassment". The section included contact information (mailing address and telephone number) to the Riverview Center and RVAP. The Handbook indicated that the toll free numbers were available 24 hours a day and that calls from the resident phones were free of charge and not monitored to ensure confidentiality. The section further informed the residents that any report of sexual abuse to either organization would require a written consent before they could release any information. Documentation was provided to the auditor confirming that all residents were educated on the updated Handbook information.

115.253 (b): The PAQ indicated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. 2404-17, page 4 states the facility informs offenders, prior to giving them access, of the extent to which such communications are monitored and the extent to which reports of abuse are forwarded to authorities in accordance with mandatory reporting laws. The MOU with Riverview Center confirms that they agree to provide personal and community advocacy to survivors of sexual violence and supply the agency with brochures and informational materials regarding Riverview Center's free and

confidential services for survivors of sexual assault. It further indicates that Riverview Center will inform the survivor of the status of the suspect, the criminal process, legal right and option and available services. A review of the Victim Advocacy Poster and the Handbook confirmed residents were provided a phone number to the Riverview Center and the Rape Victim Advocacy Program (RVAP). Page 9 of the Handbooks states that pay phones are located in A Wing and C Wing. Clients are expected to acquire their own money in order to utilize the pay phones for personal calls. All phone calls and messages are subject to monitoring and recording. Telephones may not be used between the hours of 2200 and 0600, Sunday through Thursday, and between the hours of 2300 and 0600, Friday and Saturday. Page 11 states client personal mail is not censored; however, mail may be inspected for contraband. This is done only when the client is present and has personally opened the mail or package. There are four exceptions to this policy: mail from the court, the Office of the Governor, an attorney, or the Office of the Ombudsman are not opened or inspected by staff. The facility does not have a mailroom. Residents are able to drop mail at the facility in the staff copy room or they also have the ability to drop mail in any drop box in the community while they are outside the facility on furloughs, work or other services. The mail left in the staff copy room is picked up daily by a mail courier and taken to the post office. Incoming mail is received and then information is posted on a white board to notify residents who has mail to pick up. The residents then retrieve their mail and open it in front of staff to confirm there is not any contraband. Staff do not read the letters. The staff confirmed that pens, papers, journals, etc. are distributed to the residents and residents can also buy their own supplies during furlough trips to the stores in the community. Interviews with ten residents indicated that nine were aware of outside victim advocacy services and were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most of the residents indicated that they knew the services were free and could be utilized at any time. Most also stated that they were aware that would they told the organization would be confidential. Two of the residents confirmed that they go to Riverview Center for services currently. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. During the interim report period the facility updated the Handbook and removed the victim advocacy centers as a reporting mechanism. The updated Handbook (page 21) provided a section titled "Victim Services related to Sexual Abuse/Sexual Assault/Sexual Harassment". The section included contact information (mailing address and telephone number) to the Riverview Center and RVAP. The Handbook indicated that the toll free numbers were available 24 hours a day and that calls from the resident phones were free of charge and not monitored to ensure confidentiality. The section further informed the residents that any report of sexual abuse to either organization would require a written consent before they could release any information. Documentation was provided to the auditor confirming that all residents were educated on the updated Handbook information.

115.253 (c): The PAQ indicated that the facility maintains a memorandum of

	<p>understanding or other agreement with a community service provider that is able to provide residents with emotional support services related to sexual abuse. The PAQ indicated the facility maintains copies of the agreement. 2404-17, page 4 the Department maintains or attempts to enter into a Memorandum of Understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The Department maintains copies of agreements or documentation showing attempts to enter into such agreements. A review of documentation confirmed that the facility has an MOU with Riverview Center, a local rape crisis center. The MOU was signed February 8, 2020 and the facility maintains a copy of the MOU. The auditor contacted the Riverview Center related to victim advocacy services. The staff member at the Riverview Center confirmed that they have an MOU with the entire first and sixth districts, which includes the Anchor Center for Women. She indicated the MOU was executed April 1, 2019 and that they were in the process of renewing the MOU. The staff member stated that they provide 100% free and confidential services to any age and gender identity. The staff member further stated that the staff at the Riverview Center are certified to provide legal, medical and general advocacy as well as maintain the accountability portion of the PREA process for the service area. The staff member indicated that her point of contact for the Anchor Center was the PREA Coordinator. She stated they have provided services to residents at the Anchor Center, however she believed that the services were more historical trauma experience and not PREA correlated. The staff member confirmed that the organization did not have any concerns related to the Anchor Center's PREA compliance, or any concerns related to sexual safety for residents at the Anchor Center. The staff member did state she would welcome the opportunity to collaborate more with the Anchor Center.</p> <p>Based on a review of the PAQ, 2404-17, the MOU with Riverview Center, the Handbook (original and updated), the free numbers lists, the Victim Advocacy Poster, resident education on the updated Handbook information, email related to victim advocacy phone number functionality, observations during the tour and interviews with random residents, this standard appears to be corrected and as such compliant.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2404-17 - Sexual Misconduct With Offenders Community Confinement

	<p>Standards (PREA Reporting)</p> <p>Findings (By Provision):</p> <p>115.254 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. 2404-17, page 4 states third parties to offenders may report sexual abuse and/or sexual harassment by contacting any staff member, filing a verbal or written report, assisting an offender with a report or via the Department’s website (www.iowacbc.org). A review of the agency’s website (https://sixthdcs.com/prea/) confirms that there is a section with instructions for reporting an incident. The website contains the PREA Abuse Hotline number as well an online form. The auditor tested the third party reporting mechanism prior to the on-site portion of the audit. The auditor viewed the agency PREA website and confirmed that the agency has an online form that the public can complete related to sexual abuse and sexual harassment. The auditor submitted the form on May 27, 2022. The auditor received a response via email and text message on May 27, 2022 confirming that the form was received. The response was from the Psychological Division Manager as well as the PREA Coordinator. The response indicated that they would initiate a review process that includes gathering any relevant information, and if appropriate, trigger a formal investigation into the allegation. During the tour the third party reporting information was observed in the facility entrance area as well as a few places within the facility (to include by the computers in the dining area). The third party posters had large font, were printed in red and black, were in both English and Spanish and included the phone number and email for reporting.</p> <p>Based on a review of the PAQ, 2404-17, the agency’s website and the testing of the third party reporting mechanism indicates that this standard appears to be compliant.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2405-17 - Sexual Misconduct With Offenders Community Confinement

Standards (PREA Official Response Following An Offender Report)

3. Investigative Report

Interviews:

1. Interview with Random Staff
2. Interview with the Director Designee
3. Interview with the PREA Coordinator

Findings (By Provision):

115.261 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 2405-17, page 1 states staff are required to immediately report any knowledge, suspicion or information regarding an incident of offender sexual abuse or sexual harassment to the PREA Coordinator or designee where the alleged incident occurred at a federal, state, county, juvenile correctional, residential, jail setting; treatment facility or while under field services supervision at the federal, state, county or juvenile levels. Policy further states that incidents of retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation is also reported to the PREA Coordinator or designee. Interviews with eight staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor, PC and/or investigator.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 2405-17, page 1 states apart from reporting to PREA Coordinator/designee, staff does not reveal any information related to a sexual

abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security decisions. Interviews with eight staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor, PC and/or investigator.

115.261 (c): 2405-17, page 2 states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph A of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not employ medical or mental health care staff and as such this provision does not apply.

115.261 (d): 2405-17, page 2 states if the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a State or local vulnerable persons statute, the Department reports the allegation to the designated State or local services agency under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated the agency does not house anyone under eighteen. She stated that if a vulnerable adult reported they would take the allegation seriously. She confirmed that they would report the information to local law enforcement who would make any necessary notifications. The Director Designee stated that reports by these populations would be treated the same as any other. She stated they take all allegations seriously. She indicated staff are mandatory reporters and if the allegation is substantiated, local law enforcement would report to the appropriate agencies. The Director Designee confirmed the facility does not house anyone under eighteen.

115.261 (e): 2405-17, page 2 states the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the PREA Coordinator or designee. The interview with the Director Designee confirmed that all allegations are through the table of organization. She stated the allegations are reported to her (as the PC) and she meets with the investigator that is assigned to do the investigation. There was one allegation of sexual abuse reported during the audit period. The allegation was reported in writing via a grievance. The allegation was referred for investigation to a facility investigator and was closed as unfounded.

Based on a review of the PAQ, 2405-17, the investigative report and information from interviews with random staff, the PREA Coordinator and the Director Designee indicates that this standard appears to be compliant.

115.262	Agency protection duties
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 1350 562" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1350 562">2. 2405-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Official Response Following An Offender Report) <p data-bbox="280 674 437 707">Interviews:</p> <ol data-bbox="280 741 871 920" style="list-style-type: none"> <li data-bbox="280 741 804 775">1. Interview with the Agency Head <li data-bbox="280 813 871 846">2. Interview with the Director Designee <li data-bbox="280 884 756 920">3. Interview with Random Staff <p data-bbox="280 1032 612 1066">Findings (By Provision):</p> <p data-bbox="280 1178 1477 2007">115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PAQ further stated there have been zero residents determined to be subject to a substantial risk of imminent sexual abuse. 2405-17, page 2 states when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the offender. The interview with the Agency Head indicated that if a resident is at risk they make certain housing arrangements to keep that individual safe. He indicated they can keep the resident on a certain wing or if they feel there is immediate danger, they can transfer one of the residents, remove the potential perpetrator from contact or take the resident at risk and put them in a community housing situation. The Agency Head further stated that the agency has a lot of options for protection. The interview with the Director Designee indicated that the first thing that would be done is the separation of the alleged victim from the alleged potential perpetrator to ensure her/his safety. She stated the alleged perpetrator will likely be placed in jail if the threat is believed to be imminent. She stated she/he would remain there until an investigation could be completed. Interviews with random staff confirm that all eight would take action and at the minimum remove the resident from the potential perpetrator/threat.</p>

	Based on a review of the PAQ, 2405-17 and information from interviews with the Agency Head, Director Designee and random staff indicates that this standard appears to be compliant.
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2405-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Official Response Following An Offender Report) 3. Investigative Report 4. Resident Risk Assessments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Director Designee <p>Findings (By Provision):</p> <p>115.263 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 2405-17, page 2 states upon receiving an allegation that an offender was sexually abused while confined at another facility, the staff receiving such a report contacts the District PREA Coordinator or designee who notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated there were zero residents that reported that they were abused while confined at another facility. A review of documentation, to include risk assessments, confirmed there were zero residents who reported sexual abuse that occurred at another facility. It should be noted there was one resident who reported sexual abuse that occurred at a jail but she indicated that it was already investigated by the jail and she received an outcome letter.</p>

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 2405-17, page 2 states such notification is provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. A review of documentation, to include risk assessments, confirmed there were zero residents who reported sexual abuse that occurred at another facility. It should be noted there was one resident who reported sexual abuse that occurred at a jail but she indicated that it was already investigated by the jail and she received an outcome letter.

115.263 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 2405-17, page 2 states the PREA Coordinator documents such notification. A review of documentation, to include risk assessments, confirmed there were zero residents who reported sexual abuse that occurred at another facility. It should be noted there was one resident who reported sexual abuse that occurred at a jail but she indicated that it was already investigated by the jail and she received an outcome letter.

115.263 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 2405-17, page 2 states the facility head or agency office that receives such notification ensures that the allegation is investigated in accordance with these standards. The PAQ indicated there were zero allegations reported from another facility in the previous twelve months. The Agency Head stated that the designated point of contact is the PREA Coordinator. He stated that she would review the allegation and assign it for investigation, if necessary. The Agency Head confirmed that the agency has received allegations from outside agencies, but he did not recall having any of these over the previous twelve months. The interview with the Director Designee indicated that if an allegation is received from another agency/facility they would start an investigation. She confirmed there have been no examples of this during the audit period. A review of documentation confirmed there was one allegation reported and investigated and the allegation was reported by the victim at the Anchor Center through a grievance.

Based on a review of the PAQ, 2405-17, the investigative report, resident risk assessments and interviews with the Agency Head and Director Designee, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 2405-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Official Response Following An Offender Report)
3. Sexual Assault Response Checklist (2404B-13)
4. Investigative Report

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 2405-17, pages 2-3 state upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report is required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps are taken to collect any evidence (when law enforcement arrives); if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could

destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated there were zero sexual abuse allegations reported and as such no first responder duties were required. A review of the Sexual Assault Response Checklist confirmed that it outlined first responder duties including; separating the victim and perpetrator, asking the victim if they are injured, securing the crime scene, consider both the victim and perpetrator's body a crime scene and such not let them shower, use the toilet, eat, drink, etc.; report the information; coordinate transportation to the hospital, if needed or requested; notify the PC; document the incident; give victim resource information and write a report. A review of the one sexual abuse allegation indicated that it was staff on resident and was related to an inappropriate pat search. The allegation was reported via a grievance and first responder duties were not necessary/completed. Interviews with first responders indicated that they would separate the individuals, make sure they did not get rid of any evidence (not let them shower, use the restroom, etc.), preserve the crime scene, collect and gather evidence, notify the PC, send the victim to the hospital and contact the rape victim advocacy program or Riverview Center. There were zero residents who reported sexual abuse and as such no interviews were conducted.

115.264 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 2405-17, page 3 states if the first staff responder is not a residential staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence and then notify residential staff. The PAQ indicated there were zero allegations of sexual abuse reported during the previous twelve months. Interviews with first responders indicated that they would separate the individuals, make sure they did not get rid of any evidence (not let them shower, use the restroom, etc.), preserve the crime scene, collect and gather evidence, notify the PC, send the victim to the hospital and contact the rape victim advocacy program or Riverview Center. There were zero residents who reported sexual abuse and as such no interviews were conducted. A review of the one sexual abuse allegation indicated that it was staff on resident and was related to an inappropriate pat search. The allegation was reported via a grievance and first responder duties were not necessary/completed. Random staff interviews confirmed that staff were familiar with first responder duties. Staff indicated they would separate the individual, preserve the crime scene and notify the supervisor/PC. A few staff also stated they would not allow the individual(s) to take any action to destroy evidence and transport the resident to St. Luke's Hospital. There were zero residents who reported sexual abuse and as such no interviews were conducted.

Based on a review of the PAQ, 2405-17, the Sexual Assault Response Checklist, the investigative report and interviews with random staff and first responders, this

	standard appears to be compliant.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2405-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Official Response Following An Offender Report) 3. PREA Flow Charts <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director Designee <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. 2405-17, page 3 states there is a written plan (flow charts) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. (Attachment-flow chart). A review of PREA Flow Charts indicate that they provide instruction on the different steps and who is responsible at each step. The Flow Charts starts with line staff (complete an incident report), who notify the Supervisor (notify victim services and medical services), who notifies the PC (document allegation in database), who notifies the Investigator (conducts the investigation), who then informs the PC of the outcome of the investigation. The Director Designee confirmed that the facility has a plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. She stated that each facility has a qualified staff member who can walk residents and staff through the process to ensure all components are met and they work with each other.</p>

	Based on a review of the PAQ, 2405-17, PREA Flow Charts and information from the interview with the Director Designee, this standard appears to be compliant.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2405-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Official Response Following An Offender Report) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.266 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. 2405-17, page 3 states neither the Department nor any other governmental entity responsible for collective bargaining on the Departments behalf enters into or renews any collective bargaining agreement or other agreement that limits the Department's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview with the Agency Head indicated that any collective bargaining is typically done at the state level. He stated that currently the only collective bargaining is related to pay and wages. He confirmed the agency does not have any collective bargaining related to PREA, termination, discipline, etc.</p> <p>115.266 (b): The auditor is not required to audit this provision.</p>

	<p>Based on a review of the PAQ, 2406-17 and the interview with the Agency Head, this standard appears to be compliant.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2405-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Official Response Following An Offender Report) 3. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Director Designee 3. Interview with Designated Staff Member Charged with Monitoring Retaliation <p>Findings (By Provision):</p> <p>115.267 (a): The PAQ indicated that the agency has 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. 2405-17, page 4 states the Department protects all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff and designates which staff members or departments are charged with monitoring retaliation. The PREA Coordinator, Compliance Manager or designee monitors any reports of retaliation as noted above. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation and that the PREA Coordinator monitors for retaliation.</p>

115.267 (b): 2405-17, page 4 states the Department employs multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. A review of the only sexual abuse allegation reported during the previous twelve months indicated that it was reported and investigated within three days. The investigation was unfounded and as such monitoring was not required. Interviews with the Agency Head, Director Designee and staff responsible for monitoring retaliation all indicated that protective measures would be taken if resident or staff member expressed fear of retaliation. The Agency Head stated that protective measures and actions would depend on the situation but that they would remove the individual from the facility. He stated that they have the ability to reassign or move someone because there are four facilities in the district. The Agency Head further stated that they would monitor the individual very closely as well as give them information on who to contact if they feel they are retaliated against. He confirmed that the facility is able to move housing within the Anchor Center, remove staff through either leave or reassignment and offer emotional support services. The Director Designee stated that the facility monitors for retaliation. She stated they review discipline reports, changes in trends, grievances, staff attendance, medical issues/concerns, behavior issues, etc. The Director Designee indicated that protective measures that can be taken include moving the resident to a different wing, moving the resident to a different facility and removing the staff member from contact with the resident. The staff responsible for monitoring stated that she ensures that there is no retaliation after a reported incident of sexual abuse. She stated her role is to check in with the resident, check in generic notes for any information, review any medical issues, review any passes, check any disciplinary notes and review if the resident is acting out in any way. She stated she basically monitors to see if the resident is acting any differently. She stated possible protective measures include moving the resident to a different facility or move the resident to a different housing area in the current facility. She stated for staff they notify them that there is a zero tolerance for retaliation and that they are able to remove staff from contact with residents. She confirmed that they would also offer emotional support services. The staff responsible for monitoring stated that she conducts status checks with the residents as often as she can. She stated she meets with them after the allegation to make sure they are not having any issues and they received the victim services from Riverview Center. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that

the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 2405-17, page 4 states for at least ninety (90) days following a report of sexual abuse, the Department monitors the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and acts promptly to remedy any such retaliation. Items the agency monitors include any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The Department continues such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need. The PAQ indicated there were zero incidents of retaliation reported. The interview with the Director Designee indicated that if retaliation is suspected or reported against a staff member they would suspend the staff until there is a full investigation. She indicated that if the retaliation is suspected or reported against another resident they would look into the removal of the resident through a transfer to another facility or jail. The staff responsible for monitoring stated that she ensures that there is no retaliation after a reported incident of sexual abuse. She stated her role is to check in with the resident, check in generic notes for any information, review any medical issues, review any passes, check any disciplinary notes and review if the resident is acting out in any way. She stated she basically monitors to see if the resident is acting any differently. The staff indicated she monitors for up to 90 days but would continue longer if needed. She stated the maximum amount of time she would monitor would be up until the resident left the facility. A review of the only sexual abuse allegation reported during the previous twelve months indicated that it was reported and investigated within three days. The investigation was unfounded and as such monitoring was not required.

115.267 (d): 2405-17, page 4 states in the case of offenders, such monitoring also includes periodic status checks. A review of the only sexual abuse allegation reported during the previous twelve months indicated that it was reported and investigated within three days. The investigation was unfounded and as such monitoring was not required. The staff responsible for monitoring stated that she conducts status checks with the residents as often as she can. She stated she meets with them after the allegation to make sure they are not having any issues and they received the victim services from Riverview Center.

115.267 (e): 2405-17, page 4 states if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department takes appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated that if an individual who cooperates with an investigation expresses fear of retaliation they would offer the same services as stated previously for victims of sexual abuse. The Director Designee stated that the facility monitors for retaliation. She stated they review discipline reports, changes in trends,

	<p>grievances, staff attendance, medical issues/concerns, behavior issues, etc. The Director Designee indicated that protective measures that can be taken include moving the resident to a different wing, moving the resident to a different facility and removing the staff member from contact with the resident. She indicated that if retaliation is suspected or reported against a staff member they would suspend the staff until there is a full investigation. She indicated that if the retaliation is suspected or reported against another resident they would look into the removal of the resident through a transfer to another facility or jail.</p> <p>115.267 (f): Auditor not required to audit this provision.</p> <p>Based on a review of the PAQ, 2405-17, the investigative report and interviews with the Agency Head, Director Designee and staff charged with monitoring for retaliation, this standard appears to be compliant.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2406-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Investigations) 3. Investigative Report 4. Investigator Training Records 5. Correspondence with the Cedar Rapids Police Department <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with the Director Designee 3. Interview with the PREA Coordinator

Findings (By Provision):

115.271 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 2406-17, page 1 states investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. There was one sexual abuse allegation reported at the facility over the previous twelve months. A review of the investigation confirmed that it was prompt (completed within a week), thorough (camera review refuted the allegation) and objective (camera review refuted the allegation). The interviews with the investigators indicated an investigation would be initiated promptly (typically immediately), but that they have up to 72 hours. Both staff confirmed that anonymous and third party sexual abuse reports would be handled exactly the same as any other sexual abuser report, with the exception of not being able to interview the individual who reported the allegation.

115.271 (b): 2406-17, page 1 states where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations pursuant to §115.234. A review of the Training for Correctional Investigators: Investigating Incidents of Sexual Abuse training curriculum confirmed it includes the following: 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 an administrative investigation. A review of documentation indicated that thirteen facility and agency staff were documented with the specialized investigations training. The one investigation completed during the audit period was conducted by a staff member documented with the specialized investigator training. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: 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 an administrative case.

115.271 (c): 2406-17, page 1 states investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of the one sexual abuse investigation indicated it was reported in writing by the resident victim through a grievance. The investigator reviewed video monitoring technology and refuted the allegation. As such no additional evidence was required to be collected. The interviews with the investigators indicated that their initial response is to ensure first responder duties were completed (separation, medical, victim advocacy, etc.).

Once that is determined they indicated they would start gathering evidence including; witnesses statements, medical documentation, video, tape recorded interviews, etc. The one investigator stated she would document all of her steps, including dates, times, people and places. Both investigators indicated they would be responsible for gathering evidence such as video, physical, DNA, documents/ notes, interviews, GPS monitoring and prior complaints.

115.271 (d): 2406-17, page 2 states when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with the local legal authorities having jurisdiction to determine if further investigation is warranted. The investigators stated they do not handle criminal investigations and that if there was evidence of a prosecutable crime they would refer to local law enforcement.

115.271 (e): 2406-17, page 2 states credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as offender or staff. The Department does not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interviews with the investigators confirmed that the agency does require resident victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. They further stated that it is not their job to determine credibility, but rather gather evidence to determine if it occurred or not. There were zero resident who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.271 (f): 2406-17, page 2 states administrative investigations: include an effort to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. A review of the one sexual abuse investigation indicated it included the initial allegation, the information from the grievance, information related to the camera review, facts and findings and an investigative outcome. The interviews with investigative staff confirmed that all administrative investigations are documented in a written report and include interviews, written statements, cameras footage review, other evidence gathered, the initial complaint, staff actions and the investigative outcome. The one investigator stated she documents everything because if it is not in writing it doesn't exist. The investigators stated they review to determine if staff action or failure to act contributed to the sexual abuse. They indicated that they review policies and procedures to determine if staff deviated from them or did something out of routine practice that may have contributed to the sexual abuse. The indicated they look for any work/rule violations.

115.271 (g): 2406-17, page 2 states criminal investigations are 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 interviews with investigative staff indicated that they do not conduct criminal investigation and that criminal investigators are done externally. The investigators stated they typically just get the investigative outcome. There were zero criminal investigations completed during the previous twelve months and as such no documents were reviewed.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 2406-17, page 2 states that allegations of conduct that appears to be criminal are referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. The interviews with the investigators indicated that an allegation would be referred for prosecution as soon as they determined it was criminal.

115.271 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 2406-17, page 2 states the Department retains all written reports referenced in paragraphs F-G of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five (5) years.

115.271 (j): 2406-17, page 2 states the departure of the alleged abuser or victim from the employment or control of the facility or Department does not provide a basis for terminating an investigation. The interviews with the investigators confirmed that they continue with the investigation regardless of whether the resident or staff member is no longer at the facility.

115.271 (k): The auditor is not required to audit this standard.

115.271 (l): 2406-17, page 2 states when outside agencies are investigating allegations of sexual abuse, the facility cooperates with outside investigators and their endeavors to remain informed about the progress of the investigation. A review of correspondence between the PC and the Cedar Rapids Police Department confirmed that CRPD would investigate any sexual assault and that they have protocols in place with the local hospitals. The CRPD advised that they meet all the criteria of the Prison Rape Elimination Act. The Director Designee and the PC stated that if an outside agency conducts an investigation they would cooperate with the agency and assist them with anything they need. They stated they would check in

	<p>from time to time and touch base with the organization about the investigation. The interviews with the investigative staff indicated that they would cooperate and assist the outside agency in whatever way was needed.</p> <p>Based on a review of the PAQ, 2406-17, the investigative report, training records and information from interviews with the PREA Coordinator, Director Designee and investigative staff indicate that this standard appears to be compliant.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2406-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Investigations) 3. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 2406-17, page 2 states the Department imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the one sexual abuse investigation confirmed that the investigative outcome of unfounded was accurate based on the evidence provided. The interviews with the investigators indicated that the standard of evidence to substantiate an administrative investigation is a preponderance of evidence.</p>

	<p>Based on a review of the PAQ, 2406-17, the investigative report and information from interviews with investigators, it is determined that this standard appears to be compliant.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2406-17 - Sexual Misconduct with Offenders Community Confinement Standards (PREA Investigations) 3. Investigative Report 4. Victim Notification Letter <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 2406-17, page 3 states following an investigation into an offender’s allegation of sexual abuse suffered in a Department facility, the Department informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated there were zero criminal and/or administrative investigations of alleged sexual abuse completed during the previous twelve months and as such zero notifications. There was one sexual abuse allegation reported after the PAQ was submitted. A review of the investigative report indicated it was closed unfounded and three days later the</p>

resident victim received a notification letter indicating the investigative outcome. The interviews with the Director Designee and the investigator confirmed that residents are informed of the outcome of the investigation into their allegation. The investigators advised that the resident is given a letter with the outcome. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such there were no interviews conducted.

115.273 (b): The PAQ indicate that this provision was not applicable. Further communication with the PC indicated that this was incorrect and that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PAQ indicated there were zero investigations of alleged resident sexual abuse completed by an outside agency and as such no notification were made/required. 2406-17, page 3 states if the Department did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the offender. The one sexual abuse allegation reported during the audit period was an administrative investigation completed by a facility investigator and as such no documentation was available for review under this provision.

115.273 (c): The PAQ indicated following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; 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. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. 2406-17, page 3 states following an offender allegation that a staff member has committed sexual abuse against the offender the Department subsequently informs the offender (unless the Department has determined that the allegation is unfounded) whenever: the staff member is no longer in the offender's facility; the staff member is no longer employed at the facility; the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. A review of the one staff on resident sexual abuse allegation indicated that it was reported and investigated in three days and the outcome was determined to be unfounded. The staff member was not removed and as such there were no notifications required under this provision. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such there were no interviews conducted.

115.273 (d): The PAQ indicated following an resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 2406-17, page 3 states following an offender’s allegation that he or she has been sexually abused by another offender, the Department subsequently informs the alleged victim whenever: the Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were zero resident on resident sexual abuse allegations during the audit period and as such no notification were required under this provision. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such there were no interviews conducted.

115.273 (e): The PAQ indicated the agency has a policy that all notifications to residents described under this standard are documented. 2406-17, page 3 states all such notifications or attempted notifications are documented. The PAQ indicated there were zero notifications provided pursuant to this standard. There was one sexual abuse allegation reported after the PAQ was submitted. A review of the investigative report indicated it was closed unfounded and three days later the resident victim received a notification letter indicating the investigative outcome.

115.273 (f): This provision is not required to be audited.

Based on a review of the PAQ, 2406-17, the investigative report, the victim notification letter and information from interviews with the Director Designee and the investigator, this standard appears to be compliant.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. 2407-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Discipline)

3. Investigative Report

Findings (By Provision):

115.276 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 2407-17, page 1 states staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.276 (b): 2407-17, page 1 states that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and that zero staff were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. A review of documents confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.

115.276 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. 2407-17, page 1 states disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. A review of documents confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.

115.276 (d): The PAQ indicated that 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, are reported to law enforcement agencies

	<p>(unless the activity was clearly not criminal) and to any relevant licensing bodies. 2407-17, page 2 states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of documents confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.</p> <p>Based on a review of the PAQ, 2407-17 and the investigative report indicate that this standard appears to be compliant.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2407-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Discipline) 3. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director Designee <p>Findings (By Provision):</p> <p>115.277 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 2407-17, page 2 states any contractor or volunteer who</p>

	<p>engages in sexual abuse is prohibited from contact with offenders and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of documents confirmed there were zero contractors or volunteers who violated the agency’s sexual abuse or sexual harassment policies.</p> <p>115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 2407-17, page 2 states the facility takes appropriate remedial measures, and considers whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the Director Designee indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being locked out of the facility and not allowed to come back in and work with residents. She stated she would write up a summary and put it in the database so that they would not be allowed in any of the other state facilities.</p> <p>Based on a review of the PAQ, 2407-17, the investigative report and information from the interview with the Director Designee, this standard appears to be compliant.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2407-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Discipline) 3. Investigative Report

Interviews:

1. Interview with the Director Designee

Findings (By Provision):

115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that a resident engaged in resident-on-resident sexual abuse. 2407-17, page 2 states offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The PAQ indicated there were zero administrative or criminal finding of guilt for resident-on-resident sexual abuse. There were zero resident on resident sexual abuse allegations reported during the previous twelve months and as such no discipline was required/necessary.

115.278 (b): 2407-17, page 2 states sanctions are commensurate with the nature and circumstances of the abuse committed the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. The Director Designee stated that if a resident violates the sexual abuse and sexual harassment policy they may have probation or work release revoked. She stated the resident may get a new sentence with jail/prison time and that they would go through a formal disciplinary process. The Director Designee confirmed that discipline would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

115.278 (c): 2407-17, page 2 states the disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, are imposed. The interview with the Director Designee confirmed that the disciplinary process considers whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): The PAQ indicated the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PAQ stated that the abuser would be discharged from the program immediately. 2407-17, page 2 states if the facility offers therapy, counseling or other interventions designed to address and correct underlying

reasons or motivations for the abuse, the facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. Further communication indicated that these services would be provided in the community as the facility does not provide medical or mental health services. There were no medical or mental health care staff who provide services and as such no interviews were conducted.

115.278 (e): The PAQ indicated that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. 2407-17, page 2 states the Department may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 2407-17, page 2 states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g): The PAQ indicated that the agency prohibits all sexual activity between residents. It further indicated that if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 2407-17, page 3 states the Department may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity. The Department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Based on a review of the PAQ, 2407-17, the investigative report and information from the interview with the Director Designee this standard appears to be compliant.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 2408-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Medical and Mental Health Care)
3. Investigative Report

Interviews:

1. Interview with PREA Coordinator
2. Interview with First Responders

Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services at Unit Point Hospital or University of Iowa Hospitals and Clinics. The PAQ stated that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff do not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The PAQ stated that due to medical services being provided in the community, all documentation is maintained by those community providers. 2408-17, page 1 states offender victims of sexual abuse receives timely, unimpeded access to emergency medical treatment in the community and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). A review of documentation related to the one sexual abuse allegation indicated it involved an alleged inappropriate pat search and emergency medical treatment and crisis intervention services were not required. The investigator reviewed video and refuted the allegation within two days and as such no follow-up medical or mental health services were deemed necessary. Because

the facility does not have medical or mental health care staff no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.282 (b): 2408-17, page 1 states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders take preliminary steps to protect the victim pursuant to §115.262 and immediately notify appropriate medical and mental health practitioners. Interviews with first responders indicated that they would separate the individuals, make sure they did not get rid of any evidence (not let them shower, use the restroom, etc.), preserve the crime scene, collect and gather evidence, notify the PC, send the victim to the hospital and contact the rape victim advocacy program or Riverview Center. There were zero resident who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.282 (c): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 2408-17, page 1 states offender victims of sexual abuse while incarcerated/in the residential facility are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. A review of documentation related to the one sexual abuse allegation indicated it involved an alleged inappropriate pat search and emergency contraception and sexually transmitted infection prophylaxis was not required. If required, these services would be administered through community hospitals/clinics. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case.

115.282 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2408-17, page 2 states treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The policy states that it is funded through the Attorney General's Crime Victim Compensation Fund (1-800-373-5044).

Based on a review of the PAQ, 2408-17, the investigative report and information from first responders and the PC indicate that this standard appears to be

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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2408-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Medical and Mental Health Care) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.283 (a): The PAQ indicated the facility offers 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. 2408-17, page 2 states medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility is available in the community. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). Interviews with two residents confirmed that they receive emotional support services through Riverview Center, however the services were not due to a reported sexual abuse in prison, jail, lockup or juvenile facility.</p> <p>115.283 (b): 2408-17, page 2 states the evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans and, when necessary,</p>

referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). A review of documentation related to the one sexual abuse allegation indicated it involved an alleged inappropriate pat search and emergency medical treatment and crisis intervention services were not required. The investigator reviewed video and refuted the allegation within two days and as such no follow-up medical or mental health services were deemed necessary. Because the facility does not have medical or mental health care staff no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.283 (c): During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). As such, residents are provided community level of care services through the community.

115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 2408-17, page 2 states offender victims of sexually abusive vaginal penetration while incarcerated/in the residential facility are offered pregnancy tests at the hospital. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). A review of documentation related to the one sexual abuse allegation indicated it involved an alleged inappropriate pat search and vaginal penetration did not occur. The investigator reviewed video and refuted the allegation within two days and as such no follow-up medical or mental health services were deemed necessary. Because the facility does not have medical or mental health care staff no interviews were conducted.

115.283 (e): The PAQ indicated that If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and

timely access to, all lawful pregnancy-related medical services. 2408-17, page 2 states if pregnancy results from conduct specified in paragraph (C) of this section, such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services in the community. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). A review of documentation related to the one sexual abuse allegation indicated it involved an alleged inappropriate pat search and vaginal penetration did not occur. The investigator reviewed video and refuted the allegation within two days and as such no follow-up medical or mental health services were deemed necessary. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 2408-17, page 2 states offender victims of sexual abuse while incarcerated/in the residential facility are offered tests for sexually transmitted infections as medically appropriate. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). A review of documentation related to the one sexual abuse allegation indicated it involved an alleged inappropriate pat search and test for sexually transmitted infections were not medically appropriate. The investigator reviewed video and refuted the allegation within two days and as such no follow-up medical or mental health services were deemed necessary. Because the facility does not have medical or mental health care staff no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.283 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2408-17, page 2 states treatment services are 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. A review of documentation related to the one sexual abuse allegation indicated it involved an alleged inappropriate pat search and test for sexually transmitted infections were not medically appropriate. The investigator

reviewed video and refuted the allegation within two days and as such no follow-up medical or mental health services were deemed necessary. There were zero resident who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The PAQ indicated that any abusers would be immediately discharged from the program as it would be a violation of their probation. 2408-17, page 2 states the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. During the tour the auditor confirmed that the facility does not have a health services area. The contract nurses who distribute medication utilize an office and do not have any other medical equipment. All medical and mental health services are provided in the community. Policy, procedure and interviews confirmed this was the case. The PC advised that all medical and mental health services are provided by community organization (local hospital and mental health offices). The one reported sexual abuse allegation was staff on resident and as such no evaluation were required under this provision. Because the facility does not have medical or mental health care staff no interviews were conducted.

Based on a review of the PAQ, 2408-17, the investigative report, observations made during the tour and information from the interview with the PC, this standard appears to be compliant.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2409-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Data Collection and Review) 3. Investigative Report

Interviews:

1. Interview with the Director Designee
2. Interview with the PREA Coordinator
3. Interview with Incident Review Team

Findings (By Provision):

115.286 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 2409-17, page 1 states the facility conducts 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. The PAQ indicated that there were zero sexual abuse incident reviews completed within the previous twelve months. There was one sexual abuse allegation reported after the PAQ was submitted. A review of the investigative report indicated that the allegation was unfounded and a sexual abuse incident review was not required.

115.286 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 2409-17, page 1 states such review ordinarily occurs within thirty (30) days of the conclusion of the investigation. There was one sexual abuse allegation reported after the PAQ was submitted. A review of the investigative report indicated that the allegation was unfounded and a sexual abuse incident review was not required.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 2409-17, page 1 states the review team includes upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The interview with the Director Designee confirmed that the facility conducts sexual abuse incident reviews and the review team includes upper level management officials and has input from line supervisors, medical and mental health staff and investigators.

115.286 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to,

determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 2409-17, page 1-2 states the review team: considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; assesses whether monitoring technology is deployed or augmented to supplement supervision by staff; and prepares a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs D1 through D4 of this section, and any recommendations for improvement, and submits such report to the PREA Compliance Manager, PREA Coordinator and District Director. Interviews with the Director Designee, PC and incident review team member confirmed that the facility conducts sexual abuse incident reviews and that these review include the required elements under this provision. The Director Designee stated that the team tries to determine what precipitated the incident. She stated they look at whether it was due to race, ethnicity, LGBTI, gang affiliation, etc. She stated they review to see if there is a need for a change in policy related to the incident. The Director Designee further stated that they meet and go over what went right and what went wrong, they walk the area where it occurred and they look at the cameras in the area and they determine if there are any other changes that are needed to make the facility safer. The PC stated that she reviews the information from the sexual abuse incident review and enters the information into the database. She stated that she has not noticed any trends and that the only thing that has come up during the reviews is the addition of video monitoring equipment. The PC stated that once the report is submitted they would take any necessary actions. She indicated action they may take would be a review and/or change of policy.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 2409-17, page 2 states the facility implements the recommendations for improvement, or documents its reasons for not doing so.

Based on a review of the PAQ, 2409-17, the investigative report and information from interviews with the Director Designee, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 2409-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Data Collection and Review)
3. PREA Investigation Definitions
4. PREA Database
5. PREA Annual Report

Findings (By Provision):

115.287 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 2409-17, page 2 states the Department collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. All allegations are reported and entered in the PREA database in ICON. This system allows for the agency to track sexual abuse and sexual harassment allegations. The PREA Investigation Definitions document outlines definitions for resident sexual abuse, precursor behavior (resident sexual harassment) staff sexual harassment, staff misconduct and retaliation.

115.287 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. 2409-17, page 2 states the Department aggregates the incident-based sexual abuse data at least annually. The PREA Annual Report contains each years aggregated data for the agency. Historical data is available on the website from the 2018 to current.

115.287 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. 2409-17, page 2 states the incident-based data collected includes, 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.

115.287 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 2409-17, page 2 states the Department maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files and sexual abuse incident reviews.

115.287 (e): The PAQ indicated that the agency does not contract for the confinement of its residents and as such this provision does not apply.

115.287 (f): The PAQ indicated that the facility does not provide data to the Department of Justice annually via the Survey of Sexual Victimization. Further communication with the PC indicated this was incorrect and that this information is reported through the Iowa Department of Corrections for the Anchor Center. 2409-17, page 2 states upon request, the Department provides all such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of the PAQ, 2409-17, PREA Investigation Definitions, the PREA Database and the PREA Annual Report, this standard appears to be compliant.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2409-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Data Collection and Review) 3. PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head

2. Interview with the PREA Coordinator

Findings (By Provision):

115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 2409-17, page 3 states the Department reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. A review of the PREA Annual Report indicates that uniform data from all sexual abuse and sexual harassment allegations that occurred in the Sixth Judicial District Department of Corrections. The report address identify problem areas and corrective action that has been taken over the year. The report speaks to actions the agency has made and continues to make to improve its' prevention, detection and response policies. In addition, the PREA Annual Report compares data across the years to illustrate increases and reductions. The interview with the Agency Head indicated that the agency reviews every sexual abuse incident. He stated that if the reviews indicated a need or recommendation of change to protocol, monitoring, structure, etc., that they make the changes. He confirmed that the agency takes corrective action on an on-going basis. The PC stated that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. She indicated that they review data to determine if there are any changes or differences from one year to the next and they try to determine why. She stated if there are differences they determine how to improve, such as through more staff, video, etc. She indicated the data is retained by Central Office in the database and the that database is secure through the main Department of Corrections building. She confirmed that they take corrective action on an ongoing basis and that if there is something that portrays an increase in allegations they would look at why and get to the bottom of it right then. The PREA Coordinator confirmed that the PREA Annual Report is posted on the agency website.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. 2409-17, page 3 states such report includes a comparison of the current

year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. A review of the PREA Annual Report confirms it compares data from 2016 to present.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 2409-17, page 3 states the Department's report is approved by the District Director and made readily available to the public online (www.iowacbc.org). The interview with the Agency Head confirmed that he approves the annual report before it is made publicly available. A review of the website (<https://sixthdcs.com/prea-reports/>) confirmed that the current annual report as well as prior annual reports are available for review.

115.288 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 2409-17, page 3 states the Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the PREA Annual Report confirmed that it does not contain any personal identifying information nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that the PREA Annual Report does not contain any names or personally identifiable information, so there is not any information that is required to be redacted.

Based on a review of the PAQ, 2409-17, the PREA Annual Report, the website and information obtained from interviews with the Agency Head and PC, this standard appears to be compliant.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2409-17 - Sexual Misconduct With Offenders Community Confinement Standards (PREA Data Collection and Review)

3. PREA Annual Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.289 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. 2409-17, page 3 states the Department ensures that data collected pursuant to §115.287 are securely retained. The interview with the PREA Coordinator indicated that the agency reviews data collected and aggregated pursuant to 115.87 and that it is securely retained. She indicated the data is retained by Central Office in the database and the that database is secure through the main Department of Corrections building.

115.289 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 2409-17, page 3 states the Department makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually online at [www.iowacbc.org](https://sixthdcs.com/prea-reports/). A review of the website (<https://sixthdcs.com/prea-reports/>) confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.

115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 2409-17, page 3 states before making aggregated sexual abuse data publicly available, the Department removes all personal identifiers. A review of the PREA Annual Report confirmed that it does not contain any personal identifying information nor any security related information. The report did not contain any redacted information.

115.289 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 2409-17, page 3 states the Department maintains sexual abuse data collected pursuant to §115.287 for at least ten (10) years after the date of the initial collection unless Federal, State or local law requires otherwise. A review of prior Sexual Abuse Annual Reports

	<p>confirmed that data is available from 2015 to current.</p> <p>Based on a review of the PAQ, 2409-17, the PREA Annual Report, the agency 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Sixth Judicial District Department of Correctional Services. A review of the website confirmed that all four facilities have been previously audited, however the three other facilities were not audited during the most current audit cycle. All three facilities (according to the reports on the agency website), were audited in 2017 and 2018. Further discussion with the PC indicated that the other facilities were audited during this cycle and that the reports on the website were not the most current. The PC advised that the most recent reports were uploaded during the interim report period. The auditor reviewed the website and confirmed that the most recent reports were added to the website. One facility was audited in 2020 and two were audited in 2021. All four facilities were confirmed to be audited in the three year audit cycle, with one-third completed during each cycle.</p> <p>115.401 (b): The facility is part of the Sixth Judicial District Department of Correctional Services. A review of the website confirmed that all four facilities have been previously audited, however the three other facilities were not audited during the most current audit cycle. All three facilities (according to the reports on the agency website), were audited in 2017 and 2018. Further discussion with the PC indicated that the other facilities were audited during this cycle and that the reports on the website were not the most current. The PC advised that the most recent reports were uploaded during the interim report period. The auditor reviewed the website and confirmed that the most recent reports were added to the website. One facility was audited in 2020 and two were audited in 2021. All four facilities were confirmed to be audited in the three year audit cycle, with one-third completed during each cycle.</p>

	<p>115.401 (h) - (m): The auditor was provided access to all areas of the facility and was permitted to review and copy relevant policies, procedure and documents. The auditor conducted all staff and resident interviews in a private office setting.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted in the hallways of the living areas and the facility entrance prior to the on-site portion of the audit. During the audit the auditor viewed the audit posting at the facility entrance and in the housing unit hallways in bright yellow paper. The information on the audit announcement was accurate and readable. Residents indicated that audit announcements had been up for a while (at least over a month). Correspondence with the auditor was treated like all other correspondence and was not monitored/ read.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility is part of the Sixth Judicial District Department of Correctional Services. A review of the website confirmed that all four facilities have been previously audited, however the three other facilities were not audited during the most current audit cycle. All three facilities (according to the reports on the agency website), were audited in 2017 and 2018. Anchor Center was previously audited on May 13, 2019. Further discussion with the PC indicated that the other facilities were audited during this cycle and that the reports on the website were not the most current. The PC advised that the most recent reports were uploaded during the interim report period. The auditor reviewed the website and confirmed that the most recent reports were added to the website. One facility was audited in 2020 and two were audited in 2021. All four facilities were confirmed to be audited in the three year audit cycle, with one-third completed during each cycle.</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.)	na
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.)	na
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	na

	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.)	
	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.)	yes
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	yes

	staffing patterns?	
	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,	yes

	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?	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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	na

	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.)	
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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (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).	yes

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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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	yes

	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)).	
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	na

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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.	yes
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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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	yes

	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.)	
	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	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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	yes

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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	yes

	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.)	
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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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.)	yes
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	yes

	same manner as if they were communicating with legal counsel?	
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