

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

Interim Final

Date of Interim Audit Report: 7/1/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 07/21/20

Auditor Information

Name: Sonya Love Email: sonya.love-smith@nakamotogroup.com

Company Name: The Nakamoto Group

Mailing Address: 11820 Parklawn Drive, Suite 240 City, State, Zip: Rockville, MD 20852

Telephone: 301.468.6535 Date of Facility Visit: June 2, 2020

Agency Information

Name of Agency: Sixth Judicial District, Department of Correctional Services

Governing Authority or Parent Agency (If Applicable): None

Physical Address: 2501 Holiday Road City, State, Zip: Coralville, IA 52241

Mailing Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

County State Federal

Agency Website with PREA Information: <http://sixthdcs.com>

Agency Chief Executive Officer

Name: Bruce Vandersanden

Email: Bruce.Vandersanden@iowa.gov Telephone: (319) 730-1147

Agency-Wide PREA Coordinator

Name: Cynthia Dennis

Email: Cynthia.dennis@iowa.gov Telephone: (319) 730-1126

PREA Coordinator Reports to:
Division Manager Number of Compliance Managers who report to the PREA
Coordinator:
0

Facility Information

Name of Facility: Hope House

Physical Address: 2501 Holiday Road,

City, State, Zip: Coralville, IA 52241

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <http://sixthdcs.com>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Facility Director

Name: Cynthia Dennis

Email: cynthia.dennis@iowa.gov

Telephone: (319) 730-1126

Facility PREA Compliance Manager

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

58

Current Population of Facility:

22

Average daily population for the past 12 months:	50	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-59	
Average length of stay or time under supervision	4.6 months	
Facility security levels/resident custody levels	Residential/community	
Number of residents admitted to facility during the past 12 months	142	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	141	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	126	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	16	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	22
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>6</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

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

Pre-audit Preparation

Prior to the onsite portion of the audit, this Auditor had discussions with the PREA Coordinator for the Hope House, Sixth Judicial District, Department of Correctional Services to begin requesting and collecting data relative to the upcoming PREA audit. The PREA Coordinator reviewed the Pre-Audit Questionnaire (PAQ) and provided evidence in support of each applicable standard and substandard. Examples of documentation provided included policies, documents, forms, and memos. Pre-audit information was provided to the Auditor via email and thumb drive before the onsite audit began at Hope House. The visit was scheduled for June 2-3, 2020.

Document Request

The Auditor completed a document review of the Hope House, Sixth Judicial District, Department of Correctional Services Pre-Audit Questionnaire (PAQ), applicable policies, procedures, and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator to discuss logistics for the onsite portion of the audit. The following documentation was requested for the onsite visit:

- Roster of residents by unit/room
- Roster of residents with disabilities
- Roster of residents who were Limited English Proficient (LEP)
- LGBTI residents
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Resident census the first day of the audit
- A roster of new employees hired in the past 12 months
- A roster of employees promoted in the past 12 months
- 2019 Staffing Plan
- List of contact information for volunteers (if applicable)
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors (if applicable)

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

The entrance meeting took place on the first day of the audit with Hope House management and the PREA Coordinator. The Auditor toured Hope House escorted by the PREA Coordinator and Residential Supervisor. The tour included a review of each wing. The Auditor observed the facility layout, the location of staff supervising the residents, the location of cameras and mirrors, the housing room layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. More, PREA Notices of the upcoming audit

were prominently posted in the common area, on both living units. Further, other PREA related information and advocacy material was also displayed throughout the facility and easily accessible to residents.

The on-site PREA (Prison Rape Elimination Act) audit of the Hope House, Sixth Judicial District, Department of Correctional Services, Coralville, IA, was conducted June 2-3, 2020. The audit was completed by certified Auditor Sonya Love. This is the second PREA audit for Hope House, Sixth Judicial District, Department of Correctional Services.

The Agency Director, the Assistant Director, the Residential Supervisor, the agency PREA Coordinator and the Human Resources Manager were interviewed as part of the onsite audit process and to discuss their respective roles and responsibilities as it relates to the Prison Rape Elimination Act. Other interviews of specialized staff included two investigators, one Incident Review Team member, the Retaliation Monitor, one administrative officer, one staff who performs screening for risk of victimization and abusiveness, and one intake staff person. All staff were able to describe in detail their specific duties and responsibilities, including serving as a "first responder" if an incident occurred or allegation of sexual abuse or sexual harassment was made. No staff refused to be interviewed.

Hope House, Sixth Judicial District, Department of Correctional Services has a designated facility capacity of 58 male residents. There were 16 male residents assigned to the facility during the compliance audit with one resident enrolled in a 28-day treatment program off-site. The average length of stay at the minimum-security facility is 5.4 months. The age range of the population is 20-71 years of age. Eligible residents are afforded a furlough program to allow for seeking employment, family visits, recreation, shopping, religious services, vocational training, educational services, and counseling sessions. Hope House offers various community-based programs such as job seeking skills, education, sex offender, substance abuse counseling and treatment, in-house AA, cognitive programming, community service opportunities and job development.

The population capacity at the time of the audit was affected by the Covid-19 pandemic. Some of the residents were off-site working, involved in off-site programming or treatment causing the Auditor varied her times of interview to accommodate their schedules. There were 10 total residents interviewed from both housing units of the facility and no refusals. Residents interviewed differed in age, nationalities, demographic backgrounds, and ethnicities. There were no disabled residents interviewed and one Limited English Proficient (LEP) resident assigned to the facility at the time of the audit. There were no self-disclosed, gay, transgender, bi-sexual or intersex residents assigned to the facility at the time of the PREA audit.

Each resident interviewed indicated that the Hope House staff were respectful of their right to be free from sexual abuse and sexual harassment and fair. Furthermore, the same residents also indicated that they could report an allegation of sexual abuse or sexual harassment to any staff person because they felt safe. The average length of stay at the minimum-security facility is 5.4 months. The age range of the population is 20-71 years of age. Eligible residents are offered employment opportunities, family visits, recreation, shopping, religious services, vocational training, educational services, and counseling sessions. Moreover, residents of Hope House are also provided opportunities to participate in varying types of programmatic services such as sex offender treatment, substance abuse counseling and treatment, in-house Alcohol Anonymous (AA), and behavioral based cognitive development programs.

A review of the investigative files initiated during the past 12-month period alleging sexual abuse or sexual harassment was conducted. There was one allegation by residents of sexual abuse or sexual assault, none of which required forensic evidence collection by a Sexual Assault Nurse Examiner (SANE) service provider in the community. The allegation was determined to be unfounded. The investigation was completed promptly, thoroughly, and well documented. There were no open cases in the process of being investigated during the audit.

Noteworthy, Best efforts were made to conduct this PREA audit in accordance with the PREA Auditor’s Handbook dated September 2017.

Because of the size of the facility and the impact of Covid-19, many staff perform multiple roles in the facility thus some were considered random and specialized staff.

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

Category of Staff Interviewed	# Interviews Conducted
Random Staff	10
Specialized Staff	12
Total Staff Interviewed * some staff were interviewed for both groups	22
Other Staff Interactions During the Facility Tour	# Interviews Conducted
Staff Interactions during the facility tour	2
Staff who refused to be interviewed	0
Total Staff Interviewed	2
Category of Specialized Staff Interviewed	# Interviews Conducted
Agency Contract Administrator	1
Agency PREA Coordinator	1
Intermediate or higher-level facility staff responsible for conducting an unannounced round	1
Line staff who supervise youthful inmates, if any	0
Education staff who work with youthful inmates if any	0
Program staff who work with youthful inmates if any	0
Medical staff	0
Mental health staff	0
Administrative staff	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	1
Contractors who have contact with inmates	0
Facility Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise inmates in segregated housing	0
Designated staff member charged with monitoring retaliation	1
First responders, security staff	0
First responders, non-security staff	1
Intake staff	1

Random staff interviews included random staff from each shift operated at the facility. The facility operates eight hour shifts for the security personnel and one staff person working a 10-hour shift.

Specialized interviews included:

- Agency designee, Assistant Director

- Agency Division Manager
- Residential Supervisor
- PREA Coordinator, Residential Manager
- Retaliation Monitor, Residential Manager
- PREA Investigator (administrative)
- Human Resources (headquarters)
- Director from the Rape Victim Advocacy Program (RVAP)
- Victim Advocate from the Rape Victim Advocacy Program (RVAP)
- Residential Officer
- Residential Supervisor
- Intake

Resident Interviews

There were 16 residents on the first day of the audit. Ten residents were interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to determine each resident’s knowledge and understanding of the Prison Rape Elimination Act and the reporting mechanisms available to residents of Hope House. In accordance with the PREA Auditor Handbook, this Auditor collectively conducted ten random and targeted interviews with residents at Hope House. Six residents represented the random sample group and four residents representing the targeted sample group that included three residents who reported sexual victimization during risk screening and one bilingual resident from Asia. The categorical breakdown is as follows:

Category of Inmates Interviewed	# Interviews Conducted
Random residents	6
Targeted residents	4
Youthful inmates	0
Total inmates interviewed	10
Targeted Inmate Interviews-Breakdown	# Interviews Conducted
Youthful Inmates	0
Inmates with a Physical Disability	0
Inmates who are Blind, Deaf, or Hard of Hearing	0
Inmates who are Limited English Proficient (LEP)	1
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, Gay, or Bisexual	0
Inmates who Identify as Transgender or Intersex	0
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse that occurred at the Facility	0
Inmates who Reported Sexual Victimization During Risk Screening	3
Total Number of Targeted Inmates Interviews	4

*Note: Residents selected from both living units

Facility Characteristics

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

The mission of Iowa community-based corrections is to enhance community safety and facilitate positive change in adult offenders. The facility promotes law abiding behavior through supervision, accountability, treatment, education, and community programming, in an innovative and cost-effective manner.

The Sixth Judicial District, Department of Correctional Services, is one of eight judicial district correctional programs that exist within the State of Iowa. The judicial districts are the result of a statewide development of correctional programs with the objective of providing total services at the community-based level to correctional clients, the court system and ultimately the public. The Sixth Judicial District operates its programs as mandated by Chapter 905 of the Code of Iowa with administrative oversight from a Board of Directors with established By-Laws that governs the District. The Board of Directors is comprised of a county supervisor from each county in the district, a judicial appointee and two citizen advisory representatives.

Hope House is a single-level brick building and is in Coralville, Iowa. The building provides administrative offices for local probation/parole officers on one end and housing for residents on the other. There are two wings with eleven resident rooms on each wing. Each room provides accommodations for two or three residents with a total designated capacity of 23 beds per wing. The staff monitoring station is in a central rotunda which provides staff with adequate visibility of each wing and a common leisure area. Other areas found inside the facility included the laundry, a multipurpose room utilized for dining, the kitchen, group rooms, individual bathroom/showers, staff office and access to open air recreational spaces.

The facility provides housing and around-the-clock supervision for residents demonstrating an inability or unwillingness to function under less restrictive supervision. Offenders can be placed in a residential center as a condition of probation or parole or as a transition from the Iowa Department of Corrections (IDOC). Residents participate in programming to address the re-entry needs of everyone. Meals are prepared and served at the facility. There are recreational activities at the facility, and religious programs, medical and mental health services are available in the community.

National/State Advocacy Organizations

Organization Name	Contact Information
Just Detention International (JDI)	Just Detention International, Cynthia Totten, CA Attorney Registration #199266 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010
Iowa Ombudsman Office	Ola Babcock Miller Building 1112 E. Grand Avenue Des Moines, IA 50319 1-888-426-6283 (toll free) or 515-281-3592
Riverview Center	1-888-557-0310
Sixth Judicial District PREA Hotline:	(319) 297-3532 www.iowacbc.org (click on Prison Rape Elimination Act)
Rape Victim Advocacy Program (RVAP)	1-800-228-1625

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

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

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

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

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Sixth Judicial District, Department of Correctional Services has implemented a zero-tolerance policy. The Sixth District Department of Correctional Services Policy termed PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) address PREA Standard 115.211.

The same policy outlines the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. Furthermore, the same policy identifies a PREA Coordinator as the either 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 implement and monitor the outlines by 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 policy contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. Hope House met the requirements of Standard 115.211.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Interview with the PREA Coordinator
4. Interview with the agency designee authority, Assistant Director
5. Interview with the District Director
6. Review of the agency's organization chart
7. Agency website

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Sixth Judicial District, Department of Correctional Services has implemented a zero-tolerance policy. The agency does not contract with other entities for the confinement of residents or offenders.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the PREA Coordinator
3. Interview with the agency designee, Assistant Director
4. Interview with the District Director

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Sixth Judicial District, Department of Correctional Services has implemented a zero-tolerance policy. The Sixth District Department of Correctional Services Policy termed PREA-2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) PREA Standard 115.213.

Hope House is a male facility. The facility has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. Hope House has policies and procedures that govern pat searches, strip searches and body cavity searches. The facility. The policy outlines the limits to cross-gender viewing and searches. According to random and specialized staff (100%) interviewed the facility does 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 in a community setting. The facility is required by policy to document all cross-gender/transgender strip searches and cross-gender/transgender visual body cavity searches, and all cross-gender pat down searches of female offenders. This documentation is maintained by the Residential Manager, Residential Supervisor and the PREA Coordinator. Likewise, resident interviewed (100%) denied being subject to cross-gender viewing and searches.

PREA standards outline items that must be taken into consideration and included in the development of all staffing plans.

These items are as follows:

- 1) The physical layout of each lock up or facility.
- 2) The composition of the detainee or resident population.
- 3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 4) Any other relevant factors
 - a) Ensure adequate and appropriate staff will be available where and when needed to manage facility operations and
 - b) provide sufficient supervision and monitoring to keep the facility population safe from harm, including sexual abuse and sexual harassment.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. PREA-2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Interview with the PREA Coordinator
4. Review of 2020 PREA Staffing Plan
5. Review of 2019 PREA Staffing Plan

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Sixth Judicial District, Department of Correctional Services has implemented a zero-tolerance policy. The Sixth District Department of Correctional Services Policy termed PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) and the Sixth District Department of Correctional Services Policy 2335-17, Cross Gender Pat Search and Seizure/Contraband (**ANCHOR Residential**) each address PREA Standard 115.215.

According to the Sixth Judicial District, Department of Correctional Services, Policy 2335-17, Cross Gender Pat Search and Seizure/Contraband (**ANCHOR Residential**):

Pat searches on male residents are conducted by male staff members, whenever practical. Pat searches of cross-gender residents are conducted per PREA Policy 2400-17 using guidance outlined in Subsection 4, Cross Gender Pat Search and Seizure/Contraband (**ANCHOR Residential**).

Sixth Judicial District, Department of Correctional Services, PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning), Limits to Cross-gender Viewing and Searches §115.215 outlines:

- A. 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.
- B. The facility documents all cross-gender/transgender strip searches and cross-gender/trans-gender visual body cavity searches, and all cross-gender pat down searches of female offenders. Documentation is maintained by the Residential Manager, Residential Supervisor or Designee.

Inclusive in PREA 2400-17 is procedural language that enables residents to shower, perform bodily

functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks

- C. 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.

The Hope House by policy requires 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. The Auditor interviewed 10 residents during the onsite portion of this PREA audit. Each resident (100%) affirmed that they were able to showering, performing bodily functions, or changing clothing in their room with a measure of privacy and that staff of the opposite gender knock and announce their presence before entering a room on the living unit.

The PREA Coordinator and Residential Supervisor affirmed that the facility always refrains from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. During the audit there were zero transgender or intersex residents assigned to this facility. The facility policy indicates that:

- D. 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.
- E. 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.

The Auditor observed during the facility tour that male and female staff routinely announced their presence before entering a resident's room. Hope House requires 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. Staff (100%) sampled during the onsite portion of the audit indicated that they are required to announce their presence before entering a resident's room. Furthermore, random, and targeted residents (100%) confirmed that opposite gender staff knock and announce their presence before entering their rooms.

The Auditor reviewed training records of random and specialized staff who participated in the audit process. Based on individual interviews it was determined that the facility prohibits cross-gender searches except in exigent circumstances. Staff provided the Auditor with at least one example of an exigent or emergency circumstance that would warrant a cross-gender search.

From the facility training records the Auditor determined that the training curriculum addressed Standard 115.215. As mentioned above, Hope House does not permit cross-gender strip searches or cross-gender visual body cavity searches under any circumstances. Staff are trained to conduct all searches in a professional manner. Staff were aware of the policy prohibiting the search of Transgender or Intersex residents to only determine their genital status. Compliance to this standard was determined through staff interviews, policy review, and a review of the staff training curriculum. Hope House met Standard 115.215.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with random staff
6. Interview with specialized staff
7. Interview with random residents
8. Interview with targeted residents
9. Review of Hope House training records and training curriculum, LGBTI and Cross-Gender Viewing and Searches and PREA for Contractors and Volunteers

Corrective Action:

The policy documentation provided to the Auditor speaks of a facility called Anchor House. The audit is limited to the Hope House. The PREA Coordinator provided documentation in the form of a policy that specifically refers to policies and procedures applicable to Hope House.

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

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

115.216 (a)

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

and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No

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

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The Sixth Judicial District, Department of Correctional Services has implemented a zero-tolerance policy. The Sixth District Department of Correctional Services Policy termed PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) address PREA Standard 115.216.

PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) mandates that Hope House provide that all residents with disabilities such as: Residents who are deaf or hard of hearing, blind or have low vision, who have intellectual disabilities, speech disabilities or have limited reading skills 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. 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.

According to the Residential Supervisor and PREA Coordinator 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. Moreover, 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.

During the facility tour, the English and Spanish versions of PREA related information were visible on each wing of living units. The Auditor interviewed one LEP resident during the audit. The resident confirmed that he received PREA education in a language he understood.

PREA related educational information was visible throughout the facility to include PREA brochures, bulletin board postings, and a resident handbook termed "Staying Safe, A Guide for Offender Conduct," written in English and Spanish. Based on specialized staff interviews, inmates with intellectual or psychiatric disabilities are referred to mental health professionals to evaluate the best method to provide PREA education to the inmates.

All staff (random and specialized) interviewed were aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues.

requires the program to ensure residents with special needs 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 harassment.

The Residential Supervisor and the PREA Coordinator during separate interviews indicated that the facility would take appropriate steps to ensure residents with disabilities and with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts and zero tolerance postings are in English and Spanish. There were no residents with disabilities or with limited English-speaking proficiency housed at the facility during the audit. The Auditor interviewed one resident who was bilingual and preferred to speak English. This same reside said he was given the option of an interpreter but declined. Hope House met the requirements of Standard 115.216.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. PREA-2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with random staff
6. Interview with specialized staff
7. Interview with random residents
8. Interview with targeted residents
9. Facility tour and observations

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Sixth Judicial District, Department of Correctional Services has implemented a zero-tolerance policy. The Sixth District Department of Correctional Services Policy termed PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) address PREA Standard 115.217.

The agency prohibits the hiring, promotion or retention of any employee that has engaged in the prohibited conduct specified in this standard. The Auditor interviewed the Human Resource Manager who indicated the agency prohibits the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution stated that all components of this standard have been met, 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, and has been civilly or administratively adjudicated to have engaged in the activity described in Standard 115.217.

Furthermore, the Human Resource Manager confirmed that the agency would consider any incident of sexual harassment in determining whether to hire or promote anyone who may have contact with residents

and the agency would also consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents.

Before the Sixth Judicial District, Department of Correctional Services considers hiring any new employee, contractor or volunteer who may have contact with residents, the agency: Performs a criminal background records check, 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. The PREA Audit Questionnaire (PAQ) indicated one person hired and who may have contact with residents who has had a criminal background records check in the past 12-month period. The PAQ relative to Standard 115.217 was confirmed with the PREA Coordinator during the site visit. The Auditor confirmed that the agency completed a criminal background records check on the new employee before his hire date.

The Human Resource Manager said, all employees and contractors have had their background checks completed through the National Crime Information Center (NCIC), a background check is required for all staff promotions before the promotion is approved by management. The agency conducted criminal records checks at least every five years or prior to a promotion of an employee. PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) states false information submitted by applicants or staff is grounds for termination. Compliance to this standard was determined through staff interviews, policy review and employment documentation. Hope House met the requirements of Standard 115.217.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. PREA-2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Interview with the PREA Coordinator
4. Interview with the Human Service Manager
5. Interview with Random staff
6. Interview with Residential Officer

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Sixth Judicial District, Department of Correctional Services has implemented a zero-tolerance policy. The Sixth District Department of Correctional Services Policy termed PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) address PREA Standard 115.218.

The 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. The agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Compliance with this standard was confirmed in the PAQ along with interviews with the District Director, PREA Coordinator and Residential Supervisor. Hope House met the requirements of Standard 115.218.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. PREA-2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with the agency District Director
6. Interview with the agency, Assistant Director
7. Interview with the agency, Division Manager

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2401-17 and form 2401A-17 address the agency requirements of this standard.

The agency conducts administrative investigations following the uniform evidence protocol. The agency requests that the Coralville Police Department make its best efforts to also follow the uniform evidence protocol when conducting criminal sexual abuse investigations. The protocol is developmentally appropriate for adults only. The facility does not house youth. The protocol, was adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The agency offers all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Staff will offer 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) at Unity Point or University of Iowa Hospitals and Clinics, where possible. If SAFEs or SANEs examiner is not available, the examination would be performed by a qualified medical practitioner.

The PREA Coordinator indicated that staff would contact the Department's Victim Advocate or a community-based Victim Advocate termed Rape Victim Advocacy Program (RVAP). The agency has a Memorandum of Understanding (MOU) with RVAP until 6/30/22 signed into effect on 4/22/2020. RVAP is a sexual assault victim advocate and prevention education agency that also hosts the Iowa Sexual Abuse Hotline. RAVP serves anyone impacted by sexual violence -- survivors and/or their loved ones in the following eastern Iowa counties: Cedar, Des Moines, Henry, Iowa, Johnson, Lee, Washington, Van Buren. This includes but is not limited to individuals of any age, gender, identity, and culture. RVAP provides free, confidential, trauma-informed advocacy to all affected by sexual violence and promote social change through prevention education. If 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.

Facility staff (random and specialized) were interviewed regarding this standard, the evidence protocol and responsive planning. Each staff person was aware of their role and responsibilities in the event of an allegation of sexual abuse. All staff were able to describe in detail steps they would take to protect the victim, secure physical evidence, notify management and document the incident. Staff (random and specialized) were all aware who was responsible for conducting investigations and that the victim would be transported to a local hospital for forensic exams (the facility has a Memorandum of Understanding with the local hospital to provide victim of sexual assault services). The policy requires that forensic medical examinations be to be performed without financial cost to the resident. The same policy requires that a victim advocate be made available to resident victims of sexual abuse to provide support through the forensic medical examination process, therapy, and investigatory interviews. There were no forensic medical examinations conducted during the previous 12 months. Hope House met the requirements of Standard 115.221.

Policy, Materials, Interviews and Other Evidence Reviewed

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

- 3. Interview with the PREA Coordinator
- 4. Interview with the Residential Supervisor

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, Policy Number 2406-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Investigations) address the policy requirements of Standard 115.222.

The PREA Coordinator confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the PREA Coordinator, in the past 12-month period, the number of allegations resulting in an administrative investigation was one instead of zero as noted on the PAQ. The correction of this information was confirmed by the PREA Coordinator. The PREA incident was administratively investigated and determined to be unfounded. During an interview the PREA Coordinator she confirmed with the Auditor that the agency has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The same policy outlines the practice put in place by the agency to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The Auditor verified that the agency has published such policy on its website.

In the past 12-month period zero referrals were made to local law enforcement to conduct a criminal investigation. Coralville Police Department is a separate entity responsible for conducting criminal investigations and with the legal authority to conduct criminal investigations. The policy details the role of the local law enforcement and their responsibilities of both the agency and the investigating entity. Hope House met the requirements of Standard 115.222.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. PREA 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Policy Number 2406-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Investigations)
4. Interview with the PREA Coordinator/PREA Administrative Investigator
5. Interview with the Residential Supervisor
6. Review of an investigative report
7. Interview with an PREA Administrative Investigator

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, Policy Number 2402-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) addresses the agency's responsibility for employee training regarding Standard 115.231.

Based on a review of employee training records (electronic verification) for 2019 provided by the PREA Coordinator the agency provides annual PREA related education at least annually. More, from the training records the Auditor could determine that staff who fail the training were re-tested with a positive outcome. The training curriculum for staff who have contact with residents included topics such as:

1. The issue of consent
2. Mandated reporting of all allegations of sexual abuse and sexual harassment

3. The zero-tolerance policy for sexual abuse and sexual harassment
4. How to their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
5. Offenders' right to be free from sexual abuse and sexual harassment
6. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
7. The dynamics of sexual abuse and sexual harassment in confinement
8. The common reactions of sexual abuse and sexual harassment victims
9. How to detect and respond to signs of threatened and actual sexual abuse
10. How to avoid inappropriate relationships with offenders
11. How to communicate effectively and professionally with offenders, including gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
12. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Furthermore, all new employees to include contractor and volunteers are required to complete training on PREA during new hire orientation. Additionally, the Iowa Department of Corrections (IDC) provides extensive web-based e-learning of PREA standards training for all staff.

Sampled random and specialized staff (100%) confirmed participating in PREA related training at least annually during mandated yearly safety training. The same sample group confirmed their understanding of the PREA training they received and their role and responsibility as it pertains to PREA. Staff interviews, training files and the facility training curriculum were reviewed and supported compliance to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Policy Number 2402-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education)
4. Interview with the PREA Coordinator
5. Interview with Random staff
6. Interview with Specialized staff
7. Review of electronic training records
8. Review of the PREA training curriculum

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, Policy Number 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning) and Policy Number 2402-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) address the agency's responsibility for volunteer and contractor training regarding Standard 115.232.

Based on a review of employee training records (electronic verification) for 2019 provided by the PREA Coordinator the agency provides annual PREA related education at least annually. More, from the training records the Auditor could determine that staff who fail the training were re-tested with a positive outcome. The training curriculum for staff who have contact with residents included topics such as:

1. National standards adopted as federal rule by the Department of Justice.
2. Why do we need the law?
3. The issue of consent
4. Prison Rape Elimination Act (PREA)
5. Three categories of offender-on-offender sexual violence
6. All other unwanted sexual behavior
7. Sexual harassment
8. Iowa Code 709.16/Sexual misconduct with offenders...commits an aggravated misdemeanor.
9. Iowa Code 709.15/Sexual exploitation by a counselor or therapist can be punishable as a Class "D" felony
10. Reporting misconduct
11. Mandated reporting of all allegations of sexual abuse and sexual harassment

Furthermore, all new employees to include contractors and volunteers are required to complete training on PREA during new hire orientation. Additionally, the Iowa Department of Corrections (IDOC) provides extensive web-based e-learning of PREA standards training for all staff. The facility remains closed to outside visitors and volunteers due to the Corona 19 virus.

The Auditor interviewed a Hope House employee who recently began employment as a Residential Officer. Prior to his employment the same employee was a student volunteer. The now employee described the volunteer orientation process and the PREA training provided by the agency. The employee confirmed that his PREA training included training on his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Hope House met the requirements of standard 115.232.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Policy Number 2402-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education)
3. Policy Number 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
4. Interview with the PREA Coordinator
5. Interview with a previous volunteer/Residential Officer
6. Electronic training records
8. Review of the PREA training curriculum for volunteers and contractors

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, Policy Number 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)

addresses the requirements of Standard 115.233.

Incoming residents receive PREA related education and information during the intake process. The intake process also includes residents watching a PREA informational video. Each resident receives a facility handbook which explains the agency's 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. Residents are also provided a leaflet with avenues to report sexual misconduct

During the facility tour the Auditor noted zero tolerance posters throughout the facility, a "hot line" telephone number to call to report sexual abuse or sexual harassment and contact information for the IDOC Ombudsman's Office. Interviews with staff (random and specialized) and residents (random and targeted) confirmed that resident education is taking place as described in policy during the intake process.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Policy Number 2400-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
4. Interview with the PREA Coordinator
5. Interview with Random Staff
6. Interview with Specialized Staff
7. Interview with Random Residents
8. Interview with Targeted Residents
9. Review of the PREA training curriculum for residents
10. Review of Resident Handbook on the internet
11. Review of "Staying Safe, A Guide for Offender Conduct," with signature page

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, Policy Number 2402-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Training and Education) address the requirements of Standard 115.234.

In addition to the general PREA training provided to all employees pursuant to §115.231, the agency ensures that its investigators receive training in conducting such investigations in confinement settings. The agency has six (6) trained administrative investigators within the Sixth Judicial District who received specialized training on conducting sexual abuse investigations in a correctional setting. Training records

confirmed that each PREA administrative investigator completed the required training as outlined in this standard. Two investigators were interviewed and determined by the Auditor to have a good working knowledge regarding their responsibilities in the investigation of sexual abuse or sexual harassment. There was one allegation of sexual abuse investigated during previous 12 months, with zero being criminal. Hope House met the requirements of Standard 115.234.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Policy Number 2402-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Prevention Planning)
3. Interview with the PREA Coordinator/Administrative Investigator #1
4. Interview with Administrative Investigator #2
5. Review of general training records
6. Review of specialized training curriculum for investigators facilitated by the Moss Group, July 22-24, 2013.
7. Review of specialized training curriculum for investigators facilitated by the Iowa Department of Corrections

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth District Department of Correctional Services Policy, Sexual Misconduct with offenders Community Confinement Standards (PREA Training and Education) address the requirements of Standard 115.235.

Medical and mental health services are obtained in the community of Coralville. Hope House staff are trained as first responders to refer victims to a local hospital (Unity Point or University of Iowa Hospitals and

Clinics) for medical treatment, an examination by a SANE/SAFE examiner and the collection of forensic evidence. Hope House has a MOU with a local rape crisis center to provide victim advocacy services. The Auditor reviewed the MOU document and telephoned the director of the local rape crisis center called the Rape Victim Advocacy Program (RVAP). The Auditor also interviewed the PREA Coordinator/Administrative Investigator, Administrative Investigator #2, RVAP Director, and the Residential Supervisor after reviewing the PAQ to confirm the information contained in this standard. Hope House met the requirements of Standard 115.235.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Policy Number 2402-17, Sexual Misconduct with Offenders Community Confinement Standards (Training and Education)
3. Interview with the PREA Coordinator/Administrative Investigator #1
4. Interview with Administrative Investigator #2
5. Interview with the Residential Supervisor
6. Interview with the local victim advocacy Director of RVAP

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2403-17 (Sexual Misconduct with offenders Community Confinement Standards (PREA Screening & Risk of Sexual Victimization & Abusiveness) and the State of Iowa Sexual Violence Propensity revised intake screening instrument (SVP-R) addresses the requirements Standard 115.241.

A Residential Officer of Hope House assesses each incoming resident using the SVP-R to determine the risk of being sexually abused, level of vulnerability or the propensity of abusiveness toward other residents. According to a Residential/Intake Officer, 1st Shift, Hope House staff will review all pertinent information regarding a resident such as any history of incarceration, convictions, aggressive or vulnerable attitude or behavior, sexual predatory behavior or sexual assault of other offenders, history of prior victimization, sexual orientation, and personal belief regarding sexual safety.

All offenders newly admitted to a DCS Residential Correctional Facility (RCF) shall have an SVP-R assessment by a trained designated staff member. The SVP-R shall be completed immediately up on intake.

Furthermore, the same Residential/Intake Officer confirmed that other consideration to maintain the sexual safety of all residents include factors like whether the resident has a mental, physical, or developmental disability, the resident is or is perceived to be gay, bisexual, transgender, intersex, or gender nonconforming. As additional information is obtained the facility will reassess the resident as needed to include when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Incoming residents are again reassessed within 30 days of their initial arrival date. According to the Residential/Intake Officer a resident is not disciplined for refusing to answer or for not disclosing complete information during the intake screening process. Information received during the intake screening process is considered confidential and only made available to staff with a need-to-know.

The Auditor reviewed 10 assessments/reassessments of Hope House residents. Ten of ten initial assessment occurred within 72 hours of arrival at the facility. Two of ten reassessments did not occur within 30 days of their initial arrival date. Two of ten reassessments were not due until 6/22/2020.

During their interviews, a sample of residents (random and targeted) all confirmed that during the initial intake screening process Hope House staff considered, at a minimum, the residents risk of sexual victimization and discussed with the resident his own perception of personal vulnerability at Hope House. After verification of staff re-training, Hope House met the requirements of Standard 115.241.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Policy Number 2403-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Screening & Risk of Sexual Victimization & Abusiveness)
3. Interview with the PREA Coordinator
4. Interview with a Residential/Intake Officer
5. Review of initial risk assessments for a sample of Hope House residents, State of Iowa Sexual Violence Propensity revised intake screening instrument (SVP-R)
6. Review of reassessments for a sample of Hope House residents, State of Iowa Sexual Violence Propensity revised intake screening instrument (SVP-R)

Corrective Action:

1. Re-training of Standard 115. 241 by the PREA Coordinator and development of a check-and balance system of accountability.
2. Completion of three reassessment along with documented evidence provided to the Auditor

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2403-17, Sexual Misconduct with Offenders Community Confinement (PREA Screening & Risk of Sexual Victimization & Abusiveness) Standard 115.242.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Policy Number 2403-17, Sexual Misconduct with Offenders Community Confinement Standards (PREA Screening & Risk of Sexual Victimization & Abusiveness)

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting) address Standard 115.251.

A review of Policy PREA 2404-17 (Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting) indicates that Hope House has policies in place that address this standard. Residents who are Limited English Proficient are provided an interpreter to communicate multiple ways for a resident to report sexual abuse and sexual harassment. In addition, Hope House provides each resident with a resident handbook (English) which includes multiple ways for a resident to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to such incidents such as:

- Tell a staff member you are comfortable discussing the matter with. As a part of their job, staff is required to report any allegation, ensure offender safety, and maintain confidentiality.
- Send a letter to:
District Director Bruce Vander Sanden
951 29th Avenue SW
Cedar Rapids, IA 52404

- Riverview Center: 1-888-557-0310
- Use the facility grievance process
- Sixth Judicial District PREA Hotline: 319-297-3532
- www.iowacbc.org (click on Prison Rape Elimination Act)
- Email: 6th.PREA@iowa.gov
- Send a letter to:
Iowa Ombudsman Office
Ola Babcock Miller Building
1112 E. Grand Avenue
Des Moines, IA 50319
1-888-426-6283 (toll free) or 515-281-3592
- Rape Victim Advocacy Program (RVAP): 1-800-228-1625

During the onsite portion of the facility audit the Auditor noted that Hope House posted throughout the facility multiple ways (including verbally, in writing, anonymously, privately, "hot line" telephone calls, contact with the Iowa Department of Corrections and a advocacy center contact) for residents to report sexual abuse or sexual harassment.

The Auditor's sample of random and specialized staff (100%) affirmed a duty to accept allegations of sexual abuse or sexual harassment in various forms of communication such as: verbally, in writing, or third-party reports. Likewise, the Auditor interviewed a sample of Hope House residents (100%) affirmed receiving a facility handbook with contained multiple ways of reporting sexual abuse and sexual harassment. More, the same residents were aware that the facility also posted reporting information throughout the facility that explained reporting options, but each resident verbalized that they felt safe and would simply report an incident to Hope House staff. Moreover, the facility also has a MOU with a local advocacy center to provide support services (Rape Victim Advocacy Prevention). Hope House met the requirements of Standard 115.251.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. MOU with Rape Victim Advocacy Prevention (RVAP)
4. Interview with the PREA Coordinator
5. Interview with sample resident (Targeted and Random)
6. Interview with sample staff (Random and Specialized)
7. Interview with RVAP Director

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting) address Standard 115.252.

According to the Hope House handbook for residents, a resident may file a grievance. Interviews with a sample of resident confirmed their understanding of the ability to file a grievance related to an allegation of sexual abuse or sexual harassment or other PREA related issue. Problematic is language which calls for the grievant to provide his/her name on the grievance for initiation of the grievance process at the Hope House.

Example 1: "A grievance/appeal is a written document which contains, at a minimum, the name of the party being grieved, the date of the action being grieved, a summary of the situation and the corrective action being sought." Requiring a name is contra to the ability of the grievant to maintain anonymity. Likewise, the grievance process

Example 2: "A resident must initiate the grievance/appeal process within 24 hours of the incident by turning the written document in to staff who, in turn, route it to the Residential Supervisor for investigation and response. But further along in the same document the Auditor finds that Hope House contradicts itself by indicating as is stated in Standard 115.252, there is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.

However, the agency has a policy in place that supports this standard by outlining:

- A. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.
- B. That the agency may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

- C. The agency 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.
- D. The agency has established 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.
- E. The agency mandates that the initial response to a PREA incident and the final response is well-documented to include action(s) taken in response to the emergency grievance.
- F. Third-party reports are accepted from other residents, staff members, family members, attorneys, and outside advocates, filing on the behalf of other residents, third-party persons are also permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse.

Residents also can contact the Citizen's Aide, Ombudsman's Office for assistance in resolving problems and complaints. The office address and phone number are:

Office of the Ombudsman
 1112 E. Grand Avenue
 Des Moines, IA 50319
 Phone: (515) 281-3592

The Auditor interviewed the PREA Coordinator regarding this standard. She confirmed that the agency policy supports Standard 115.252 and that revision are necessary in the Hope House handbook for compliance with this standard.

Corrective Action: Hope House will modify language in the resident handbook to support this standard and the Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 (Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)). Hope House will provide the Auditor with a copy of the said changes and post a notice in all common areas of the facility to alert residents about the changes in the resident handbook. The language will make a distinction between the guideline for completing a general Grievance an a PREA Grievance in accordance with Standard 115. 252. After corrective action, Hope House met the requirements of Standard 115.252.

Policy, Materials, Interviews and Other Evidence Reviewed

- 1. Pre-Audit Questionnaire
- 2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
- 3. Interview with the PREA Coordinator
- 4. Interview with the Residential Supervisor
- 5. Interview with a sample of residents (Random and Targeted)
- 6. Interview with a sample of staff (Random and Specialized)

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 (PREA Reporting) policy and the resident handbook address Standard 115.253.

Hope House has a MOU in place with the RVAP. Residents can contact the RVAP by telephone or through written correspondence. RVAP provides advocacy services that are outlined in Standard 115.253. Contact with RVAP is confidential. The Auditor observed during her tour of the facility PREA related posters, pamphlets, and advocacy information visible in common areas of the facility.

Interviews with staff and residents confirmed that they were aware of the access to the outside victim advocacy group and where the telephone number and address was located.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of residents (Random and Targeted)
6. Interview with a sample of staff (Random and Specialized)

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 (PREA Reporting) policy and the resident handbook address Standard 115.253.

Hope House has a MOU in place with the Rape Victim Advocacy Program (RVAP). Residents can contact the RVAP by telephone or through written correspondence. RVAP provides advocacy services that are outlined in Standard 115.253. Contact with RVAP is confidential. The Auditor observed during her tour of the facility PREA related posters, pamphlets, and advocacy information visible in common areas of the facility.

Interviews with staff and residents confirmed that they were aware of the access to the outside victim advocacy group and where the telephone number and address was located.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of residents (Random and Targeted)
6. Interview with a sample of staff (Random and Specialized)

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2405-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Official Response Following an Offender Report) address Standard 115.261.

The Sixth Judicial District, Department of Correctional Services Policy requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

The Sixth Judicial District, Department of Correctional Services requires that 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.

The Sixth Judicial District, Department of Correctional Services requires 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.

According to random and specialized staff sampled confirmed that 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.

Hope House does not employ medical and mental health practitioners. Residents obtain medical and mental health services in the community. The Auditor interviewed the PREA Coordinator who confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Hope House met the requirements of Standard 115.261.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2405-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of staff (Random and Specialized)

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy (PREA Official Response Following an Offender Report) address Standard 115.262.

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. However, the agency has a policy in place that supports this standard by outlining:

- A. The agency has established 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.
- B. The agency mandates that the initial response to a PREA incident and the final response is well-documented to include action(s) taken in response to the emergency grievance.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of staff (Random and Specialized)
6. Interview with a sample of residents (Random and Targeted)

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy (PREA Official Response Following an Offender Report) address Standard 115.263.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, Sixth Judicial District, Department of Correctional Services Policy and by extension the Hope House and the Residential Supervisor confirmed that any allegation of sexual abuse or sexual harassment the head of the facility or appropriate office of the agency would notify where the alleged abuse occurred. During the past 12-month period zero allegations of sexual abuse was received by the agency. Hope House met the requirements of Standard 115.263.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2405-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of staff (Random and Specialized)

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, PREA Official Response Following an Offender Report address Standard 115.264.

All staff (Random and Specialized) interviewed were well-informed concerning their first responder role, duties, and responsibilities upon learning of a sexual abuse or sexual harassment allegation by a

resident. The staff (Random and Specialized) stated they would separate the residents, protect any crime scene, would not allow residents to destroy any evidence and immediately notify the Residential Supervisor/Residential Supervisor. There was one unfounded allegation of sexual abuse made by residents during the previous 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2405-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of staff (Random and Specialized)

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, Sexual Misconduct with Offenders Community Confinement Standards PREA Official Response Following an Offender Report. The Hope House has 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. The Auditor verified the existence of a written institutional plan. Medical and mental health practitioners' services are obtained in the community. Interviews with a sample (random and Specialized) of staff confirmed their understanding of their responsibilities as it relates to a

coordinated facility response to a PREA incident. Hope House met the requirements of Standard 115.265.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of staff (Random and Specialized)
6. Coordinated Response flowchart

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy, does not participate in collective bargaining. Hope House met the requirements of Standard 115.266.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2405-17 PREA Official Response Following an Offender Report addresses this standard. The policy prohibits any type of retaliation to any staff or resident who has reported sexual abuse or sexual harassment or who cooperated in any PREA allegation investigation.

Staff (Random and Specialized) interviews and a review of policy confirmed compliance with this standard. Staff confirmed during interviews that Hope House and the agency has a designated retaliation monitor. Staff (Random and Specialized) interviewed also confirmed that staff are prohibited from any form of retaliation to any person (staff or resident) who reports an allegation of sexual abuse or sexual harassment or participates with authorities in a PREA investigation.

The PREA Coordinator confirmed that she is the designated retaliation monitor. The PREA Coordinator indicated that in her role as the retaliation monitor, she would conduct checks with a resident or staff on a regular basis for at least 90 days. Likewise, if deemed necessary monitoring would continue beyond 90 days to ensure they all victims and witnesses were safe from retaliation. There were zero cases of retaliation identified during the previous 12 months. Hope House met the requirements of Standard 115. 267.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with a sample of staff (Random and Specialized)

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2406-17 PREA (PREA Investigations) address Standard 115.271.

The Sixth Judicial District, Department of Correctional Services has six trained investigators. The Auditor examined certificates of completion of the requires course training. Likewise, the Auditor interviewed two trained investigators during her onsite PREA visit. Both investigators confirmed that they conduct administrative PREA incidents of sexual abuse or sexual harassment.

The PREA Coordinator indicated during her inter with the Auditor that when investigating allegations of sexual abuse and sexual harassment, the agency does do so promptly, thoroughly, and objectively mand this includes third-party reports and anonymous reports.

Both investigators confirmed that an administrative investigation would include an effort to determine whether staff actions or failures to act contributed to the abuse. More, during individual interviews each investigated held that as investigators they 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, review prior reports and complaints of sexual abuse involving the suspected perpetrator, and when the quality of evidence appears to support criminal prosecution, the agency would provide all evidence to the Coralville Police Department to conduct compelled interviews. The PREA Coordinator confirmed that when Coralville Police Department an outside entity investigates sexual abuse, Hope House would cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

Furthermore, both investigators denied the use of truth-telling devices and both indicated that they would 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. Both investigators confirmed that administrative and criminal investigations are 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. All substantiated allegations of conduct that appears to be criminal would be referred for prosecution to the Coralville Police Department along with the collected evidence and 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. The agency ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

The PREA Coordinator indicated that the agency retains 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.

The agency head designated authority indicated that where sexual abuse is alleged, the agency uses only investigators who have received specialized training in sexual abuse investigations as required by 115.234. According to the PAQ and confirmed by the PREA Coordinator the Coralville Policy Department conducts criminal investigation.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2404-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with the Residential Supervisor
5. Interview with agency head (designated authority)
6. Interview with Investigator #2

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services PREA 2406-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting) addresses Standard 115.272.

Based on PREA 2406-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting) and an interview with two investigators the Auditor confirmed 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. Hope House met the requirements of Standard 115.272.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2406-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with Investigator #2

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2406-17 (PREA Investigations) addresses the requirements Standard 115.273.

The policy requires that a Hope House resident victim be informed of the findings of an investigation into all allegations (criminal or administrative) of sexual abuse or sexual harassment. More, if the allegation and investigation involves Hope House staff, the facility will inform the victim whenever the staff member is no longer in the resident's facility, if the staff member is no longer employed at the facility, when the staff member has been indicted on a charge related to sexual abuse within the facility or when the staff member has been convicted on a charge related to sexual abuse within the facility.

Furthermore, following a resident's allegation that he or she has been sexually abused by another resident, the Sixth Judicial District, Department of Correctional Services would then 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, 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 in the facility, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, 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 or following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility and the agency would document all such notifications or attempted notifications.

There was one administrative investigation (unfounded) involving a sexual harassment allegation during the previous 12 months which resulted in this notification. There were no criminal investigations completed during the audit period. The Auditor confirmed by examination that Hope House notified the victim when the investigations were completed. Hope House met the requirements of Standard 115.273.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2406-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Reporting)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with Investigator #2
5. Interview with the Residential Supervisor

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 (PREA Discipline) addresses the requirements Standard 115.276.

PREA 2407-17 (PREA Discipline) applies to all employees, prospective employees, interns, volunteers and contractors of the Sixth Judicial District, Department of Correctional Services therefore all staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. According to the policy and an interview with a Human Service representative termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Further, 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.

The Residential Supervisor confirmed during his interview that 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. Any termination 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 Coralville Police Department or applicable law enforcement agency unless the activity was clearly not criminal in nature. Hope House met the requirements of Standard 115.276.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with Investigator #2
5. Interview with the Residential Supervisor
6. Human Service Representative
7. Sample documentation PREA Notification Form
8. Sample documentation of a PREA Investigation

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 (PREA Discipline) addresses the requirements Standard 115.277.

PREA 2407-17 (PREA Discipline) applies to all employees, prospective employees, interns, volunteers and contractors of the Sixth Judicial District, Department of Correctional Services therefore all staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. According to the policy and an interview with a Human Service Representative termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Further, 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. In PREA violation occurs of the agency sexual abuse or sexual harassment policies by a contractor or volunteer, Hope House would take appropriate remedial measures, and consider whether to prohibit further contact with residents. Hope House met the requirements of Standard 115.277.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with Investigator #2
5. Interview with the Residential Supervisor
6. Human Service Representative

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 (PREA Discipline) addresses the requirements Standard 115.278.

During her interview, the PREA Coordinator confirmed that 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, Hope House residents would be subject to disciplinary sanctions pursuant to a formal disciplinary process. More, all sanctions would be proportionate to the nature and circumstances and scope of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary action would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. The Sixth Judicial District, Department of Correctional Services would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The Sixth Judicial District, Department of Correctional Services, 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. Sixth Judicial District, Department of Correctional Services prohibits all sexual activity between residents, the agency refrains from considering non-coercive sexual activity between residents to be sexual abuse. Hope House met the requirements of Standard 115.278.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator/Investigator #1

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2408-17 (PREA Discipline) addresses the requirements Standard 115.282.

Residential staff First Responders would immediately notify the appropriate members of upper management such as: the PREA Coordinator, PREA Investigator, Residential Supervisor and District Director or on call staff supervisor. Staff interviewed as First Responders for the onsite portion of this PREA audit verbalized their understanding of their role and responsibilities as a Hope House First Responder. The victim would receive treatment at a local hospital with SANE/SAFE examiners. 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 through the Attorney General’s Crime Victim Compensation Fund (1-800-373-5044). PREA 2408-17 policy outlines that ongoing medical and mental health care for sexual abuse victims and abusers that:

- A. 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.
- B. The evaluation and treatment of such victims includes, 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.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with a First Responder

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2408-17 (PREA Discipline) addresses the requirements Standard 115.283.

A Hope House residential victim of sexual abuse would receive treatment at a local hospital by a SANE/SAFE examiner. 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 through the Attorney General's Crime Victim Compensation Fund (1-800-373-5044). PREA 2408-17 policy outlines that ongoing medical and mental health care for sexual abuse victims and abusers that:

- A. 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.
- B. The evaluation and treatment of such victims includes, 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.

Hope House is an all-male residential facility 115.283 (d-e) does not apply in this standard. Hope House met the requirements for Standard 115.283.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with staff (Random and Specialized)

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2409-17 (PREA Data Collection and Review) addresses the requirements Standard 115.286.

Hope House would 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. The incident by policy, Sixth Judicial District, Department of Correctional Services Policy PREA 2409-17 and Standard 115.286 would occur within thirty (30) days of the conclusion of the investigation. The investigation was unfounded. Hope House met the requirements of Standard 115.286.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator/Investigator #1
4. Interview with Investigator #2

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2409-17 addresses the requirements of the standard. Hope House and the Sixth Judicial District, Department of Correctional Services collects data of all allegation of sexual abuse or sexual harassment. The data collected includes the requisite data to address questions on the Survey of Sexual Violence compiled by the Department of Justice. The Sixth Judicial District, Department of Correctional Services/ Hope House aggregates all data annually. The same data is reviewed at least annually. The Auditor reviewed the annual report of data collected from 1/1/2019 to 12/31/2019. The report was compiled and approved by the agency head on 4/17/2020. After corrective action, compliance with this standard was determined based on interviews with the Residential Supervisor, PREA Coordinator, Division Manager and Assistant Director and a review of policy and the most recent Sixth Judicial District, Department of Correctional Services, Annual PREA Report 2019. Hope House met the requirements of Standard 115.287.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with the Division Manager
6. Interview with the Assistant Director
7. Examination of the Sixth Judicial District, Department of Correctional Services, Annual PREA Report 2019

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2409-17 addresses the requirements of Standard 115.288. Hope House and the Sixth Judicial District, Department of Correctional Services collects data on all allegations of sexual abuse or sexual harassment. The data collected includes the requisite data to address questions contained in the Survey of Sexual Violence compiled by the Department of Justice. The Sixth Judicial District, Department of Correctional Services/Hope House aggregates all data annually as required in this standard. The agency's annual report is approved by the agency head and made readily available to the public through its website or through other means.

Policy PREA 2409-17 indicates that the facility (Hope House) shall review data collected and aggregate it 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.

The Auditor reviewed the Sixth Judicial District, Department of Correctional Services, Annual PREA Report 2019 completed and signed by the agency head on 4/17/20. The agency's annual report includes 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. Compliance with this standard was determined based on interviews with the Residential Supervisor, PREA Coordinator,

Division Manager, Assistant Director and a review of policy and the most recent annual report. Hope House met the requirements of Standard 115.288.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with the Division Manager
6. Interview with the Assistant Director
7. Examination of Sixth Judicial District, Department of Correctional Services, Annual PREA Report 2019

Corrective Action:

The annual PREA report was not completed in 2019. To correct the problem Hope House completed an annual PREA Report for 2019 in 2020. The 2019 report was approved on 4/2020. The PREA Coordinator provided the Auditor a copy of the report. The report must also be posted on the agency's website or through other means.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sixth Judicial District, Department of Correctional Services Policy PREA 2409-17 addresses the requirements of the standard. The PREA Coordinator confirmed during her interview that she reviews data compiled and issues a report to the Iowa Department of Corrections. The data is securely retained. Compliance with this standard was determined based on an interview with the PREA Coordinator and a review of policy and examining the most recent 2019 annual report. Hope House met the requirements of Standard 115.289.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Sixth Judicial District, Department of Correctional Services Policy PREA 2407-17 Sexual Misconduct with Offenders Community Confinement Standards (PREA Discipline)
3. Interview with the PREA Coordinator
4. Interview with the Residential Supervisor
5. Interview with the Division Manager
6. Interview with the Assistant Director
7. Examination of the annual report 2019

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has published on its agency website and made publicly available prior audit completed during the past three years preceding this audit.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Sonya Love

7/21/20

Auditor Signature

Date

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

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