

# PREA Facility Audit Report: Final

**Name of Facility:** North Central Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 06/22/2023

**Date Final Report Submitted:** 08/26/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 08/26/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	05/09/2023
<b>End Date of On-Site Audit:</b>	05/10/2023

FACILITY INFORMATION	
<b>Facility name:</b>	North Central Correctional Facility
<b>Facility physical address:</b>	313 Lanedale, Rockwell City, Iowa - 50579
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Dave Andersen
<b>Email Address:</b>	dave.andersen@iowa.gov
<b>Telephone Number:</b>	712-297-9307

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Kristofer Karberg
<b>Email Address:</b>	kristofer.karber@iowa.gov
<b>Telephone Number:</b>	712-297-7521

<b>Facility PREA Compliance Manager</b>
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<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Callie Babcock
<b>Email Address:</b>	callie.babcock@iowa.gov
<b>Telephone Number:</b>	712-297-7521

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	494
<b>Current population of facility:</b>	463
<b>Average daily population for the past 12 months:</b>	460
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-73
<b>Facility security levels/inmate custody levels:</b>	SD2/Minimum and Minimum-workout

<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	101
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	21
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	11

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Iowa Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	510 East 12th Street, Des Moines, Iowa - 50319
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Ariana Denhartog	<b>Email Address:</b>	ariana.denhartog@iowa.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>

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

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

**Number of standards exceeded:**

0

**Number of standards met:**

45

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-09
2. End date of the onsite portion of the audit:	2023-05-10

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	494
15. Average daily population for the past 12 months:	460
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	477
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	7
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	2

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>23</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The auditor confirmed through a review of high risk inmate housing assignments, housing assignments of inmates who reported sexual abuse and conversation with the PCM and additional staff.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>101</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>11</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>21</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>13</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The facility has six housing units. At least one inmate from each housing unit was interviewed. This included: four from A; two from B; six from C; six from DN; seven from DS and one from DLU.</p>



<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All 26 inmates interviewed were male. 20 were white, five were black and four were another race. Two were Hispanic and 24 were non-Hispanic. With regard to age, two were eighteen to 25; nine were 26-35; nine were 36-45; four were 46-55 and two were 56 and older. Further 23 were at the facility for less than a year, two were at the facility one to five years and one was at the facility six to ten years.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>16</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed risk screening documents, medical documents and spoke with medical staff.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed risk screening documents and spoke with medical and mental health care staff and LGB inmates.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>2</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed high risk lists and housing assignments, housing assignments for inmates who reported sexual abuse and spoke to the PCM.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Race, gender and ethnicity</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor conducted fourteen random staff interviews, four were from the 8am-4pm shift; four were from the 4pm-12am shift; four were from the 12am-8am shift and two were from the twelve hour shifts. With regard to the demographics of the random staff interviewed; thirteen were male and one was female. Thirteen of the staff interviewed were white and one was black. Thirteen were non-Hispanic and one was Hispanic. The rank of the staff interviewed included twelve Correctional Officers and two Captains.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>24</p>

<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Mailroom
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The on-site portion of the audit was conducted on May 9-10, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on May 9, 2023. The tour included all areas associated with NCCF to include; housing units, warehouse, intake, visitation, religious services, education, maintenance, food service, health services, recreation, industries, administration, front entrance and buildings outside the secure perimeter. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing areas and other factors as indicated in the appropriate standard findings.

The auditor observed a plethora of PREA information posted throughout the facility, including in each housing unit. Each housing unit had numerous PREA Posters that included information on zero tolerance and reporting mechanism. The posted PREA information included the Reporting Options Poster and numerous miscellaneous PREA Posters. The posted information advised of the methods to report including; verbally to any staff member, to the IDOC Inspector General's Office, via a kiosk message to specific staff, via a loved one and through external entities including CAASA, Iowa Victim Services and the Ombudsman's Office. Posted information ranged in size from very large to letter size paper. Posters were observed in English and Spanish and were located above the phones and on the walls. Victim advocacy information was observed in each housing unit through the Reporting Options Poster and the CAASA Brochure. The posted information contained both the contact number for CAASA and Iowa Victim Services. The CAASA Brochure also included the mailing address. All posted victim advocacy information was observed in

English near the phones and/or on the wall. The PREA Reporting Options Poster provided the phone numbers to CAASA and Iowa Victim Services, however the document had the numbers listed as those to contact as an outside reporting entity rather than for victim advocacy services. In addition to the posted information the auditor was advised information was available on the OffNet. The auditor had an incarcerated individual access the OffNet to illustrate what PREA information was accessible. The auditor viewed the PREA-01 (agency and facility), Staying Safe A Guide for Incarcerated Individual Conduct, CAASA Brochure and a Victim Advocacy Information Sheet. Additionally, the auditor was advised by incarcerated individuals that the PREA video is shown consistently on the movie channel. They also advised that the PREA information has been up for a while and that they knew about PREA and watched the video a bunch of times.

During the tour the auditor observed the PREA Third Party Poster in visitation and the front entrance. The PREA Third Party Poster was in English and Spanish and included the telephone number to the facility and the PCM's extension and it also included the agency website information.

During the tour the auditor confirmed that the facility follows the staffing plan. There appeared to be adequate staff for the inmate population. The auditor observed numerous staff completing rounds in the housing units and common areas. The auditor observed that once staff were inside the housing unit there was adequate lines of sight. The auditor did not observe any overcrowding. The auditor did not observe any blind spots based on the facility type, but did observe some areas that would benefit from cameras installation. These areas included the warehouse and maintenance. The auditor observed that the facility did have video monitoring in housing units and most work, program and common

areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Staff are able to monitor the cameras in each housing unit and are able to view/monitor any cameras in the facility remotely through any facility computer.

During the tour the auditor observed that most housing unit had rooms with a toilet and a sink. These rooms had a solid entrance door that provided adequate privacy. The showers in these housing units were single person with raised saloon style entrance doors. One housing unit had a communal style bathroom. Toilets were equipped with saloon style doors for privacy. Additionally, showers were single person and also had raised saloon style doors for privacy. A review of video monitoring technology confirmed there were no cross gender viewing concerns in the general population housing units. The auditor observed that the segregated housing unit cells were equipped with cameras. The auditor viewed the cameras and observed that the toilet was visible and thus created a cross gender viewing issue. During the on-site portion of the audit, the facility worked with their Office of Technology to alleviate the cross gender viewing issue. The auditor was provided confirmation on-site that the facility made adjustments to the cameras via a gray box over the toilet area. During the tour the auditor observed the cross gender light and buzzer mechanism. In each unit, the staff would flip a switch, which would make a buzzer like sound and a bright green light would come on. The light would remain on while the auditor was in the housing unit and be shut off upon departure. The staff would flip the switch immediately upon entry, which allowed for time, based on the physical structure of the housing units, for inmates to cover up. Informal conversation with inmates confirmed that they have privacy from female staff in the bathroom and shower area and that the buzzer system is routinely utilized for female staff.

Medical and mental health records are electronic in the ICON system. Medical and mental health records are only accessible to health care staff. The records staff confirmed that security staff do not have access to medical records. The auditor confirmed that security staff were not able to view medical and mental health records in ICON. Risk screening information is completed via paper, but all paper files are entered into the ICON system and then scanned into the ICON system. All paper files are disposed of after scanned. During the tour the auditor had a Correctional Officer attempt to access the risk screening information in ICON. The Correctional Officer was provided assistance in navigating to the risk screening section in ICON, as he was not aware of how to access the information. The auditor observed that the Correctional Office had access to the full risk assessment, to include responses. During the on-site portion of the audit, the facility staff immediately alleviated the risk screening access issue. OIT staff restricted the risk screening access in ICON to only those with a need to know. The auditor had a Correctional Officer attempt to access the risk screening information again after OIT completed their work. The Correctional Officer no longer had access to the risk screening information and did not have the PREA Assessment tab at all. Investigations are maintained in an electronic database. The database is only accessible to IGO staff and the facility investigators. Any paper investigative files are maintained in the Captain's Office, which is only accessible to the Captain.

During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides it to the facility electronically to approve or deny. If the mail is approved, the information is sent on a

postcard from the third party agency. The mailroom staff advised when they receive the third party postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it and read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to the Ombudsman's Office, CAASA and Iowa Victim Services is treated like legal mail. During the tour the auditor observed that housing units had a mailbox where kites, grievances and US mail can be placed.

The auditor observed the intake process through a demonstration by staff. All incarcerated individuals are provided the Health Services Rules for Offenders, which includes information on PREA. The document advises that there is a zero tolerance policy and that they can report sexual abuse or sexual harassment through the kiosk and verbally to staff. The document further advises that additional information on PREA will be provided at orientation. The document is available in English and Spanish.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed by mental health care staff in a private office setting. The staff utilize the 72 Hour PREA Transfer Screening

form. Staff ask questions of the incarcerated individual, including prior sexual victimization, gender identity, sexual preference and perception of vulnerability. The staff further review the individuals file and confirm that the auto-filled information is accurate. The auditor was also provided a demonstration of the reassessment process. Reassessments are completed by classification staff in a private office setting. Classification staff ask individuals if they feel safe (vulnerability), gender identity, sexual preference, prior sexual victimization and if they have any enemy concerns. The classification staff also ask the individual if they know how to report sexual abuse and remind them of the zero tolerance policy.

The auditor tested two internal reporting mechanisms during the tour. The auditor called the PCM's extension (listed on the posted information) from the dedicated staff line phones in a housing unit. The auditor reached a voicemail and left a message on May 9, 2023. On May 10, 2023 the auditor received an email from the PCM confirming that he received the voicemail. Additionally, the auditor had an incarcerated individual demonstrate the written (kiosk) reporting mechanism. The individual walked the auditor through the process on how to compose a message. The auditor had the individual complete a test message to the PCM on May 9, 2023. The auditor received confirmation, via an emailed copy of the kiosk message on May 10, 2023. The PCM confirmed he received the kiosk message and would handle appropriately if it was an allegation of sexual abuse.

Incarcerated individuals are able to contact the external reporting entity via phone or written correspondence. In order for the individual to call the Ombudsman's Office, the phone number has to be added to the individual's call list. The PC advised that the Ombudsman's Officer requested that

individuals be charged for calls to reduce the amount of frivolous calls they were receiving. On May 10, 2023 the auditor called the Ombudsman's Office via personal cell phone. A receptionist took the auditors information and advised she would open a case and have someone return the call. On May 12, 2023 the auditor received a call from the Ombudsman's Office advising that they accept reports of sexual abuse and sexual harassment from incarcerated individuals. The staff advised that once the information is received they get in touch with or forward a message to the Deputy Secretary. The Ombudsman's Office staff confirmed that incarcerated individuals are able to remain anonymous upon request and they can also send a letter to the office where they can remove the individual's contact information. The auditor further tested the written method of contacting the Ombudsman's Office. The auditor sent a letter from another IDOC facility on June 14, 2023. The auditor received confirmation via email on June 21, 2023 from a staff member at the Ombudsman's Office confirming that the letter was received.

During the tour the auditor asked a staff member to illustrate how they would document a verbal report of sexual abuse or sexual harassment. The staff advised that they would document a verbal report in an email to the Captain. The auditor confirmed that all staff have email access. The staff confirmed that they would also verbally report the information to the Captain. Staff indicated that after the Captain receives the emailed information, he/she would enter it into the Critical Incident Report database.

On May 10, 2023 the auditor sent an email to the agency email address to test the functionality of the third party reporting mechanism. The auditor received a response on May 10, 2023 from the PC confirming the email was received and that if a report of sexual abuse or sexual harassment was sent



it would be forwarded to the IGO to initiate an investigation.

The facility provides access to victim advocates through CAASA and Iowa Victim Services. The auditor attempted to contact CAASA on the number posted in the housing units. The call required a pin number and as such the auditor asked an incarcerated individual to assist with calling the number. The individual attempted to call CAASA using his pin, however he received a notification that the number was not on his approved call list. The auditor then attempted to contact the number posted for Iowa Victim Services. The call required a pin number and as such the auditor asked an incarcerated individual to assist with calling the number. The auditor was able to call with the pin number. The line had an automated message that advised that calls to the service were free and confidential and the line is available 24 hours a day. When the call connected the auditor reached a live staff member who advised that she would be able to provide emotional support services over the phone to any incarcerated individual. She further confirmed that they can provide accommodations for LEP and disabled individuals.

The auditor was provided a demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed during orientation. A staff member facilitates orientation, but two trained incarcerated individuals conduct the orientation. Incarcerated individuals watch the PREA What You Need to Know video. The video is available in English and Spanish. The video is shown on a 70 inch television with adequate audio. After the video concludes, staff go over reporting mechanisms (including to staff and family). Incarcerated individuals are provided a packet of PREA information and staff again go over reporting mechanisms and to be a voice for others by reporting things they see or are aware of. Incarcerated individuals then

sign a form acknowledging that they received the PREA education. The staff further indicated the PREA video is shown on a loop (English only) on the institutional channel.

The auditor utilized Language Link for an LEP inmate interview. The auditor called the provided number, entered the pin and access code and selected Spanish translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for.

### Documentation Sampling

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

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

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

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

Personnel and Training Files. The facility has 101 staff assigned. The auditor reviewed a random sample of 37 personnel and/or training records that included five staff hired within the previous twelve months, three staff promoted within the previous twelve months, three staff that were hired over five years, two contractors that were hired over five years, six contractors, four volunteers and four medical and mental health care staff.

Inmate Files. A total of 35 inmate files were reviewed. 32 were of inmates that arrived in the previous twelve months, four were of disabled inmates, three were of LEP inmates and ten were of those who reported prior victimization or were identified with prior sexual abusiveness.

Medical and Mental Health Records. The facility had eight sexual abuse and sexual harassment allegations reported in the previous twelve months. The auditor reviewed all available medical and mental health records related to the sexual abuse and sexual harassment investigations. Additionally, the auditor reviewed documentation for the ten inmates who disclosed prior sexual victimization or were identified with prior sexual abusiveness during the risk screening.

Grievances. The agency does not utilize the grievances process for sexual abuse and sexual harassment allegation. All sexual abuse grievances are immediately forwarded for investigation. The auditor reviewed the grievance log to confirm there were zero sexual abuse allegations reported via the grievance process.

Hotline Calls. The agency does not have a hotline for sexual abuse or sexual harassment allegations and therefore there were zero calls to a hotline.

Incident Reports. The facility does not complete incident reports. Information is documented via email. The supervisor completes an incident report in the investigative database related to the information. The auditor reviewed all documentation related to allegations of sexual abuse and sexual harassment during the previous twelve months.

Investigation Files. There were eight sexual abuse and sexual harassment allegations reported during the previous twelve months. The auditor reviewed all eight investigations. Additionally, there were three substantiated sexual abuse or sexual harassment investigations since 2020. The auditor reviewed all three investigations.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	4	0	5	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	5	0	5	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	3	0	3	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	2	2	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	3	2	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	2	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	2	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	6
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	There were zero staff on inmate sexual harassment allegations during the previous twelve months.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li>   <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li>   <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-01 – Incarcerated Individual PREA Information</li> <li>3. PREA-01 (NCCF) - Incarcerated Individual PREA Information</li> <li>4. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>5. PREA-02 (NCCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>6. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>7. PREA-03 (NCCF) - Staff Response to Incarcerated Individual-on-Incarcerated</li> </ol>

Individual Sexual Violence or Retaliation

8. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance
9. PREA-04 (NCCF) - Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance
10. AD-GA-13 – Administration & Management
11. IS-CL-09 – Interstate Corrections Compact Transfer for Prison
12. AD-PR-03 – Review of Staff Requirements
13. IO-SC-01 – Management of the Security Program
14. IS-CL-07 – Youthful Incarcerated Individuals
15. IO-SC-18 – Searches
16. IO-SC-17 – Cross Gender Supervision
17. IS-RO-02 – Incarcerated Individual Intake and Orientation
18. Chapter 28E, Code of Iowa (2017)
19. AD-PR-05 – Employee Selection
20. AD-PR-07 – Background Checks for Applicants and Current Employees
21. AD-PR-11 – Iowa Department of Corrections General Rules of Employee Conduct
22. AD-GA-01 – Agreements and Contracts
23. Agency Table of Organization
24. Facility Table of Organization

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it

operates directly or under contract. The PAQ stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It further stated that the policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Additionally, the PAQ indicated that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. PREA-01, PREA-02, PREA-03 and PREA-04 outline the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. PREA-01 (page 1), PREA-02 (page 2) and PREA-03 (pages 1-2) state that the IDOC has a zero tolerance position for sexual abuse and sexual harassment of all incarcerated individuals under correctional supervision whether in institutional, residential, parole, probation and work release status. Each policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment (PREA-01 pages 2-4 and 6-7, PREA-02 pages 3-6 and PREA-03 pages 3-5). The policies also include sanctions for those found to have participated in prohibited behaviors (PREA-01 pages 6-7 and PREA-02 pages 20-21). The facility has adopted all PREA policies and have facility level policies [PREA-01 through PREA-04 (NCCF)] that mirror the agency policies but have additional facility specific information. The agency and facility policies outline the agency/facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. In addition to the PREA policies (agency and facility), the agency has numerous other policies that address portions of the sexual abuse prevention, detection and response strategies. The policies include: AD-GA-13, IS-CL-09, AD-PR-03, IO-SC-01, IS-CL-07, IO-SC-18, IO-SC-17, IS-RO-02, Chapter 28E, Code of Iowa (2017), AD-PR-05, AD-PR-07, AD-PR-11 and AD-GA-01. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PREA Compliance Managers, training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and inmate discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency and facility's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PAQ stated that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ did not indicate the position of PREA Coordinator within the agency, however it did state the PC reports directly to the Deputy Director. PREA-01 (page 5) and PREA-04 (page 6) state the Deputy Director of Institution Operations/Designee

shall serve as IDOC's PREA Coordinator and shall be responsible to develop, implement and oversee IDOC efforts to comply with the requirements of the PREA standards. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The organizational chart confirms that the PC reports to the Deputy Director of Prison Operations who reports to the Director. The interview with the PC indicated that she has enough time to manage all of her PREA related responsibilities. She stated that each facility has a few PREA Compliance Managers and that she has quarterly meetings with the PCMs. She also stated she communicates with them via email and phone calls and that they reach out to her if they have any questions or concerns. The PC stated that if she identifies an issue complying with a PREA standard she communicates with the PCMs and works with them at the local level to resolve any issues. She stated she then would work on the agency level to ensure the issues are addressed and resolved. The PC indicated she makes sure she is available to assist with whatever is needed.

115.11 (c): The PAQ indicated the position of the PCM at the facility is the Treatment Services Director and the position reports to the Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. PREA-01 (page 5) and PREA-04 (page 6) state each IDOC institution shall designate a PREA Compliance Manager/PREA Coordinator with sufficient time and authority to coordinate the institutions efforts to comply with the PREA standards. A review of the facility's table of organization confirms that the Treatment Services Director (who is responsible for PREA) reports to the Deputy Warden. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's effort to comply with PREA. He stated that his role involves ensuring policies are up to date. He also stated he ensures that when things come from Central Office related to procedures, changes are implemented at the facility level. He further stated that his role also includes conducting rounds to check on PREA compliance at the facility. The PCM indicated if he identifies an issue complying with a PREA standard he determines the cause and then takes action such as training, procedural changes, policy change, etc.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, PREA-04, PREA-01 (NCCF), PREA-02 (NCCF), PREA-03 (NCCF), PREA-04 (NCCF), AD-GA-13, IS-CL-09, AD-PR-03, IO-SC-01, IS-CL-07, IO-SC-18, IO-SC-17, IS-RO-02, Chapter 28E, Code of Iowa (2017), AD-PR-05, AD-PR-07, AD-PR-11 and AD-GA-0, the agency's table of organizational, the facility's table of organizational and information from interviews with the PC and PCM, this standard appears to be compliant.

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

1. Pre-Audit Questionnaire
2. AD-GA-13 - Administration & Management
3. IS-CL-09 - Interstate Corrections Compact Transfer for Prison

### Interviews:

1. Interview with the Agency's Contract Administrator

### Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has not entered into or renewed a contracts for the confinement of inmates since the last PREA audit. AD-GA-13 (page 3) and IS-CL-09 (page 9) state that when IDOC contracts for the confinement of IDOC offenders with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with PREA standards. Policies further state that any new contract or contract renewal shall provide for IDOC contract monitoring to ensure the entity is complying with the PREA standards.

115.12 (b): The PAQ indicated that this provision does not apply as the agency has not entered into or renewed contracts for confinement of inmates. AD-GA-13 (page 3) and IS-CL-09 (page 9) state that when IDOC contracts for the confinement of IDOC offenders with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with PREA standards. Policies further state that any new contract or contract renewal shall provide for IDOC contract monitoring to ensure the entity is complying with the PREA standards. The interview with the Agency Contract Administrator indicated that the agency has language within their contracts that require other agencies/states to adopt and comply with the PREA standards. The Agency Contract Administrator advised that they have been updating contract language over the previous few years. She indicated they have 33 contractors for interstate compact but most of these contracts are from 1980. She did state they have one new agreement that was entered into in the last year. The Agency Contract Administrator stated that they do not monitor contracts or ask for any information from the other states related to PREA compliance/audits.



Based on the review of the PAQ, AD-GA-13, IS-CL-09 and information from the interview with the Agency Contract Administrator, this standard appears to require corrective action. The interview with the Agency Contract Administrator indicated that the agency has language within their contracts that require other agencies/states to adopt and comply with the PREA standards. The Agency Contract Administrator advised that they have been updating contract language over the previous few years. She indicated they have 33 contractors for interstate compact but most of these contracts are from 1980. She did state they have one new agreement that was entered into in the last year. The Agency Contract Administrator stated that they do not monitor contracts or ask for any information from the other states related to PREA compliance/audits.

#### Corrective Action

The agency will need to provide the contracts that was entered into/renewed within the previous year. The agency will also need to develop a process to monitor the contracts with the states that they have updated/renewed (since 2013) agreements. The agency will need to provide a process memo to the auditor on how this will be accomplished and provide confirmation of this process for all current contracts/agreements.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Interstate Compact Agreements
2. Process Email from Agency Contract Administrator
3. Interstate Compact Agreement Compliance Emails

On June 11, 2023 the Agency Contract Administrator provided copies of the agency's most recent interstate compact agreements. The Agency Contract Administrator established a procedure for monitoring interstate compact agreements. She provided a document that outlined all the state contracts and email responses from each state

confirming their compliance with PREA. She also indicated that they will check the PREA Resource Center website to monitor state compliance as well. The Agency Contract Administrator confirmed this would be the annual process moving forward.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

### **115.13 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

#### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. AD-PR-03 - Review of Staff Requirements
3. IO-SC-01 - Management of the Security Program
4. PREA Staffing Plan
5. PREA Staffing Plan Review
6. Daily Staffing Rosters
7. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden Designee
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. AD-PR-03, page 3 states IDOC shall ensure that each facility it operates develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect incarcerated individuals against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted detention and correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the incarcerated individual population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the staffing plan is predicated on 512 inmates. A review of the staffing plan indicates that it includes the facility staffing by unit/area as it relates to physical plant, inmate population, programs, education and other movement, video monitoring by area/unit, other factors/consideration and any recommendations. The staffing plan notes that the required elements under this provision were/are considered in creation and modification. The facility employs 101 staff. Security staff mainly make up three shifts; 8am-4pm, 4pm-12am and 12am-8am. Each shift has a Supervisor and numerous Correctional Officers. Staff are assigned to many areas around the facility, including housing units, work/program/education buildings, visitation, yard and as rovers across zones of the facility. During the tour the auditor confirmed that the facility follows the staffing plan. There appeared to be adequate staff for the inmate population. The auditor observed numerous staff completing rounds in the housing units and common areas. The auditor observed that once staff were inside the housing unit there was adequate lines of sight. The auditor did not observe any overcrowding. The auditor did not observed any blind spots based on the facility type, but did observe some areas that would benefit from cameras installation. These areas included the warehouse and maintenance. The auditor observed that the facility did have video monitoring in housing units and most work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Staff are able to monitor the cameras in each housing unit and are able to view/monitor any cameras in the facility remotely through any facility computer. Informal conversation with inmates indicated that staff make rounds all day and the Captain is always walking around the facility. A few inmates advised that they felt they did not have space in their rooms. The interview with the Warden Designee confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse. He stated the staffing plan

establishes minimum staffing levels for units and considers each incarcerated individual in each unit. The Warden Designee confirmed that video monitoring is part of the staffing plan and that the staffing plan is documented. The Warden Designee further confirmed that the staffing plan considers all factors required under this provision. He indicated that first and foremost they look at the living units and the population of the units when developing and modifying the staffing plan. He stated they consider blind spots and camera coverage and that when incidents arise they complete a review to determine if staffing was adequate. The Warden Designee further stated that supervisors are on each shift and are required to make rounds. Staffing at the facility is based on minimum security incarcerated individuals and there are more staff on the day shifts when programming and movement occur. The Warden Designee stated the facility maintains the minimum staffing standard and documents staffing on daily rosters. He indicated he monitors compliance with the staffing plan through the daily rosters as well as through the annual staffing plan review. The PCM confirmed that all required components under this provision are included in the development and review process of the staffing plan. He stated they look at all areas of the facility where inmates are housed and have access and they review staffing and camera coverage in those areas. He stated they review whether there is more staff needed or more rounds needed. He confirmed that the staffing plan is based on minimum security inmates and that they include additional staffing on the intake housing units rather than the honor dorms due to inmate population. The PCM confirmed there are supervisors on each shift and that day shift has multiple supervisors as well as additional staff due to programs and inmate movement.

115.13 (b): The PAQ indicated that there have been no deviations from the staffing plan and this provision is not applicable. AD-PR-03, page 4 states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. These documented deviations and justifications shall be sent to the Deputy Director of Institution Operations for review. The interview with the Warden Designee indicated that any deviations from the staffing plan would be documented. He stated that they would document any deviations on the shift roster and that an email would be sent related to the deviation as well. He further indicated that they maintain the minimum staffing standards and that they use overtime to fill any of the minimum staffing positions. A review of shift rosters indicated that the facility has a staffing plan that requires for posts to be filled daily and cannot be deviated. There are also posts that can be pulled. The form has a section to document leave, training and other absences.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/ agency resources to commit to the staffing plan to ensure compliance with the staffing plan. AD-PR-03, page 4 states that whenever necessary, but no less frequently than once each year, for each facility the IDOC operates, in consultation

with the PREA Coordinator required by 115.15, the IDOC shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to paragraph (a) of this section; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on April 19, 2023 by facility staff. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included the facility staffing by unit/area as it relates to physical plant, inmate population, programs, education and other movement, video monitoring by area/unit, other factors/consideration and any recommendations. While the staffing plan was reviewed, the review did not document that it included input from the PC. The facility provided one additional staffing plan review from 2020, however this review was also inadequate. The PC confirmed that she is consulted regarding each facility's staffing plan. She stated she has only been consulted on one staffing plan review because she is new but she plans to be consulted annually.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ stated that the facility documents the unannounced rounds and that the unannounced rounds cover all shifts. The PAQ further indicated that the facility prohibits staff from alerting other staff of the conduct of such rounds. IO-SC-01, page 2 states that the Shift Supervisor or designated alternate supervisor, shall tour every main living unit of the institution at least once each shift. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The policy further states that each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shift as well as day shifts. The facility provided two days of unannounced rounds in the supplemental documentation illustrating Duty Warden level (Warden, Associate Warden, etc.) staff unannounced rounds. A review of PAQ supplemental documentation indicated that higher level supervisors made unannounced rounds in housing units across all shifts on numerous dates in January, February and March, 2023. The auditor requested unannounced rounds for five days over the previous twelve months. The facility provided documentation confirming that intermediate level or higher level supervisors make unannounced rounds on each shift across each housing unit. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The staff stated they utilize the PDAs and that when they scan the QR codes at the associated points. The staff advised that staff do not know when they are making rounds and that they go at different times. One staff stated he splits up his rounds and does half

at one time and the other half another time. The other staff member stated he does not go to the same locations or have a set pattern for rounds.

Based on a review of the PAQ, AD-PR-03, IO-SC-01, the PREA Staffing Plan, PREA Staffing Plan Review, daily staffing rosters, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden Designee and intermediate-level or higher-level staff, this standard appears to require corrective action. The staffing plan review included the facility staffing by unit/area as it relates to physical plant, inmate population, programs, education and other movement, video monitoring by area/unit, other factors/consideration and any recommendations. While the staffing plan was reviewed, the review did not document that it included input from the PC. The facility provided one additional staffing plan review from 2020, however this review was also inadequate.

#### Corrective Action

The facility will need to provide documentation confirming the PC was involved in the annual staffing plan review. If this documentation is unavailable, the facility will need to conduct a review during the corrective action period and include the PC in the review. Documentation will need to be provided to the auditor.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Assurance Memorandum
2. Annual Staffing Plan Review With PREA Coordinator

On June 26, 2023 the facility provided an assurance memo indicating that the PREA Coordinator will be part of the annual staffing plan review moving forward. On July 24, 2023 the facility provided a revised 2022 annual staffing plan review that included the PREA Coordinator.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Demographics Report</li> </ol> <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that the facility prohibit placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates.</p> <p>115.14 (b): The PAQ indicated that the facility does not maintain sight, sound, and physical separation between youthful inmates and adult inmates in areas outside housing units. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates.</p> <p>115.14 (c): The PAQ indicated that the facility does not document the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates.</p> <p>Based on a review of the PAQ and the demographics report, this standard appears to</p>

be not applicable and as such, compliant.

**115.15 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. IO-SC-18 - Searches
3. IO-SC-17 - Cross Gender Supervision
4. PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches
5. Contraband and Searches Training Curriculum
6. Staff Training Records
7. Assurance Memorandum Related to Transgender Searches

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Privacy Barriers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. IO-SC-18, page 5 states unclothed searches shall be conducted by staff of the same gender as the



incarcerated individual being searched or gender identified per HSP-704 unless search procedures are otherwise outlined in the treatment plan. Staff of the opposite sex may perform an unclothed body search and visual body search, in exigent circumstances. Page 8 further states that manual or instrument inspection of an incarcerated individual's body cavities shall be done by a medical practitioner. A review of the Contraband and Searches Training Curriculum confirmed that it states strip searches are always performed by a staff member of the same sex as the individual being searched. The only exception to this would be in an extreme emergency. It further states that unclothed or "strip" searches shall be conducted by staff of the same gender or gender as identified per HSP-704.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ stated the facility does not house female inmates and as such zero pat-down searches of female inmates that were conducted by male staff. IO-SC-18, page 5 states that pat searches of female incarcerated individuals as well as those patients identified as female per HSP-704 may be conducted only by female employees unless otherwise identified in the treatment plan or there is substantial reason for an immediate search and no qualified female employee is available. The Contraband and Searches Training Curriculum indicates that pat searches of female individuals or those identified as female per HSP-704 shall be conducted only by female employees unless there is a substantial reason for an immediate search and no qualified female employee is available. It further states that cross-gender pat searches of female individuals or those identified as female per HSP-704 must be documented in accordance with specific institutional procedures. The facility does not house female inmates and there were zero transgender female inmates at the facility during the on-site portion of the audit or during the audit period. The facility provided an assurance memo that no transgender female incarcerated individuals were searched by male staff during the audit period.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female inmates be documented. The PAQ further indicated that the facility does not house female. IO-SC-18, page 6 states that unclothed body cavity searches shall be documented with the reason for the opposite sex search by memorandum and forwarded to the Warden through the Associate Warden of Security. Page 9 states that body cavity searches shall be fully documented with a copy of the authorization from the Warden kept in the incarcerated individual's file. Page 2 further states that all emergent cross gender pat searches of female incarcerated individuals shall be documented by memo to the Associate Warden of Security and the Warden or otherwise documented in accordance with a specific institutional procedures. The facility does not house female inmates and there were

zero transgender female inmates at the facility during the on-site portion of the audit or during the audit period. The facility provided an assurance memo that no transgender female incarcerated individuals were searched by male staff during the audit period.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ stated that the facility rings a bell when the supervision on the pod changes from male to female. IO-SC-17, page 2 indicates that staff shall exercise discretion when incarcerated individuals are using the toilet facilities. The facility shall implement procedures that enable incarcerated individuals to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Page 3 states that incarcerated individuals shall be made aware of the fact that staff of the opposite gender will be present on the housing unit. Each housing unit shall be required to prominently post notices of this fact in multiple locations throughout the housing unit including the bulletin boards. The notice shall also inform incarcerated individuals of the use of a distinct buzzer, bell or other noisemaking device that indicates a person of the opposite gender is newly entering the living unit. Policy further states that all persons of the opposite gender entering a housing unit between 6:00am and 10:00pm shall press a distinct buzzer, bell or other noisemaking device that indicates the person is newly entering the unit. During the tour the auditor observed that most housing unit had rooms with a toilet and a sink. These rooms had a solid entrance door that provided adequate privacy. The showers in these housing units were single person with raised saloon style entrance doors. One housing unit had a communal style bathroom. Toilets were equipped with saloon style doors for privacy. Additionally, showers were single person and also had raised saloon style doors for privacy. A review of video monitoring technology confirmed there were no cross gender viewing concerns in the general population housing units. The auditor observed that the segregated housing unit cells were equipped with cameras. The auditor viewed the cameras and observed that the toilet was visible and thus created a cross gender viewing issue. During the on-site portion of the audit, the facility worked with their Office of Technology to alleviate the cross gender viewing issue. The auditor was provided confirmation on-site that the facility made adjustments to the cameras via a gray box over the toilet area. During the tour the auditor observed the cross gender light and buzzer mechanism. In each unit, the staff would flip a switch, which would make a buzzer like sound and a bright green light would come on. The light would remain on while the auditor was in the housing unit and be shut off upon departure. The staff would flip the switch immediately upon entry, which allowed for time, based on the physical structure of the housing units, for inmates to cover up. Informal conversation with

inmates confirmed that they have privacy from female staff in the bathroom and shower area and that the buzzer system is routinely utilized for female staff. Interviews with fourteen staff confirmed that inmates have privacy when showering, using the restroom and changing their clothes. All fourteen staff further stated that staff of the opposite gender announce prior to entering housing units through the light and buzzer system during the day and verbal announcement at night. Interviews with 26 inmates indicated 25 have privacy when showering, using the restroom and changing their clothes. 24 of the 26 also stated that staff of the opposite gender announce prior to entering the housing units through the buzzer and green light system.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and zero searches of this nature occurred in the past twelve months. IO-SC-17, page 2 states that institutional security staff shall not search or physically examine a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. If the incarcerated individual's genital status is unknown, it may be determined during conversation, or if necessary, by learning the information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with fourteen random staff indicated thirteen were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. There were zero transgender inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.15 (f): The 2023 PREA Training includes a section on cross gender and transgender searches. Staff watch the PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches. The PAQ indicated 100% of staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Interviews with fourteen random staff indicated thirteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. A review of twelve security staff training records confirmed that all twelve had completed the PREA Guidance on Cross-Gender and Transgender Pat Searches.

Based on a review of the PAQ, IO-SC-17, IO-SC-18, PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches, the Contraband and Searches Training Curriculum, staff training records, the memo related to transgender searches, observations made during the tour and information from interviews with random staff and random inmates indicates this standard appears to be corrected and as such compliant.

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IS-RO-02 - Incarcerated Individual Intake and Orientation</li> <li>3. PREA-01 - Incarcerated Individual PREA Information</li> <li>4. CTS Language Link Information</li> <li>5. Staying Safe A Guide for Incarcerated Individual Conduct</li> <li>6. PREA Posters</li> <li>7. PREA Reporting Options Poster</li> <li>8. PREA Handout</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with Inmates with Disabilities</li> <li>3. Interview with LEP Inmates</li> <li>4. Interview with Random Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of PREA Posters</li> </ol> <p>Findings (By Provision):</p> <p>115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. IS-RO-02, page 6 states IDOC shall take appropriate steps to ensure that</p>

incarcerated individuals with disabilities (including, for example, incarcerated individuals 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 IDOC's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Policy further states that such steps shall include, when necessary to ensure effective communication with incarcerated individuals who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using necessary specialized vocabulary. In addition, IDOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with incarcerated individuals with disabilities, including incarcerated individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A review of the PREA Posters and the Staying Safe A Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. The PREA Reporting Options Poster is available in English in adequate size font. Additionally, the PREA Handout is available in Braille. A review of the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in both English and Spanish. The facility utilizes Language Link to provide translation services. Part of the translation service includes video translation with American Sign Language. The auditor confirmed through a review of documentation that this service is available for use when needed. The interview with the Agency Head confirmed that the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient 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. She stated the IDOC provides incarcerated individuals with education in accessible formats. She indicated they have policies and procedures in English and Spanish and that they have a translation service available for use when necessary. Interviews with three disabled inmates and two LEP inmates indicated that all five were provided information in a format that they could understand. During the tour the auditor observed a plethora of PREA information posted throughout the facility, including in each housing unit. Each housing unit had numerous PREA Posters that included information on zero tolerance and reporting mechanism. The posted PREA information included the Reporting Options Poster and numerous miscellaneous PREA Posters. Posted information ranged in size from very large to letter size paper. Posters were observed in English and Spanish and were located above the phones and on the walls. Victim advocacy information was observed in each housing unit through the Reporting Options Poster and the CAASA Brochure. All posted victim advocacy information was observed in English near the phones and/or on the wall. In addition to the posted information the auditor was advised information was available on the OffNet. The auditor had an incarcerated individual access the OffNet to illustrate what PREA information was accessible. The auditor viewed the PREA-01 (agency and facility), Staying Safe A Guide for Incarcerated Individual Conduct, CAASA Brochure and a Victim Advocacy Information

Sheet. PREA-01 and the Staying Safe A Guide for Incarcerated Individual Conduct were observed to be available in both English and Spanish.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IS-RO-02, page 6 states the IDOC shall take reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual assault, sexual abuse, and sexual harassment to incarcerated individuals who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. A review of the PREA Posters and the Staying Safe A Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. A review of the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in English and Spanish. The facility utilizes Language Link to provide translation services. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The facility has an account number they provide and the option to have a third party call if the individual is not in the same room as the staff member needing interpretation. The auditor utilized Language Link for an LEP inmate interview. The auditor called the provided number, entered the pin and access code and selected Spanish translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for. Interviews with three disabled inmates and two LEP inmates indicated that all five were provided information in a format that they could understand. During the tour the auditor observed a plethora of PREA information posted throughout the facility, including in each housing unit. Each housing unit had numerous PREA Posters that included information on zero tolerance and reporting mechanism. The posted PREA information included the Reporting Options Poster and numerous miscellaneous PREA Posters. Posted information ranged in size from very large to letter size paper. Posters were observed in English and Spanish and were located above the phones and on the walls. Victim advocacy information was observed in each housing unit through the Reporting Options Poster and the CAASA Brochure. All posted victim advocacy information was observed in English near the phones and/or on the wall. In addition to the posted information the auditor was advised information was available on the OffNet. The auditor had an incarcerated individual access the OffNet to illustrate what PREA information was accessible. The auditor viewed the PREA-01 (agency and facility), Staying Safe A Guide for Incarcerated Individual Conduct, CAASA Brochure and a Victim Advocacy Information Sheet. PREA-01 and the Staying Safe A Guide for Incarcerated Individual Conduct were observed to be available in both English and

Spanish.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. It indicated that the agency or facility does not document the limited circumstances in individual cases where inmate interpreters, readers or other types of inmate assistants are used as they would never utilize another offender. The PAQ further stated that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. IS-RO-02, page 7 states that IDOC shall not rely on incarcerated individuals interpreters, incarcerated individual readers, or other types of incarcerated individuals assistants except in limited circumstances where an extended delay in obtaining an effective interpret could compromise the incarcerated individual's safety, the performance of first-response duties or the investigation of the incarcerated individual's allegations. Interviews with fourteen random staff indicated that eight were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations. Most indicated that while they were unsure if there was a policy they would never use another inmate for these purposes. Interviews with three disabled inmates and two LEP inmates indicated that all five had received information in a format that they could understand. One LEP inmate stated that he had information translated to him over the phone, similar to what was utilized by the auditor. The other LEP inmate indicated that he has other inmates that are his friends and they help him understand anything he has trouble with at the facility.

Based on a review of the PAQ, IS-RO-02, PREA-01 (Spanish), CTS Language Link, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Posters, the PREA Reporting Options Poster, the PREA Handout, observations made during the tour as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility provide training to all staff on the prohibition of the use of inmate interpreters, readers and assistants. The auditor recommends that during the training all staff be advised of the available resources, to include CTS Language Link, to provide accommodations and accessible services. Further the auditor recommends that the facility have all documents translated into Spanish, including the PREA Reporting Options Poster.

**115.17 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Chapter 28E, Code of Iowa (2017)
3. AD-PR-05 - Employee Selection
4. AD-PR-07 - Background Checks for Applicants and Current Employees
5. AD-GA-13 - Agreements and Contracts
6. Attachment F-1
7. Personnel Files of Staff
8. Contractor Background Files

Documents Received During the Interim Report:

1. Five Year Criminal Background Check Tracking Sheet
2. Assurance Memorandum
3. Updated Current Contractor List with Criminal Background Record Checks
4. Compelted Attachment F-1s

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or



implied threats of force or coercion. AD-PR-05, page 3 states that the institution shall not hire or promote anyone who may have contact with incarcerated individuals, 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); 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; or has been civilly or administratively adjudicated to have engaged 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. AD-GA-13, pages 3-4 state that the IDOC shall enlist the services of any contractor who may have contact with offenders, who has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; 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; or has been civilly or administratively adjudicated to have engaged 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. A review of AD-PR-07, Attachment F-1 indicated that staff complete an application and the application has the following questions: have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual activity in the community that was 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?; have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution?; and "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". A review of personnel files for five staff who were hired in the previous twelve months confirmed that all five had a criminal background records check completed. A review of the updated contractor training list confirmed that all current contractors had a criminal background records check completed prior to hire.

115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. AD-PR-05, page 4 states the institution shall consider any incident of sexual harassment in determining whether to hire or promote anyone, who may have contact with incarcerated individuals. AD-GA-13, page 4 states IDOC shall consider any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with offenders. The interview with Human Resource staff confirmed that sexual harassment is considered when hiring and/or promoting staff or enlisting the services of any contractor.

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. AD-PR-05, page 4 states before hiring new employees who may have contact with incarcerated individuals, the institution shall: perform a criminal background records check in accordance with AD-PR-07, and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. AD-PR-07, pages 3-5 state that candidates shall be advised that as a condition of employment IDOC background checks will be done, at minimum, on fingerprints, past employment and National Crime Information Center (NCIC) records. A review of the Final Applicant Pre-Hire Checklist indicates that it includes a section for the NCIC records check date, the previous institution employers reference check, any prior sexual harassment information and fingerprints. The previous institution employers reference check includes two questions: whether the applicant was ever convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual violence, sexual harassment or sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent and if the applicant had any substantiated allegations or resigned during a pending investigation of an allegation of sexual violence or sexual harassment. The PAQ indicated 23 people who were hired in the past twelve months that may have contact with inmates had a criminal background records check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. One of the five had worked within the IDOC previously and the agency conducted a check of internal records. No other prior institutional employment was observed on the five new hire applications. The interview with Human Resource staff confirmed that all new employees have a criminal background records check completed prior to hire. She also confirmed that prior institutional employers are contacted related to incidents/allegations of sexual abuse.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated there have been two contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. AD-GA-13, page 4 states IDOC shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. A review of the updated contractor training list confirmed that all current contractors had a criminal background records check completed prior to hire. The Human Resource staff confirmed that a criminal background records check is completed before enlisting the services of any contractor.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. AD-PR-07, page 4 states the institution shall either conduct criminal background records checks at least every five years of current employees who may have contact with incarcerated individuals or have in place a system for otherwise capturing such information for current employees. AD-GA-13, page 4 states that IDOC shall conduct criminal background records checks at least every five years of contractors who may have contact with offenders. The auditor requested documentation for two contractors hired over five years ago and three staff hired over five years ago. The facility provided dates when the criminal background checks were completed, however no documentation confirming these dates were provided. The facility indicated that they were not tracking the five year background checks appropriately. During the interim report period the facility created a tracking spreadsheet that included the staff members date of hire as well as columns for numerous five year background checks. The facility provided the tracking spreadsheet with all staff and dates confirming they all had a recent criminal background records check completed in 2023. Further the facility advised that contractors have a background check prior to hire and that once their current project is completed they are removed from the list and require a criminal background records check again prior to any other project. The facility provided the most current contractor list and confirmed all had a criminal background records check completed in 2022 or 2023. The interview with Human Resource staff indicated the facility conducts criminal background record checks at least every five years for current employees and contractors. She stated the agency utilizes the NCIC system and that she completed the last round of background checks in 2017. She stated she puts a reminder in her calendar to complete the five year background checks. She indicated they print a list of staff and then complete the background checks.

115.17 (f): AD-PR-05, page 4 states that the institution shall ask all applicants and employees who may have contact with incarcerated individuals directly about previous misconduct described in paragraph (1) above about of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Policy further states that the institution shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of AD-PR-07, Attachment F-1 indicated that staff complete an application and the application has the following questions: have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual activity in the community that was 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?; have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility,

juvenile facility or other institution?; and “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?”. A review of personnel files for five staff who were hired in the previous twelve months confirmed that all five had a criminal background records check completed. A review of personnel files for five staff who were hired in the previous twelve months and three staff who were promoted indicated none had completed the appropriate Attachment F-1. The documents provided were only authority of release documents and did not include any information related to the questions in this provision. During the interim report period the facility located the appropriate Attachment F-1 form and provided it to the Human Resource staff member. The staff member was advised to utilize the updated Attachment F-1 form. The facility had one staff member hired during the interim report period. The staff member completed the appropriate Attachment F-1 form prior to hire. Additionally, the facility had all recent new hires go back and complete the appropriate Attachment F-1 form. The Human Resource staff stated applicants are asked the questions through the interview questionnaire form. She stated all staff are required to fill out the form (new hires and those up for promotion). The Human Resource staff further confirmed that the agency imposes a continuing affirmative duty to disclose any previous misconduct.

115.17 (g): The PAQ indicates that agency policy states that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. AD-PR-05, page 5 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy further states that adverse outcome results from the above shall be reviewed and documented by the Warden. If any conditions above are met, an offer of employment shall not be made.

115.17 (h): AD-PR-05, page 5 states that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual violence involving a former employee upon receiving a request from an institutional employer for whom such employee has applied work. The request must include permission to release such information signed by the former employee. The interview with the Human Resource staff confirmed that the facility would provide information related to substantiated sexual abuse and sexual harassment to institutional employers when requested.

Based on a review of the PAQ, Chapter 28E, AD-PR-05, AD-PR-11, AD-GA-13, Attachment F-1, a review of personnel files for staff and contractors, the updated Attachment F-1 and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. The auditor requested documentation for two contractors hired over five years ago and three staff hired over five years ago. The facility provided dates when the criminal background checks were completed, however no documentation confirming these dates were provided. The facility indicated that they were not tracking the five year background

checks appropriately. The interview with Human Resource staff indicated the facility conducts criminal background record checks at least every five years for current employees and contractors. She stated the agency utilizes the NCIC system and that she completed the last round of background checks in 2017. During the interim report period the facility created a tracking spreadsheet that included the staff members date of hire as well as columns for numerous five year background checks. The facility provided the tracking spreadsheet with all staff and dates confirming they all had a recent criminal background records check completed in 2023. Further the facility advised that contractors have a background check prior to hire and that once their current project is completed they are removed from the list and require a criminal background records check again prior to any other project. The facility provided the most current contractor list and confirmed all had a criminal background records check completed in 2022 or 2023. A review of personnel files for five staff who were hired in the previous twelve months and three staff who were promoted indicated none had completed the appropriate Attachment F-1. The documents provided were only authority of release documents and did not include any information related to the questions in this provision. During the interim report period the facility located the appropriate Attachment F-1 form and provided it to the Human Resource staff member. The staff member was advised to utilize the updated Attachment F-1 form. The facility had one staff member hired during the interim report period. The staff member completed the appropriate Attachment F-1 form prior to hire. Additionally, the facility had all recent new hires go back and complete the appropriate Attachment F-1 form.

#### Corrective Action

The facility will need to provide training documents with appropriate staff related to the five year background check requirement and tracking spreadsheet. A copy of the training will need to be provided to the auditor. The facility will also need to provide additional examples of Attachment F-1 utilized prior to hire and prior to promotion.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Staff Training

	<p>2. Completed Attachment F-1s</p> <p>On June 26, 2023 the facility provided a training email with the Human Resource Staff related to the five year background check tracking spreadsheet utilization. On July 31, 2023 the facility provided documentation for three new hires. All three had completed the Attachment F-1 prior to hire. The facility did not have any promotions during the corrective action period. Based on the use of the appropriate form for new hires the auditor determined the appropriate form will be utilized when the facility has promotions.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Camera Location Listing</li> <li>3. Camera Maps</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Warden Designee</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Any Modifications</li> <li>2. Observations of Video Monitoring Technology</li> </ol>

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head indicated that when designing, acquiring, or planning substantial modifications to facilities, the agency considers the effects of such changes on its ability to protect inmates from sexual abuse. She stated that the agency works with IDOC executives and the PREA Coordinator to get input. The Agency Head further stated that everyone will assist with deciding on modifications and ensuring the incarcerated individuals' safety related to the modifications. The interview with the Warden Designee confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit. During the tour the auditor did not observe any substantial modifications or expansions to the existing facility.

115.18 (b): The PAQ stated that the agency/facility has 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. A review of the camera listings and maps of video monitoring coverage confirm that video monitoring is utilized to assist with supervision and monitoring and is utilized to promote safety and security through the reduction of blind spots. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. She stated the agency conducts incident reviews to determine if there are blind spots or areas that require video monitoring technology. She further indicated that any deficiencies are noted through the process and any identified concerns have action initiated. The Warden Designee confirmed that when installing or updating video monitoring technology they consider how that technology will protect inmates from sexual abuse. He stated they consider access to areas and whether there are any safety concerns for the incarcerated individuals, such as if it is out of sight or out of the way. He indicated they determine if video monitoring would help alleviate the concern or whether other actions such as prohibited access or whether the area needs to be routinely staffed. During the tour the auditor observed that the facility had video monitoring in housing units and most work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. The auditor confirmed that cameras were utilized to cover blind spots and enhance safety and security. Staff are able to monitor the cameras in each housing unit and are able to view/monitor any cameras in the facility remotely through any facility computer.

Based on a review of the PAQ, camera location listing, camera maps, observations made during the tour and information from interviews with the Agency Head and Warden Designee indicates that this standard appears to be compliant.

**115.21**

**Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-01 – Incarcerated Individual PREA Information
3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
5. IO-SC-22 – Evidence Handling/Contraband Control
6. HSP-628 – Patient Sexual Abuse
7. Sexual Assault Checklist
8. Memorandum of Understanding with Center Against Abuse and Sexual Assault (CAASA)
9. Memorandum of Understanding with Unity Point Health
10. Documentation of Advocacy Services
11. Qualified Staff Documentation
12. Investigative Reports

Documents Received During the Interim Report

1. Email Related to Updated MOU with CAASA

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with SAFE/SANE
4. Interview with Inmates who Reported Sexual Abuse



Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. PREA-02, page 7 states that all allegations and incidents of sexual misconduct, sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents, or that indicate a personal relationship by staff with incarcerated individuals shall be reported to the Warden, the institution's sexual violence investigator, and the Deputy Director of Institution Operations/Designee. All allegations and incidents shall be fully investigated as directed by the Deputy Director of Institution Operations/Designee and treated in a confidential and serious manner. PREA-03, page 5 states all allegations and incidents of incarcerated individual-on-incarcerated individual sexual violence, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents shall be reported to the Warden, the institution's sexual violence investigator, and the Deputy Director of Institution Operations/Designee. All allegations and incidents shall be fully investigated as directed by the Deputy Director of Institution Operations/Designee and treated in a confidential and serious manner. IO-SC-22 describes the evidence protocol, including: scene security, general evidence collection, collection of evidence, disposition of evidence and disposition of contraband. Pages 4-6 specifically detail the evidence protocol for sexual assault. The Sexual Assault Checklist also directs staff on first responder duties related to obtaining usable physical evidence as well as duties for health services staff and those who collect(ed) evidence. Interviews with fourteen random staff indicated that all fourteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all fourteen staff stated they knew who was responsible for conducting sexual abuse investigations. Staff stated that the PREA Captain and/or the PREA trained staff conduct investigations.

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful inmates. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. IO-SC-22 describes evidence protocol, including: scene security, general evidence collection, collection of evidence, disposition of evidence and disposition of contraband. Pages 4-6 specifically detail the evidence protocol for sexual assault. The Sexual Assault Checklist also directs staff on first responder duties related to obtaining usable physical evidence as well as duties for health services staff and those who collect(ed) evidence.

115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are always conducted by SAFE or SANE, as MercyOne Des Moines always has a SAFE/SANE. PREA-02 (page 15) and PREA-03 (page 14) state the incarcerated individual victim is offered the opportunity to meet with a victim advocate from a community crime victim center. If an advocate from the community is not available to provide advocate services, the Shift Supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. If the incarcerated individual victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the incarcerated individual victim so desires. HSP-628, page 5 further states that the Shift Supervisor shall attempt to make available to patients a victim advocate from a community crime victim center. If a community crime victim center is not available to provide victim advocate services, the Shift Supervisor shall make these services available through a qualified staff member from a community-based organization, or qualified IDOC staff member. The facility has an MOU with Unity Point Health that was signed December 2013. Further communication with the PCM indicated that the Unity Point Health MOU is an old MOU, but was provided to illustrate the procedure. The facility currently utilizes MercyOne Des Moines for forensic medical examinations. The PCM indicated that they do not have an MOU with MercyOne, however the hospital advised they do not need an MOU they just need to call the charge nurse ahead of time to ensure they have a SANE. The PAQ indicated that during the previous twelve months there were zero forensic medical examination conducted by a SANE/SAFE or qualified medical practitioner. A review of investigative reports indicated there were zero inmates who reported sexual abuse that required a forensic medical examination. The auditor contacted MercyOne Des Moines related to forensic medical examinations. The staff member advised that they perform forensic medical examinations at the hospital through on-call SAFE/SANE. The staff indicated that a SAFE/SANE is available to call 24 hours a day and all examination are performed by these staff.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. PREA-02 (page 15) and PREA-03 (page 14) state the incarcerated individual victim is offered the opportunity to meet with a victim advocate from a community crime victim center. If an advocate from the community is not available to provide advocate services, the Shift Supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. If the incarcerated individual victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the incarcerated individual victim so desires.

HSP-628, page 5 further states that the Shift Supervisor shall attempt to make available to patients a victim advocate from a community crime victim center. If a community crime victim center is not available to provide victim advocate services, the Shift Supervisor shall make these services available through a qualified staff member from a community-based organization, or qualified IDOC staff member. The facility has a Memorandum of Understanding with Centers Against Abuse and Sexual Assault (CAASA) which was signed on February 27, 2020 and expired February 28, 2023. The MOU states that the purpose is to ensure that all sexual abuse survivors who are under supervision of or have requested victim services or referrals at NCCF, receive services that support the survivor's need through coordinated, safe and effective practice and policy. The MOU indicates that CAASA will provide an advocate for offender victims when requested by NCCF. Further the MOU states that CAASA will also provide accompaniment and support to offender victims through the forensic medical examination process and investigatory interviews, if requested by the offender victim. The MOU expired in February 2023, however the facility advised that they still function under the expired MOU. During the interim report period the facility provided an email from CAASA confirming that they would sign an updated MOU with the same language. In addition, the facility has four staff that are able to serve as qualified agency victim advocates. The staff completed the PREA Qualified Staff Training. The interview with the PCM confirmed that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. He indicated that they would contact CAASA to provide services and that they have a good relationship with CAASA staff. He stated they have recently had an advocate come in to provide services for an incarcerated individual. The PCM further stated the current MOU they have with CAASA is expired but they are still providing services under the MOU. Interviews with two inmates who reported sexual abuse indicated one advised staff immediately that the incident did not occur (was reported via a third party) while the other was asked if he wanted an advocate but declined.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. PREA-02 (page 15) and PREA-03 (page 14) state if requested by the alleged victim, the victim advocate or qualified staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility has a Memorandum of Understanding with Centers Against Abuse and Sexual Assault (CAASA) which was signed on February 27, 2020 and expired February 28, 2023. The MOU states that the purpose is to ensure that all sexual abuse survivors who are under supervision of or have requested victim services or referrals at NCCF, receive services that support the survivor's need through coordinated, safe and effective practice and policy. The MOU

indicates that CAASA will provide an advocate for offender victims when requested by NCCF. Further the MOU states that CAASA will also provide accompaniment and support to offender victims through the forensic medical examination process and investigatory interviews, if requested by the offender victim. The MOU expired in February 2023, however the facility advised that they still function under the expired MOU. During the interim report period the facility provided an email from CAASA confirming that they would sign an updated MOU with the same language. In addition, the facility has four staff that are able to serve as qualified agency victim advocates. The staff completed the PREA Qualified Staff Training. The interview with the PCM confirmed that the facility has an expired MOU with CAASA, the local rape crisis center to provide services. He stated while the MOU is expired CAASA is still providing the services under the MOU. Interviews with two inmates who reported sexual abuse indicated one advised staff immediately that the incident did not occur (was reported via a third party) while the other was asked if he wanted an advocate but declined.

115.21 (f): The PAQ indicated that the agency/facility is responsible for investigating administrative and criminal investigations of sexual abuse and as such this provision is not applicable.

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

115.21 (h): The facility has four staff that can serve as victim advocates. Staff are documented with PREA Qualified Staff training. A review of the curriculum indicated that training topics include: understanding sexual victimization; sexual victimization in a prison setting; short and long term effects of sexual victimization; victim rights and services; obstacles to providing support; victim advocacy around the state; victim centered care; definitions; roles and responsibilities; ethical issues; providing support; potential conflict and confidentiality.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, IO-SC-22, HSP-628, the Memorandum of Understanding with Unity Point, the Sexual Assault Checklist, the Memorandum of Understanding with CAASA, the qualified staff documentation, investigative reports, advocacy documentation, documentation received during the interim report period and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE staff and inmates who reported sexual abuse indicates that this standard appears to be compliant.

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

1. Pre-Audit Questionnaire
2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
4. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance
5. AD-PR-13 – Employee Investigations & Discipline
6. IO-RD-03 – Major Discipline Report Procedures
7. Investigative Reports

### Interviews:

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

### Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. The PAQ noted there were eight allegations reported within the previous twelve months, all of which resulted in an administrative investigation. The PAQ stated that all eight investigations were completed during the audit period. A review of documentation indicated there were eight allegations reported during the previous twelve months. All eight allegations had an administrative investigation completed during the audit period. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated the agency conducts administrative investigations and the agency utilizes outside law enforcement for some criminal investigations. The Agency Head confirmed that when an allegation is received it is entered into a database and

is assigned an investigator through the Division of Investigative Services. She indicated an investigation is then completed by agency or facility investigators. She also stated that in some instances they may require local law enforcement to be brought in to investigate.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. The policies further state that the Deputy Director of Institution Operations/Designee shall determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented and the IDOC shall publish sexual abuse violence investigation policies on its website. AD-PR-13, page 3 states that staff assigned by the Deputy Director of Institution Operations shall investigate allegations of employee rule violations such as allegations pertaining to staff sexual misconduct, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents. IO-RD-03, page 37 states In cases involving allegations of sexual violence, the Inspector General/Designee rather than the Warden/Designee shall handle issues connected with possible criminal prosecution. The Inspector General/Designee may consult with the police and prosecuting authorities and the incarcerated individual will receive a Miranda warning when appropriate. A review of the agency website indicates that AD-PR-13 and IO-RD-03 are publicly available (<https://doc.iowa.gov/policies>). A review of documentation indicated there were eight allegations reported during the previous twelve months. All eight allegations had an administrative investigation completed during the audit period by IDOC investigators. The interviews with the investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations, unless the activity is clearly not criminal. The agency investigator stated any investigations related to criminal aspects would be referred to local law enforcement.

115.22 (c): The agency/facility has the authority to conduct both administrative and criminal investigations. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation.

	<p>115.22 (d): The auditor is not required to audit this provision.</p> <p>115.22 (e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, PREA-02, PREA-03, PREA-04, AD-PR-13, IO-RD-03, investigative reports, the agency’s website and information obtained via interviews with the Agency Head and the investigators, this standard appears to be compliant.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. AD-TS-04 - Orientation &amp; New Employee Training</li> <li>3. AD-TS-05 - In-Service Training</li> <li>4. PREA Training</li> <li>5. PREA Card</li> <li>6. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on the requirements under this provision. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/</p>

client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall train all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-TS-05, page 5 states that annual ongoing training for staff that includes mandatory training and other training relevant to their specific job duties is required. Supervisors are responsible for ensuring that their staff receive the required training topics annually. Pages 6-7 further state that all employees who may have contact with incarcerated individuals, regardless of the amount of contact, shall be trained on the following information: IDOC's zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under the IDOC's sexual violence and sexual harassment policies and procedures; the incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual violence or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. HSP-628, page 7 states that medical and mental health care practitioners shall also receive training on how to comply with relevant laws related to mandatory reporting of sexual violence to outside authorities. A review of the PREA Training curriculum confirms that the training includes information on: the agency's zero-tolerance policy; how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures; the incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and sexual harassment in a confinement setting; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. A review of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with fourteen random staff confirmed that all fourteen had received PREA training. Staff



stated they receive e-learning annually and that the training covers the required elements under this provision. Staff stated the training discussed first responder duties and went over LGBTI topics. Staff further stated they are provided a PREA Card. The auditor reviewed the PREA Card and confirmed that it included information on first responder duties.

115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. AD-TS-04 (page 9) and AD-TS-05 (page 7) state that training shall be tailored to the gender of the incarcerated individuals at the employee's facility. The employee shall receive additional training if the employee is reassigned from an institution that houses only male incarcerated individuals or an institution that houses female incarcerated individuals, or vice versa. NCCF houses adult males. A review of the training curriculum indicated that it went over general information related to common reactions, signs of threatened and actual sexual abuse and dynamics of sexual abuse, which are typically tailored toward the male population.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. The PAQ stated that staff are provided refresher training annually via PREA e-learning and a review of the PREA policies. AD-TS-05, page 7 states that IDOC shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual violence and sexual harassment policies and procedures. In years that employees don't receive refresher training, IDOC shall provide refresher information on current sexual violence and sexual harassment policies. A review of fifteen staff training records indicated that eleven had received PREA training annually. Four of the staff were new hires and as such only had one year of training.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signatures or electronic verification. AD-TS-05, page 7 states that IDOC shall document, through employee signatures or electronic verification, that employees understand the training they have received. Staff complete PREA training online and complete a quiz at the end of the training. The quiz score confirms reception and understanding. A review of fifteen staff training records indicated that 100% of those reviewed were documented with completing the post training quiz through a score.

Based on a review of the PAQ, AD-TS-04, AD-TS-05, the PREA training curriculum, a sample of staff training records, as well as interviews with random staff indicate that

	this standard appears to be compliant.
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. AD-TS-04 - Orientation &amp; New Employee Training</li> <li>3. AD-CI-01 - Volunteer Program</li> <li>4. Prison Rape Elimination Act (PREA) Volunteer and Contractor Training Curriculum</li> <li>5. Contractor Training Records</li> <li>6. Volunteer Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Contractors and Volunteers who have Contact with Inmates</li> </ol> <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual</p>

harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-CI-01, page 6 states that all volunteers who have contact with incarcerated individuals shall be trained on their responsibilities under IDOC's sexual violence and sexual harassment prevention, detection, and response policies and procedures. The PAQ indicated that 39 volunteers and contractors had received PREA training, which is equivalent to over 100% of the total volunteers and contractors reported in the facility characteristics. Further clarification with the PCM indicated that there are a total of 47 approved volunteers and contractors. Volunteer and contractor training is completed online via [https://docs.google.com/presentation/d/1\\_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id.p](https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id.p). The training consists of a 22 minute video that discusses; the agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with contractors confirmed that both were provided information on the agency's sexual abuse and sexual harassment policies. The auditor requested documentation for six contractors, four of the six were documented with PREA training. During the interim report period the facility advised that the contractor list provided included contractors that were not current. The facility provided an updated contractor list with 20 approved contractors with documented PREA training in 2022 or 2023. The facility sent the updated contractor list to staff at the facility and advised them to utilize the current list and if any contractors were no longer providing services to advise them so they could be deleted from the list. The email further advised that any contractor on the list will need to complete the PREA training before they are authorized to enter the facility through the online training. The email also states that when any contractor completes their job, staff should notify the appropriate facility staff member so they can be removed from the active list. It should be noted that there were zero volunteers during the on-site portion of the audit and as such no interviews were conducted.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. It stated that all volunteers and contractors are sent a training link to complete PREA training prior to being allowed to enter the facility. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-CI-01, page 6 states the level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with incarcerated individuals. Volunteer and contractor training is completed online via [https://docs.google.com/presentation/d/1\\_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id.p](https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id.p). The training consists of a 22 minute video that discusses; the agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with contractors confirmed that the training they received included information on the zero-tolerance policy and how and who to report information to. Both contractors stated they completed training online and there was a test at the end of the training. The auditor

requested documentation for six contractors, four of the six were documented with PREA training. During the interim report period the facility advised that the contractor list provided included contractors that were not current. The facility provided an updated contractor list with 20 approved contractors with documented PREA training in 2022 or 2023. The facility sent the updated contractor list to staff at the facility and advised them to utilize the current list and if any contractors were no longer providing services to advise them so they could be deleted from the list. The email further advised that any contractor on the list will need to complete the PREA training before they are authorized to enter the facility through the online training. The email also states that when any contractor completes their job, staff should notify the appropriate facility staff member so they can be removed from the active list. It should be noted that there were zero volunteers during the on-site portion of the audit and as such no interviews were conducted.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. AD-TS-04, page 7 states that successful completion is through both written and hands-on testing during New Employee Training. AD-CI-01, page 6 states IDOC shall maintain documentation confirming that all volunteers understand the training they received. The agency utilizes an online training. At the end of the training staff complete a post quiz confirming their understanding. The system produces a spreadsheet that includes the individual's score on the post quiz and the date they completed the training. The auditor requested documentation for six contractors, four of the six were documented with PREA training. During the interim report period the facility advised that the contractor list provided included contractors that were not current. The facility provided an updated contractor list with 20 approved contractors with documented PREA training in 2022 or 2023. The facility sent the updated contractor list to staff at the facility and advised them to utilize the current list and if any contractors were no longer providing services to advise them so they could be deleted from the list. The email further advised that any contractor on the list will need to complete the PREA training before they are authorized to enter the facility through the online training. The email also states that when any contractor completes their job, staff should notify the appropriate facility staff member so they can be removed from the active list.

Based on a review of the PAQ, AD-TS-04, AD-CI-01, the PREA Volunteer and Contractor training, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicates that this standard appears to be compliant.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### Documents:

1. Pre-Audit Questionnaire
2. PREA-01 - Incarcerated Individual PREA Information
3. PREA-01 (NCCF) - Incarcerated Individual PREA Information
4. PREA-02 (NCCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
5. IS-RO-02 - Incarcerated Individual Intake and Orientation
6. Staying Safe A Guide for Incarcerated Individual Conduct
7. PREA What You Need to Know Video
8. PREA Reporting Options Poster
9. PREA Posters
10. CAASA Brochure
11. Reception/Orientation Services Information
12. OFFNET Information
13. CTS Language Link Information
14. Inmate Training Records

### Interviews:

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

### Site Review Observations:

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

### Findings (By Provision):

115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 592 inmates received information at intake on the zero-tolerance policy and how to report, which is equivalent to 100% of inmates who arrived in the previous twelve months. PREA-01, page 4 states all incarcerated individuals shall receive PREA orientation training within three days of admission to IDOC, including information on IDOC's zero-tolerance policy regarding unwanted sexual behavior and how to report incidents or suspicions of unwanted sexual behavior. All incarcerated individuals shall be given a copy of the handout, *Staying Safe: A Guide for Incarcerated Individual Contact*. The training shall be presented by staff, a peer educator, or a volunteer from the community. PREA-02 (NCCF), page 15 states that the Warden shall ensure incarcerated individuals are provided with information about behaviors that constitute sexual misconduct, sexual harassment, and retaliation, ensure that the incarcerated individuals understand the process by which such incidents are reported and investigated, and ensure incarcerated individuals understand consequences for making false allegations. A review of the *Staying Safe A Guide for Incarcerated Individual Conduct, Reception/Orientation Services Information and PREA Posters* confirm that they include information on the zero tolerance policy and/or methods to report sexual abuse and sexual harassment. A review of the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, *Staying Safe A Guide for Incarcerated Individual Conduct*, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in English and Spanish. During the tour the auditor observed the intake process through a demonstration by staff. All incarcerated individuals are provided the Health Services Rules for Offenders, which includes information on PREA. The document advises that there is a zero tolerance policy and that they can report sexual abuse or sexual harassment through the kiosk and verbally to staff. The document further advises that additional information on PREA will be provided at orientation. The document is available in English and Spanish. The interview with intake staff indicated that incarcerated individuals receive information on the facility's sexual abuse and sexual harassment policies and how to report. The staff stated that all individuals are provided information by mental health upon intake and then through the orientation process. The staff stated the orientation process includes a video and a packet of information. The intake staff confirmed that they review the information in the packet and the incarcerated individual keeps a copy of it. Interviews with 26 inmates indicated 25 were provided information on the agency's sexual abuse and sexual harassment policies. A review of 32 inmate files of those received in the previous twelve months indicated all 32 had received education at a prior IDOC facility and/or at NCCF during intake. All IDOC policies related to sexual abuse and sexual harassment are the same and as such no additional information is required to be provided upon transfer.

115.33 (b): PREA-01, page 4 states that within 30 days of intake, IDOC shall provide

comprehensive education to incarcerated individuals either in person or through video regarding their rights to be free from unwanted sexual behavior and to be free from retaliation from reporting such incidents, and regarding IDOC policies and procedures for responding to such incidents. The PAQ indicated that 513 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. A review of the Staying Safe A Guide for Incarcerated Individual Conduct confirms that it includes information on ways to keep safe, definitions, rights under PREA, actions to take after an incident of sexual abuse, reporting mechanisms, possible outcomes of an investigation and recovering from sexual assault. A review of the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in English and Spanish. During the tour, the auditor was provided a demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed during orientation. A staff member facilitates orientation, but two trained incarcerated individuals conduct the orientation. Incarcerated individuals watch the PREA What You Need to Know video. The video is available in English and Spanish. The video is shown on a 70 inch television with adequate audio. After the video concludes, staff go over reporting mechanisms (including to staff and family). Incarcerated individuals are provided a packet of PREA information and staff again go over reporting mechanisms and to be a voice for others by reporting things they see or are aware of. Incarcerated individuals then sign a form acknowledging that they received the PREA education. The staff further indicated the PREA video is shown on a loop (English only) on the institutional channel. The intake staff stated that all individuals are provided information by mental health upon intake and then through the orientation process. The staff stated the orientation process includes a video and a packet of information. The intake staff confirmed that they review the information in the packet and the incarcerated individual keep a copy of it. The staff confirmed that information related to the inmate's right to be free from sexual abuse, the inmate's right to be free from retaliation and policy and procedure after a report of sexual abuse or sexual harassment is included in the orientation process. The staff stated orientation is completed within seven days. Interviews with 26 inmates indicated that all 26 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures once an allegation of sexual abuse or sexual harassment is reported. Inmates stated that they received the information via video during orientation when they first arrived. Inmates also advised that they show the PREA video all the time on the facility television. A review of 32 inmate files of those received in the previous twelve months indicated that all 32 had received education at a prior IDOC facility and/or at NCCF. It should be noted that all 32 were documented with education at NCCF in addition to other IDOC facilities. All IDOC policies related to sexual abuse and sexual harassment are the same and as such no additional information is required to be provided upon transfer.



115.33 (c): The PAQ indicated that of those inmates not educated within 30 days of intake, all inmates have been educated subsequently. It further stated that all offenders are educated upon intake and then receive refresher information annually. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. PREA-01, pages 4-5 state that upon transfer to a different institution, incarcerated individuals shall receive training and procedures of the incarcerated individual's new institution differ from those of the previous institution. Replacement copies of the handout, Staying Safe A Guide for Incarcerated Individual Conduct, shall be provided as needed. A review of 35 total inmate files indicated that all 35 had received comprehensive PREA education. The intake staff stated that all individuals are provided information by mental health upon intake and then through the orientation process. The staff stated the orientation process includes a video and a packet of information. The intake staff confirmed that they review the information in the packet and the incarcerated individual keep a copy of it. The staff confirmed that information related to the inmate's right to be free from sexual abuse, the inmate's right to be free from retaliation and policy and procedure after a report of sexual abuse or sexual harassment is included in the orientation process. The staff stated orientation is completed within seven days.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are disabled or limited English proficient. PREA-01, page 5 states IDOC shall provide incarcerated individual education in formats accessible to all incarcerated individuals, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to incarcerated individuals who have limited reading skills. IS-RO-02, page 6 states IDOC shall take appropriate steps to ensure that incarcerated individuals with disabilities (including, for example, incarcerated individuals 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 IDOC's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Policy further states that such steps shall include, when necessary to ensure effective communication with incarcerated individuals who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using necessary specialized vocabulary. In addition, IDOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with incarcerated individuals with disabilities, including incarcerated individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A review of the PREA Posters and the Staying Safe A Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. The PREA Reporting Options Poster is available in English in adequate

size font. Additionally, the PREA Handout is available in Braille. A review of the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in both English and Spanish. The facility utilizes CTS Language Link to provide translation services. Part of the translation service includes video translation with American Sign Language. The auditor confirmed through a review of documentation that this service is available for use when needed. CTS Language Link also provides the facility a phone number that they can call that connects the staff member with a translator who can translate information between the staff member and LEP inmate. The facility has an account number they provide and the option to have a third party call if the individual is not in the same room as the other individual. The auditor utilized Language Link for an LEP inmate interview. The auditor called the provided number, entered the pin and access code and selected Spanish translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for. A review of four disabled inmate files and three LEP inmate files indicated that all seven had signed that they received and understood the PREA information.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. PREA-01, page 5 states IDOC shall maintain documentation of incarcerated individuals participation in these education sessions either by generic note or the signed copy of Form 1 scanned into ICON incarcerated individual attachments. The facility utilizes three acknowledgment forms. One form confirms the inmate received Staying Safe - Preventing Sexual Misconduct (PREA) during orientation. The second has the inmate initial that they received a copy of IDOC's orientation material for offenders regarding the prevention of sexual misconduct and the third includes confirmation that they received IDOC's PREA Refresher Material for offenders regarding the prevention of sexual misconduct. A review of 35 total inmate files indicated all 35 had signed the acknowledgments that they received the PREA education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. PREA-01, page 5 states that in addition to providing such education, IDOC shall ensure that key information is continuously and readily available or visible to incarcerated individuals through posters, bulletin boards, or other written format. A review of the Staying Safe A Guide for Incarcerated Individual Conduct, PREA Posters, the PREA Reporting Options Poster and the CCASA Brochure confirmed that they included information on the zero tolerance policy, reporting mechanisms and victim advocacy information. During the tour the auditor observed a plethora of PREA information posted throughout the

facility, including in each housing unit. Each housing unit had numerous PREA Posters that included information on zero tolerance and reporting mechanism. The posted PREA information included the Reporting Options Poster and numerous miscellaneous PREA Posters. The posted information advised of the methods to report; including verbally to any staff member, to the IDOC Inspector General's Office, via a kiosk message to specific staff, via a loved one and through external entities including CAASA, Iowa Victim Services and the Ombudsman's Office. Posted information ranged in size from very large to letter size paper. Posters were observed in English and Spanish and were located above the phones and on the walls. Victim advocacy information was observed in each housing unit through the Reporting Options Poster and the CAASA Brochure. The posted information contained both the contact number for CAASA and the Iowa Victim Services. The CAASA Brochure also included the mailing address. All posted victim advocacy information was observed in English near the phones and/or on the wall. In addition to the posted information the auditor was advised information was available on the OffNet. The auditor had an incarcerated individual access the OffNet to illustrate what PREA information was accessible. The auditor viewed the PREA-01 (agency and facility), Staying Safe A Guide for Incarcerated Individual Conduct, CAASA Brochure and a Victim Advocacy Information Sheet. Additionally, the auditor was advised by incarcerated individuals that the PREA video is shown consistently on the movie channel. They also advised that the PREA information has been up for a while and that they knew about PREA and watched the video a bunch of times.

Based on a review of the PAQ, PREA-01, PREA-02, IS-RO-02, Staying Safe A Guide for Incarcerated Individual Conduct, PREA What You Need to Know Video, PREA Posters, the PREA Reporting Options Poster, CAASA Brochure, Reception/Orientation Services Information, OffNet Information, CTS Language Link Information, observations made during the tour as well as information obtained during interviews with intake staff and random inmates indicates that this standard is compliant.

**Recommendation**

The auditor recommends that the intake staff go over additional key information during orientation, including: the outside reporting entity (Ombudsman) and how to report to the office and CAASA services and how to contact the organization.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
3. IDOC Interview to Confession Training Curriculum
4. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. PREA-03, page 21 states in addition to the general training provided to all employees, the Deputy Director of Institution Operations shall ensure that, to the extent IDOC conducts sexual violence investigations, its sexual violence investigators have received specialized training in conducting such investigations in confinement settings. A review of documentation indicated that eight facility/agency staff were documented with the specialized investigations training. The interviews with the investigators confirmed they both received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. The facility investigator stated he received training at the Iowa Correctional Institute for Women and the training covered how to report an incident, steps to take during the investigation, evidence collection and interviews. The agency investigator stated he attended the Moss Group training on sexual assault. He stated the training went over Miranda and Garrity warnings, interview techniques, trauma informed information and evidence collection.

115.34 (b): PREA-03, page 21 states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, the impact of the Peace Officers' Bill of Rights, sexual abuse evidence collection in confinement settings, characteristics and behavior indicators of sexual violence perpetrators and victims in correctional settings, credibility assessments, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; IDOC Interview to Confession Training Curriculum (it should be noted this training has had numerous name changes over the years). A review of the training curriculum

confirmed it is an in-depth 190 slide training that extensively covers the investigative process. The auditor confirmed the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that eight facility/agency staff were documented with the specialized investigations training. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that nine investigators have completed the specialized training. PREA-03, page 21 states that the Deputy Director of Institution Operations shall maintain documentation that sexual violence investigators have completed the required specialized training in conducting such investigations. A review of eight investigations revealed they were completed by five investigators, all five of which received the specialized investigator training.

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

Based on a review of the PAQ, PREA-03, IDOC Interview to Confession Training Curriculum, a review of investigator training records as well as the interviews with the investigators, indicates that this standard appears to be compliant.

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. HSP-628 - Patient Sexual Abuse</li> <li>3. National Commission on Correctional Health Care Training Videos</li> <li>4. Medical and Mental Health Staff Training Records</li> </ol>

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. HSP-628, page 7 states that each institution shall ensure that all full and part-time medical and mental health care staff who work regularly in its facilities have been trained in: how to detect and assess signs of sexual violence; how to preserve physical evidence of sexual violence; how to respond effectively and professionally to victims of sexual violence; and how and who to report allegations or suspicions of sexual violence. The training is conducted via eight videos from the National Commission on Correctional Health Care. The videos include: PREA: What You Need to Know as a Health Care Leader; A Blueprint for Healing: The PREA Standards and Trauma-Informed Care; Introduction and Module 1: Detecting and Assessing Signs of Sexual Abuse and Harassment; Module 2: Forensic Evidence Preservation; Module 3: How to Respond Professionally and Effectively to Victims of Sexual Abuse and Sexual Harassment During Incarceration; Module 4: Reporting and the PREA Standards; PREA and Medical and Mental Health Care: A Trauma Informed Approach and Why PREA Matters; Understanding Sexual Trauma in Custody. A review of the training videos confirmed that they encompass the required elements under this provision. The PAQ indicated that the facility has nine medical and mental health staff and 100% had received the specialized training. A review of supplemental PAQ documentation confirmed five medical and mental health care staff completed the specialized training. Additionally, during the on-site the auditor requested four medical and mental health care staff training records. All four were documented with the specialized medical and mental health training. Interviews with medical and mental health staff confirm that they both received specialized training related to sexual abuse and sexual harassment. The mental health staff stated that she completed the advanced training for behavioral health specialist and it included topics such as: identifying those who may be victimized, how to report, how to ask additional questions and behavioral health response to allegations. The medical staff member stated she completed the eight videos and they also discussed policy, procedure, the checklist and the PREA kit. Both staff confirmed the required topics under this standard were covered during the training.

115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. HSP-628, page 7 states the institution shall maintain documentation that medical and mental health practitioners have received the training reference in this standard either from the agency or elsewhere. A review of four medical and mental health care staff training records indicated that all four were documented with the specialized medical and mental health training. Staff date and sign that they completed each video.

115.35 (d): HSP-628, page 7 states that medical and mental health practitioner's shall also receive the training mandated for all employees, depending on the practitioner's status at the agency. A review of four medical and mental health staff training records indicated that all four had completed the staff training required under 115.31.

Based on a review of the PAQ, HSP-628, National Commission on Correctional Health Care Training Videos, a review of medical and mental health care staff training records, as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IS-RO-01 - Incarcerated Individual Admission Procedures</li> <li>3. IS-RO-02 - Incarcerated Individual Intake and Orientation</li> <li>4. Sexual Violence Propensity Assessment Scoring Guide for Offenders</li> <li>5. 72 Hour PREA Transfer Screening</li> <li>6. Inmate Assessment and Reassessment Documents</li> </ol> <p>Documentation Received During the Interim Report</p> <ol style="list-style-type: none"> <li>1. Assurance Memorandum</li> </ol>

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. IS-RO-01, page 3 states that all incarcerated individuals shall be assessed immediately upon arrival using the paper SVP-Intake Screening Tool, IS-RO-01 F-2, and shall be assessed during an intake screening for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals. Policy further states the tool is confidential for staff use only and shall not be self-administered by the incarcerated individual and shall only be administered by the intake staff. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon arrival. Interviews with 23 inmates that arrived within the previous twelve months indicated that seventeen were asked questions related to risk of victimization and abusiveness. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed by mental health care staff in a private office setting. The staff utilize the 72 Hour PREA Transfer Screening form. Staff ask questions of the incarcerated individual, including prior sexual victimization, gender identity, sexual preference and perception of vulnerability. The staff further review the individuals file and confirm that the auto-filled information is accurate.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. IS-RO-01, page 4 states that all incarcerated individuals shall receive a



Sexual Violence Propensity (SVP) assessment. Intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ noted that 574 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 32 inmate files of those that arrived within the previous twelve months indicated that all 32 had an initial risk screening completed. Two of the 32 were past the 72 hours. Additionally, during documentation review the auditor identified two risk screenings that were not done completely and accurately. The auditor also identified two risk screenings that were completed on the 72 Hour PREA Transfer Screening, but were completed after the reassessment was completed via the Sexual Violence Propensity Assessment in the electronic system. Interviews with 23 inmates that arrived within the previous twelve months indicated that seventeen were asked questions related to risk of victimization and abusiveness when they first got to the facility. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours. During the interim report period the facility provided an assurance memo indicating that they hired a Psychologist and trained him how to properly utilize the 72 hour risk assessment form (to include timeframes and completing the whole form).

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening has two section, one for victimization and one for abusiveness. The victimization section of the screening considers whether the resident has an intellectual/physical disability or is severely mentally ill; the residents age, height and weight; whether it is the residents first time incarcerated or in a residential community facility or feels threatened/traumatized by prison or a residential community facility; whether the resident displays sexual orientation in a way that projects vulnerability; whether the resident has a conviction for a current or previous sexual offense against a child thirteen years or under; whether the resident has a history of sexual violence victimization; whether the resident is unassertive, lacks confidence, projects weakness or fear and whether the resident has nonviolence crime or property crime only. Each response has a score based on the response. A score of ten or more on questions ten through seventeen indicate the resident is a victim potential (VP) and a yes response on question 15.A results in a victim incarcerated (VI) designation. The abusiveness section considers whether the resident has two or more felony convictions; whether the resident has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated predatory violence (other than sex offenses); whether the resident is a sex offender (victim over the age of fourteen); whether the resident has an intimidating or aggressive attitude; whether the resident is highly familiar with prison or residential community facility or present as prison wise or street smart; whether the resident has a history of sexual predatory behavior or sexual assault of offenders; whether the resident has two or more convictions for serious or aggravated misdemeanor assaults, domestic abuse assault, or one felony

Class D willful injury and whether the resident has a felony drug conviction plus confirmed/suspected STG (serious threat group) plus two or more felony incarcerations. Each questions is awarded a point score depending on the response. If the score is ten or more for questions one through nine, the resident is considered an aggressor potential (AP). If the response to question 7.A is yes, the resident is considered an aggressor Incarcerated (AI). If the resident does not score out on the section she/he is considered a no score. Sexual Violence Propensity Assessment (SVP) Scoring Guide for Offenders is very detailed and directs staff on each question how to derive responses and information. It explains how is question should be scored as well as when to consult with staff related to any manual overrides.

115.41 (d): A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening considers whether the inmate has an intellectual/physical disability or is severely mentally ill; the inmate's age, height and weight; whether it is the inmates first time incarcerated or in a residential community facility or feels threatened/traumatized by prison or a residential community facility; whether the inmate displays sexual orientation in a way that projects vulnerability; whether the inmate has a conviction for a current or previous sexual offense against a child thirteen years or under; whether the inmate has a history of sexual violence victimization; whether the inmate is unassertive, lacks confidence, projects weakness or fear and whether the resident has nonviolence crime or property crime only. Each response has a score based on the response. A score of ten or more on questions ten through seventeen indicate the inmate is a victim potential (VP) and a yes response on question 15.A results in a victim incarcerated (VI) designation. If the inmate does not score out on the section she/he is considered a no score. The staff responsible for the risk screening indicated that the risk screening includes asking some questions, however some questions are auto-filled based on the information in the electronic inmate system (i.e. criminal history, age, etc.). The staff members stated that the risk screening includes information on history of sexual victimization, history of sexual abuse, sex offense charges, criminal history, height, weight, gender identity, sexual preference, prior incarcerations, whether they feel safe and general behavior. Both staff confirmed that the elements under this provision are included in the risk assessment.

115.41 (e): A review of the Sexual Violence Propensity Assessment (SVP) indicates it considers whether the inmate has two or more felony convictions; whether the inmate has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated predatory violence (other than sex offenses); whether the inmate is a sex offender (victim over the age of fourteen); whether the inmate has an intimidating or aggressive attitude; whether the inmate is highly familiar with prison or residential community facility or present as prison wise or street smart; whether the inmate has a history of sexual predatory behavior or sexual assault of offenders; whether the inmate has two or more convictions for serious or aggravated misdemeanor assaults,

domestic abuse assault, or one felony Class D willful injury and whether the inmate has a felony drug conviction plus confirmed/suspected STG (serious threat group) plus two or more felony incarcerations. Each question is awarded a point score depending on the response. If the score is ten or more for questions one through nine, the inmate is considered an aggressor potential (AP). If the response to question 7.A is yes, the inmate is considered an aggressor Incarcerated (AI). If the inmate does not score out on the section she/he is considered a no score. The staff responsible for the risk screening indicated that the risk screening includes asking some questions, however some questions are auto-filled based on the information in the electronic inmate system (i.e. criminal history, age, etc.). The staff members stated that the risk screening includes information on history of sexual victimization, history of sexual abuse, sex offense charges, criminal history, height, weight, gender identity, sexual preference, prior incarcerations, whether they feel safe and general behavior. Both staff confirmed that the elements under this provision are included in the risk assessment.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. IS-RO-01, page 4 states that within a set time not to exceed 30 days from the incarcerated individual's arrival at an institution, the institution shall reassess the incarcerated individual's SVP code based upon any additional relevant information received by the institution since the most recent SVP assessment. IS-RO-02, page 3 states that staff shall refer to the SVP in ICON as the admission facility will have the updated SVP prior to transfer. Within 30 days institution shall reassess the incarcerated individual's SVP code based on any additional relevant information received since admission screening. The PAQ noted that 513 inmates were reassessed within 30 days, which is equivalent to 100% of the inmate who arrived and stayed longer than 30 days. The interviews with the staff responsible for the risk screening indicated that inmates are reassessed within 30 days. One staff member further stated incarcerated individuals are also reassessed annually, upon transfer and when there are any changes. Interviews with 23 inmates that arrived within the previous twelve months indicated that one had been asked questions related to their risk of victimization and abusiveness on more than one occasion, a month after he arrived. A review of 32 inmate files of those that arrived in the previous twelve months indicated that 32 had a reassessment completed. Two were past the 30 day timeframe and were completed during the interim report period. During documentation review the auditor observed that the majority of the reassessments were completed within a few days of the initial risk assessment. This defeats the intent of the risk reassessment. The auditor was also provided a demonstration of the reassessment process. Reassessments are completed by classification staff in a private office setting. Classification staff ask individuals if they feel safe (vulnerability), gender identity, sexual preference, prior sexual victimization and if they have any enemy concerns. The classification staff also ask the individual if they know how to report sexual abuse and remind them of the

zero tolerance policy. During the interim report period the facility provided an assurance memo indicating that counselors have been advised to wait until after the fourteen day mark to complete reassessments.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. IS-RO-01, page 4 and IS-RO-02, page 3 state that an incarcerated individual's risk level shall be reassessed when warranted due to significant events, a referral, request, incident of sexual assault or sexual abuse, or receipt of additional information that bears on the incarcerated individual's SVP code. The interviews with staff responsible for the risk screening indicated that inmates are reassessed when warranted based on referral, request, incident of sexual abuse or receipt of additional information. Interviews with 23 inmates that arrived within the previous twelve months indicated that one had been asked questions related to their risk of victimization and abusiveness on more than one occasion, a month after he arrived. A review of 32 inmate files of those that arrived in the previous twelve months indicated that 32 had a reassessment completed. A review of the five reported sexual abuse allegations indicated none involved an allegation that would require a change in response on the risk screening and as such none required a reassessment. The auditor reviewed three substantiated inmate-on-inmate investigations from 2000-2022, one of which was sexual abuse. The alleged victim and alleged perpetrator were documented with a reassessment after the investigation was completed.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. IS-RO-01 (page 4) and IS-RO-02 (page 6) state incarcerated individuals may not be disciplined for refusing to answer questions or not disclosing complete information. The interviews with the staff responsible for risk screening confirmed that inmates are not disciplined for refusing to answer or not disclose information for the risk screening.

115.41 (i): IS-RO-01, page 4 and IS-RO-02, page 3 state that IDOC shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. The interview with the PREA Coordinator confirmed that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to

protect sensitive information from exploitation. The PCM stated that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. He stated they just recently fixed the issue to ensure that access was very limited. The staff responsible for the risk screening stated that the agency has implemented appropriate controls on the dissemination of responses to the questions. One risk screening staff member stated that policy lays out who does what related to the risk screening and not everyone has access to the SVP screen. Risk screening information is completed via paper, but all paper files are entered into the ICON system and then scanned into the ICON system. All paper files are disposed of after scanned. During the tour the auditor had a Correctional Officer attempt to access the risk screening information in ICON. The Correctional Officer was provided assistance in navigating to the risk screening section in ICON, as he was not aware of how to access the information. The auditor observed that the Correctional Office had access to the full risk assessment, to include responses. During the on-site portion of the audit, the facility staff immediately alleviated the risk screening access issue. OIT staff restricted the risk screening access in ICON to only those with a need to know. The auditor had a Correctional Officer attempt to access the risk screening information again after OIT completed their work. The Correctional Officer no longer had access to the risk screening information and did not have the PREA Assessment tab at all. Investigations are maintained in an electronic database.

Based on a review of the PAQ, IS-RO-01, IS-RO-02, the Sexual Violence Propensity Assessment Scoring Guide for Offenders, the 72 Hour PREA Transfer Screening, inmate risk assessments, documents received during the interim report period and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. During documentation review the auditor observed that the majority of the reassessments were completed within a few days of the initial risk assessment. This defeats the intent of the risk reassessment.

#### Corrective Action

The facility will need to provide examples during the corrective action period to confirm that reassessments are completed as outlined in the assurance memo. Additionally, the facility will need to provide training documents to confirm that staff were trained on the information in the assurance memo.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the

	<p>facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Staff Training Email</li> <li>2. Completed Attachment F-1s</li> </ol> <p>On June 26, 2023 the facility provided a training email and meeting minutes for classroom training with appropriate staff on the information in the process memo, including not completing the risk reassessments right after the initial risk assessments. The facility provided five examples of risk reassessments confirming that they were completed at least 20 days after arrival. On July 31, 2023 the facility provided an additional five examples confirming risk reassessments were not completed immediately following the initial risk assessment.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IS-RO-02 - Incarcerated Individual Intake and Orientation</li> <li>3. Sexual Violence Propensity Assessment Scoring Guide for Offenders</li> <li>4. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness</li> <li>5. Transgender/Intersex Biannual Assessments</li> <li>6. LGBTI Housing Assignments</li> </ol> <p>Interviews:</p>

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Gay, Lesbian and Bisexual Inmates
5. Interview with Transgender and Intersex Inmates

Site Review Observations:

1. Location of Inmate Records
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. IS-RO-02, page 5 states that IDOC shall use information from the SVP assessment to evaluate housing, bed, work, education, and program assignments with the goal of providing staff supervision for incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. A review of the Sexual Violence Propensity Assessment Scoring Guide for Offenders confirmed that page 33 outlines which SVP assessment codes can be housed together. It outlines that VP can only be housed with VP (Victim Potential), NS (No Score) or VI (Victim Incarcerated) and VI can only be housed with VP or VI. The interview with the PREA Compliance Manager indicated that information from the risk screening is utilized for housing. He stated they make sure they do not house potential aggressors and potential victims together and that they have separate units for those populations. He stated they also use the risk screening information for work assignments as they would not place a potential victim with a potential aggressor in something like laundry. The interviews with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to determine housing and work assignments. The staff stated that they want to make sure the high risk victims are separated at some level from the high risk aggressors. The staff stated they do not want to put anyone in a victim situation so they would not house potential victims with potential aggressors. Further, the staff stated they would not put potential aggressors in certain job assignments, such as a mentor. A review of housing documents for inmates at high risk of victimization and inmates at high risk of abusiveness confirmed none were housed in the same room/cell. There were potential victims housed in the same housing unit as

potential aggressors, however as indicated above, none were housed in the same room. A review of work, program and education assignments indicated that potential victims were assigned to job assignments with potential aggressors. While most of the jobs appeared to be in areas with staff supervision (i.e. kitchen), the auditor did have concerns with those assigned to the tree farm and dogs as these areas did not appear to always be supervised. Additional information is needed related to these assignments. Further, the auditor identified two potential aggressors who were assigned as mentors, meaning they assist other inmates.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. IS-RO-02, page 5 states IDOC shall make individualized determinations about how to ensure the safety of each incarcerated individual. The interviews with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to determine housing and work assignments. The staff stated that they want to make sure the high risk victims are separated at some level from the high risk aggressors. The staff stated they do not want to put anyone in a victim situation so they would not house potential victims with potential aggressors. Further, the staff stated they would not put potential aggressors in certain job assignments, such as a mentor.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. IS-RO-02, page 5 states that in deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals, and in making other housing and programming assignments, IDOC shall consider on a case-by-case basis whether a placement would ensure the incarcerated individual's health and safety and whether the placement would present management or security concerns. The auditor requested documentation related to transgender and intersex inmates across the facility. The agency provided documentation related to housing of transgender inmates, however the auditor determined that the documentation provided was not adequate. The documentation did not include housing determination for male/female facilities on a case by case basis taking into consideration the inmate's health and safety and any security or management problems. The interview with the PCM indicated that they have not had any transgender or intersex inmates at the facility, but that he has had prior experience with transgender and intersex inmates at another facility He stated the facility would make sure the incarcerated individual's safety is taken into consideration when determining housing and they would involve mental health care staff. He further stated any housing would be reviewed by the multidisciplinary team to make sure the individual is housed appropriately and not housed with anyone who is aggressive or has a violent crime. Further, the PCM indicate that risk screening scores/codes would have to match up and that they check with the transgender or intersex inmate at least twice a year to update their score. The PCM confirmed that housing and programming assignments would take into consideration the inmate's



health and safety as well as if the placement would present any security or management problems. There were zero transgender or intersex inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (d): IS-RO-02, page 5 states that placement and programming assignments for each transgender or intersex incarcerated individual shall be reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. The PCM confirmed that transgender and intersex inmates are reviewed at least twice a year. The staff responsible for the risk screening confirmed that transgender and intersex inmates would be assessed at least biannually. The auditor requested documentation related to biannual assessments of transgender and intersex inmates across the agency. The facility provided one reassessment for four transgender inmates and as such the documentation was not adequate to determine if biannual assessments are completed.

115.42 (e): IS-RO-02, page 5 states that the transgender or intersex incarcerated individual's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex inmates' views with respect to their safety are given serious consideration. There were zero transgender or intersex inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (f): IS-RO-02, page 5 states that transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals. During the tour the auditor observed that showers were single person with raised saloon style doors. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that transgender and intersex individuals would be given the opportunity to shower at count when other inmates do not have access to the showers. There were zero transgender or intersex inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (g): IS-RO-02, page 5 states that IDOC shall not place lesbian, gay, bisexual, transgender, or intersex incarcerated individuals in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The interview with the PC confirmed that the agency is not subject to a consent decree

and that there is not a dedicated facility for LGBTI inmates. She stated that all inmates have a risk assessment completed and they are housed based on their risk assessment score. She confirmed they do not place LGBTI inmates in any one facility, housing unit or wing. The PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with three LGB inmates indicated that two did not feel LGBTI inmates are placed in dedicated facilities, units, or wings solely on the basis of such identification or status. One LGB inmate stated he did not know if LGBTI inmate are housed in one unit. A review of housing assignments for LGBTI inmates confirmed they were housed across different housing units within the facility, confirming that LGBTI inmates were not placed in one dedicated unit or wing at NCCF.

Based on a review of the PAQ, IS-RO-02, the Sexual Violence Propensity Assessment Scoring Guide for Offenders, inmates at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex inmate house determinations, transgender or intersex biannual assessments, LGBTI inmate housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening, transgender inmates and LGB inmates, indicates that this standard appears to require corrective action. A review of work, program and education assignments indicated that potential victims were assigned to job assignments with potential aggressors. While most of the jobs appeared to be in areas with staff supervision (i.e. kitchen), the auditor did have concerns with those assigned to the tree farm and dogs as these areas did not appear to always be supervised. Additional information is needed related to these assignments. Further, the auditor identified two potential aggressors who were assigned as mentors, meaning they assist other inmates. The auditor requested documentation related to transgender and intersex inmates across the facility. The agency provided documentation related to housing of transgender inmates, however the auditor determined that the documentation provided was not adequate. The documentation did not include housing determination for male/female facilities on a case by case basis taking into consideration the inmate's health and safety and any security or management problems. The auditor requested documentation related to biannual assessments of transgender and intersex inmates across the agency. The facility provided one reassessment for four transgender inmates and as such the documentation was not adequate to determine if biannual assessments are completed.

#### Corrective Action

The facility will need to review work, program and education assignments for those at high risk of victimization and those at high risk of abusiveness. Staff will need to make any modification and then provide an updated list of housing, work, program

and education assignments. The agency will need to provide documentation related to case by case male/female housing determinations for transgender inmates. The documentation will need to include information on the designated facility and justification related to inmate's health and safety and security and management problems. The agency will also need to provide further documentation related to biannual assessments.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Transgender and Intersex Housing Determination Documentation
2. Biannual Assessments
3. Housing Determinations/List of High Risk Inmates with Housing, Program, Education and Job Assignments

During the corrective action period the agency provided documentation that transgender and intersex inmate housing is reviewed on a case-by-case basis. Transgender inmates can request to be moved to an opposite gender facility or agency staff may initiate a review based on safety and security. A multi-disciplinary team reviews the housing request. Numerous factors are considered in the determination, including safety, security and the inmate's view. Conversation with agency staff further confirmed the process and that housing is determined on case-by-case basis. Additionally, the agency provided documentation for transgender inmates related to biannual assessments confirming that other IDOC facilities are conducting them. The facility did not house any transgender or intersex inmates during the audit period and as such the auditor determined documentation was not required as the facility is not held accountable for other facility biannual reviews.

On August 24, 2023 the facility provided an updated list of high risk inmates and their housing, job, education and program assignments. A review of the documentation confirmed that there were no high risk victims housed with high risk abusers. Further job and program assignments appeared to be adequate. The auditor observed a few potential abusers as mentors, however these were reviewed by classification staff to ensure they were not mentors to potential victims.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

**115.43 Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. IO-HO-06 - Protective Custody (PC) Housing
3. Inmates at High Risk of Victimization Housing Assignments

Interviews:

1. Interview with the Warden Designee
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing. IO-HO-06, page 6 states that incarcerated individuals at high risk for sexual victimization shall not be placed in involuntary PC housing unless an assessment has been made that there is not available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual in involuntary PC housing for less than 24 hours while

completing the assessment. The interview with the Warden Designee confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. A review of housing assignments for current inmates at high risk of sexual victimization indicated none were housed in the segregated housing unit.

115.43 (b): During the tour the auditor observed the segregated housing unit. The unit included a hearing room, an area with library books and an indoor recreation space. Strip searches are conducted in the shower or in the cells. Inmates are provided one hour out of cell time a day to utilize the shower, phones, kiosk and indoor recreation area. Written kites or grievances are picked up daily by the staff. The interview with the staff who supervise inmates in segregated housing confirmed that inmates at high risk of victimization placed in involuntary segregated housing would have access to programs, privileges, education and work opportunities to the extent possible. He further stated that if anything was restricted it would be documented in notes. He further stated they allow everything as long as it is possible. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): The PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. IO-HO-06, page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. The interview with the Warden Designee confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated this rarely ever happens and that they typically place the possible perpetrator in segregated housing. The Warden Designee stated if they did utilize involuntary segregated housing for a high risk inmate, he/she would not stay longer than a week as they have a close relationship with another IDOC facility and they can transfer individuals. The interview with the staff who supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated they typically can move people pretty quick as they are able to transfer to another IDOC facility. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The PAQ indicated there were zero inmates at risk of sexual victimization

who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current inmates at high risk of sexual victimization indicated zero were housed in the segregated housing unit.

115.43 (e): The PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. IO-HO-06, page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC (Protective Custody Review Committee) at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. He stated that they are reviewed weekly at the facility. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, IO-HO-06, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates this standard appears to be compliant.

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-01 - Incarcerated Individual PREA Information</li> <li>3. PREA-02 - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>4. PREA-02 (NCCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> </ol>

5. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
6. Staying Safe A Guide for Incarcerated Individual Conduct
7. PREA Posters
8. PREA Reporting Options Poster

Documents Received During the Interim Report:

1. Updated Staying Safe A Guide for Incarcerated Individual Conduct
2. Photos of Updated Documentation on OffNet
3. Photos of Updated Documentation Posted Around the Facility

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Reporting Information
2. Testing of Internal Reporting Hotline
3. Testing of the External Reporting Entity

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. PREA-01 (pages 5-6), PREA-02 (pages 9-10) and PREA-03 (pages 11-12) state that an incarcerated individual may report incarcerated individual-on-incarcerated individual sexual harassment or sexual abuse, or staff, contractor or volunteer sexual harassment or

sexual misconduct, or retaliation by other incarcerated individuals or staff for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to the incident in any way. Policy provides the methods including: to any employee, contractor or volunteer; by sending a kite, kiosk message or letter to the institution Warden; or by sending a letter to the Victim Restoration Justice Director (address included) or the Iowa Ombudsman Office (address included). A review of additional documentation to include the Staying Safe A Guide for Incarcerated Individual Conduct and PREA Posters confirm that inmates are advised of reporting methods including: telling a trusted staff member; sending a kite to the Warden or Investigator; writing to the Victim and Restorative Justice Director or writing to the Ombudsman. A review of the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in English and Spanish. During the tour the auditor observed a plethora of PREA information posted throughout the facility, including in each housing unit. Each housing unit had numerous PREA Posters that included information on zero tolerance and reporting mechanism. The posted PREA information included the Reporting Options Poster and numerous miscellaneous PREA Posters. The posted information advised of the methods to report; including verbally to any staff member, to the IDOC Inspector General's Office, via a kiosk message to specific staff, via a loved one and through external entities including CAASA, Iowa Victim Services and the Ombudsman's Office. Posted information ranged in size from very large to letter size paper. Posters were observed in English and Spanish and were located above the phones and on the walls. In addition to the posted information the auditor was advised information was available on the OffNet. The auditor had an incarcerated individual access the OffNet to illustrate what PREA information was accessible. The auditor viewed the PREA-01 (agency and facility), Staying Safe A Guide for Incarcerated Individual Conduct, CAASA Brochure and a Victim Advocacy Information Sheet. Additionally, the auditor was advised by incarcerated individuals that the PREA video is shown consistently on the movie channel. They also advised that the PREA information has been up for a while and that they knew about PREA and watched the video a bunch of times. The auditor tested two internal reporting mechanisms during the tour. The auditor called the PCM's extension (listed on the posted information) from the dedicated staff line phones in a housing unit. The auditor reached a voicemail and left a message on May 9, 2023. On May 10, 2023 the auditor received an email from the PCM confirming that he received the voicemail. Additionally, the auditor had an incarcerated individual demonstrate the written (kiosk) reporting mechanism. The individual walked the auditor through the process on how to compose a message. The auditor had the individual complete a test message to the PCM on May 9, 2023. The auditor received confirmation, via an emailed copy of the kiosk message on May 10, 2023. The PCM confirmed he received the kiosk message and would handle appropriately if it was an allegation of sexual abuse. Interviews with 26 inmates confirmed that all 26 were aware of at least one method to report sexual abuse and sexual harassment. Inmates stated they would report through a Correctional Officer, Captain or the Ombudsman. Interviews with fourteen random staff indicated that inmates can report on the kiosk,



verbally to staff, through their family, through the Ombudsman and in writing.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the IDOC does not house inmates solely for civil immigration purposes. PREA-01 (pages 5-6), PREA-02 (pages 9-10) and PREA-03 (pages 11-12) state that an incarcerated individual may report incarcerated individual-on-incarcerated individual sexual harassment or sexual abuse, or staff, contractor or volunteer sexual harassment or sexual misconduct, or retaliation by other incarcerated individuals or staff for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to the incident in any way. Policy provides the methods including: to any employee, contractor or volunteer; by sending a kite, kiosk message or letter to the institution Warden; or by sending a letter to the Victim Restoration Justice Director (address included) or the Iowa Ombudsman Office (address included). A review of the Staying Safe A Guide For Incarcerated Individual Contact confirmed that it included the address to the Victim and Restorative Justice Director and the Ombudsman's Office. A review of the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in English and Spanish. During the tour the auditor observed a plethora of PREA information posted throughout the facility, including in each housing unit. Each housing unit had numerous PREA Posters that included information on zero tolerance and reporting mechanism. The posted PREA information included the Reporting Options Poster and numerous miscellaneous PREA Posters. The posted information advised of the methods to report; including verbally to any staff member, to the IDOC Inspector General's Office, via a kiosk message to specific staff, via a loved one and through external entities including CAASA, Iowa Victim Services and the Ombudsman's Office. Posted information ranged in size from very large to letter size paper. Posters were observed in English and Spanish and were located above the phones and on the walls. In addition to the posted information the auditor was advised information was available on the OffNet. The auditor had an incarcerated individual access the OffNet to illustrate what PREA information was accessible. The auditor viewed the PREA-01 (agency and facility), Staying Safe A Guide for Incarcerated Individual Conduct, CAASA Brochure and a Victim Advocacy Information Sheet. Additionally, the auditor was advised by incarcerated individuals that the PREA video is shown consistently on the movie channel. They also advised that the PREA information has been up for a while and that they knew about PREA and watched the video a bunch of times. During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides it to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The mailroom staff advised when they receive

the third party postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it and read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to the Ombudsman's Office is treated like legal mail. During the tour the auditor observed that housing units had a mailbox where kites, grievances and US mail can be placed. Incarcerated individuals are able to contact the external reporting entity via phone or written correspondence. In order for the individual to call the Ombudsman's Office, the phone number has to be added to the individual's call list. The PC advised that the Ombudsman's Officer requested that individuals be charged for calls to reduce the amount of frivolous calls they were receiving. On May 10, 2023 the auditor called the Ombudsman's Office via personal cell phone. A receptionist took the auditors information and advised she would open a case and have someone return the call. On May 12, 2023 the auditor received a call from the Ombudsman's Office advising that they accept reports of sexual abuse and sexual harassment from incarcerated individuals. The staff advised that once the information is received they get in touch with or forward a message to the Deputy Secretary. The Ombudsman's Office staff confirmed that incarcerated individuals are able to remain anonymous upon request and they can also send a letter to the office where they can remove the individual's contact information. The auditor further tested the written method of contacting the Ombudsman's Office. The auditor sent a letter from another IDOC facility on June 14, 2023. The auditor received confirmation via email on June 21, 2023 from a staff member at the Ombudsman's Office confirming that the letter was received. The interview with the PCM indicated that incarcerated individuals can report externally through family, CASSA, the Iowa Victim Network and the Ombudsman's Office. The PCM confirmed that information reported to the Ombudsman's Office is forwarded back to the agency investigator who then initiates the report and assigns an investigator. He stated the information may also be provided to the Warden. Interviews with 26 inmates indicated that 25 were aware of the Ombudsman's Office and 20 were aware they could report sexual abuse to the Ombudsman's Office. Eighteen of the 26 advised they knew they could report anonymously without giving their name. The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable. During the interim report period the facility updated the Staying Safe A Guide for Incarcerated Individual Contact to include that the Ombudsman's Office is the external reporting party and all phone calls and mail to the Ombudsman are considered confidential. The Staying Safe A Guide for Incarcerated Individual Contact was also updated to advise inmates that they can remain anonymous when reporting to the Ombudsman's Office. The facility provided photos of the updated Staying Safe A Guide for Incarcerated Individual Contact posted around the facility as well as on

the OffNet.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. PREA-01, page 7 states staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document all verbal reports. PREA-02 (page 10) and PREA-03 (page 12) indicate that any staff member who receives a report of sexual violence, sexual misconduct, sexual harassment, retaliation, staff neglect or violation of duties, whether verbally or in writing, anonymously, or from third parties, shall immediately notify the Shift Supervisor and complete an incident report. Interviews with 26 inmates indicated all 26 knew they could report verbally and/or in writing to staff and 24 knew they could report through a third party. Interviews with fourteen staff indicate that inmates can report verbally, in writing, anonymously and through a third party. One staff member advised he was unsure about the third party and anonymous reporting method. Most of the fourteen staff indicated that they would document any verbal allegations in an incident report or email immediately, but before the end of their shift. A review of investigations indicated that six were reported verbally to a staff member. Five verbal reports were documented in an incident report and one was documented in an email. During the tour the auditor asked a staff member to illustrate how they would document a verbal report of sexual abuse or sexual harassment. The staff advised that they would document a verbal report in an email to the Captain. The auditor confirmed that all staff have email access. The staff confirmed that they would also verbally report the information to the Captain. Staff indicated that after the Captain receives the emailed information, he/she would enter it into the Critical Incident Report database.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ noted that staff are informed of this method through yearly training and Posters. PREA-02, page 7 states that each institution shall provide a method for staff to privately report sexual violence against incarcerated individuals. Policy further states this includes calling the Ombudsman (1-888-426-6283) or sending them correspondence (Ola Babcock Miller Building, 1112 East Grand, Des Moines, Iowa 50319). PREA-02 (NCCF), page 8 states that NCCF staff may report sexual violence against offenders directly to the Inspector General's office in Central Office. Interviews with fourteen staff indicated that thirteen were aware that they could privately report sexual abuse of an inmate. Staff stated they could report verbally to a supervisor or through an email.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-02 (NCCF), PREA-03, the Staying Safe A Guide for Incarcerated Individual Conduct, PREA Reporting Options Poster, PREA Posters, documentation received during the interim report period,

observations during the tour and information from interviews with the PCM, random inmates and random staff this standard appears to require corrective action. The posted information advised of the methods to report; including verbally to any staff member, to the IDOC Inspector General's Office, via a kiosk message to specific staff, via a loved one and through external entities including CAASA, Iowa Victim Services and the Ombudsman's Office. Due to confidentiality CAASA and Iowa Victim Services cannot serve as outside reporting entities and as such the posted information was not accurate.

#### Corrective Action

The facility will need to update the PREA Reporting Options Poster related to the outside reporting entity. CAASA and Iowa Victim Services should be removed as reporting entities and should only be documented as outside emotional support services. A copy of the updated PREA Reporting Options Poster will need to be provided to the auditor. Photos of the updated Poster around the facility will need to be provided as well as confirmation that the updated Poster was added to the OffNet.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Updated PREA Reporting Poster
2. Photos of Updated PREA Reporting Poster on OffNet and Posted Around Facility

On August 24, 2023 the facility provided a copy of the updated PREA Reporting Poster. The updated PREA Reporting Poster had CAASA and Iowa Victim Services removed as the outside reporting entity and replaced with the Ombudsman's Office. The Poster had the mailing address and phone number to the Ombudsman's Office and advised the inmates that they can remain anonymous when reporting to this external entity. The facility provided numerous photos of the updated information (in English and Spanish) posted around the facility and posted on OffNet.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

**115.52 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. IO-OR-06 - Incarcerated Individual Grievance Procedures
3. Grievance Log
4. Sample Grievances

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation.

115.52 (b): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation.

115.52 (c): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance.

However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation.

115.52 (d): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log and a sample of grievances confirmed there were no reported sexual abuse allegations via the grievance process.

115.52 (e): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log and a sample of grievances confirmed there were no reported sexual abuse allegations via the grievance process.

115.52 (f): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log and a sample of grievances confirmed there were no reported sexual abuse allegations via the grievance process.

115.52 (g): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation.

Based on a review of the PAQ, IO-OR-06, the grievance log and a sample of grievances indicates that this standard appears to be compliant.

**115.53**

**Inmate access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
3. PREA-02 (NCCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
5. Memorandum of Understanding with Center Against Abuse and Sexual Assault (CAASA)
6. Staying Safe A Guide for Incarcerated Individual Conduct

Documents Received During the Interim Report:

1. Updated Staying Safe A Guide for Incarcerated Individual Conduct
2. Photos of Updated Documentation on OffNet
3. Photos of Updated Documentation Posted Around the Facility

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates Who Reported Sexual Abuse

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential a manner as possible. The PAQ stated that the does not house inmates solely for civil immigration purposes. The PAQ stated that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential manner as possible. PREA-02 (page 11) and PREA-03 (page 7) indicate that the institution shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual violence by giving incarcerated individuals mailing addresses and telephone numbers. Policies further state that the institution shall enable reasonable communication between incarcerated individuals and these organizations and agencies, in as confidential a manner as possible. The MOU with CAASA states that the purpose is to ensure that all sexual abuse survivors who are under supervision of or have requested victim services or referrals at NCCF, receive services that support the survivor's need through coordinated, safe and effective practice and policy. A review of the Staying Safe A Guide for Incarcerated Individual Conduct indicates it states that counseling and support service for sexual assault victims are available and can be requested. It further states that NCCF will provide referrals to CAASA including hotline numbers, advocacy, counseling and information and referrals. It further states that CAASA will provide offender victims with resource information and assist, when necessary, through the criminal/civil justice system and the administrative process. A review of the CAASA Brochure confirms that it has information on what sexual violence can be, what to do if assaulted, CAASA offered services, contact information to CAASA county offices (including mailing address and telephone numbers), and information that services are free and confidential. A review of the supplemental PAQ documentation confirmed that two inmates requested victim advocacy services and had in-person services with an advocate set up through the facility PCM. Additionally, the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individuals Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in English and Spanish. Interviews with 26 inmates, including those who reported sexual abuse, indicated that nine were aware of outside victim advocacy services and fourteen were provided contact information for CAASA. Many of the inmates advised that they were provided the contact information for CAASA and that it was posted around the facility and was on the OffNet. During the tour the auditor observed a plethora of PREA information posted throughout the facility, including in each housing unit. Victim advocacy information was observed in each housing unit through the Reporting Options Poster and the CAASA Brochure. The posted information contained both the contact number for CAASA and the Iowa Victim Services. The CAASA Brochure also included the mailing address. All posted victim advocacy information was observed in English near the phones and/or on the wall.



The PREA Reporting Options Poster provided the phone numbers to CAASA and Iowa Victim Services, however the document had the numbers listed as those to contact as an outside reporting entity rather than for victim advocacy services. In addition to the posted information the auditor was advised information was available on the OffNet. The auditor had an incarcerated individual access the OffNet to illustrate what PREA information was accessible. The auditor viewed the PREA-01 (agency and facility), Staying Safe A Guide for Incarcerated Individual Conduct, CAASA Brochure and a Victim Advocacy Information Sheet. The facility provides access to victim advocates through CAASA and Iowa Victim Services. The auditor attempted to contact CAASA on the number posted in the housing units. The call required a pin number and as such the auditor asked an incarcerated individual to assist with calling the number. The individual attempted to call CAASA using his pin, however he received a notification that the number was not on his approved call list. The auditor then attempted to contact the number posted for Iowa Victim Services. The call required a pin number and as such the auditor asked an incarcerated individual to assist with calling the number. The auditor was able to call with the pin number. The line had an automated message that advised that calls to the service were free and confidential and the line is available 24 hours a day. When the call connected the auditor reached a live staff member who advised that she would be able to provide emotional support services over the phone to any incarcerated individual. She further confirmed that they can provide accommodations for LEP and disabled individuals. During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides it to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The mailroom staff advised when they receive the third party postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it and read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to CAASA and Iowa Victim Services is treated like legal mail. During the interim report period the facility updated the Staying Safe A Guide for Incarcerated Individual Conduct. The document was updated to state that free and confidential services are available to anyone at any time, regardless of when the abuse occurred. Calls are not monitored or recorded. All mail is treated like legal mail. CAASA is not a reporting mechanism and any information provided related to incidents of sexual abuse cannot be reported without written consent. The document was updated to include the hotline number and mailing address for CAASA. The facility provided photos of the updated documented posted around the facility as well as photos of the updated document posted to the OffNet.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The PAQ also stated the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. PREA-02 (page 12) and PREA-03 (page 7) state that the institution shall inform incarcerated individuals, prior to giving them access, of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU with CAASA states that the purpose is to ensure that all sexual abuse survivors who are under supervision of or have requested victim services or referrals at NCCF, receive services that support the survivor's need through coordinated, safe and effective practice and policy. A review of the Staying Safe A Guide for Incarcerated Individual Conduct indicates it states that counseling and support service for sexual assault victims are available and can be requested. It further states that NCCF will provide referrals to CAASA including hotline numbers, advocacy, counseling and information and referrals. It further states that CAASA will provide offender victims with resource information and assist, when necessary, through the criminal/civil justice system and the administrative process. A review of the CAASA Brochure confirms that it has information on what sexual violence can be, what to do if assaulted, CAASA offered services, contact information to CAASA county offices (including mailing address and telephone numbers), and information that services are free and confidential. A review of the supplemental PAQ documentation confirmed that two inmates requested victim advocacy services and had in-person services with an advocate set up through the facility PCM. Additionally, the supplemental PAQ documents confirmed that the OffNet has fourteen documents related to PREA, including PREA-01, PREA-02, PREA-03, PREA-04, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Crisis Centers in Iowa, PREA Domestic Violence Sexual Assault Corrections Map and the Female Staff Announcement Document. Some documents were available in English and Spanish. Interviews with 26 inmates, including those who reported sexual abuse, indicated that nine were aware of outside victim advocacy services and fourteen were provided contact information for CAASA. Many of the inmates advised that they were provided the contact information for CAASA and that it was posted around the facility and was on the OffNet. The inmates stated they were provided the information but they did not know specifics related to CAASA. The facility provides access to victim advocates through CAASA and Iowa Victim Services. The auditor attempted to contact CAASA on the number posted in the housing units. The call required a pin number and as such the auditor asked an incarcerated individual to assist with calling the number. The individual attempted to call CAASA using his pin, however he received a notification that the number was not on his approved call list. The auditor then attempted to contact the number posted for Iowa Victim Services. The call required a pin number and as such the auditor asked an incarcerated individual to assist with calling the number. The auditor was able to call with the pin number. The line had an automated message that advised that calls to the service were free and confidential and the line

is available 24 hours a day. When the call connected the auditor reached a live staff member who advised that she would be able to provide emotional support services over the phone to any incarcerated individual. She further confirmed that they can provide accommodations for LEP and disabled individuals. During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides it to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The mailroom staff advised when they receive the third party postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it and read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to CAASA and Iowa Victim Services is treated like legal mail. During the tour the auditor observed that housing units had a mailbox where kites, grievances and US mail can be placed. During the interim report period the facility updated the Staying Safe A Guide for Incarcerated Individual Conduct. The document was updated to state that free and confidential services are available to anyone at any time, regardless of when the abuse occurred. Calls are not monitored or recorded. All mail is treated like legal mail. CAASA is not a reporting mechanism and any information provided related to incidents of sexual abuse cannot be reported without written consent. The document was updated to include the hotline number and mailing address for CAASA. The facility provided photos of the updated documented posted around the facility as well as photos of the updated document posted to the OffNet.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse and the facility maintains copies of the agreement. PREA-02 (page 12) and PREA-03 (page 7) state that the institution PREA Compliance Manager/PREA Coordinator shall enter into or attempt to enter into a memorandum of understanding or other agreement with community rape crisis service providers. Each institution shall maintain copies of agreements or document showing attempts to enter into such agreements. PREA-02 (NCCF), page 14 states NCCF shall maintain a Memorandum of Understanding (MOU) with Centers Against Abuse & Sexual Assault (CAASA) and with MercyOne Medical Center, Des Moines to provide services. A review of documentation confirms that the facility has an MOU with CAASA, a local rape crisis center. The MOU was executed on February 27, 2020. The MOU expired in February 2023, however the facility advised

that they still function under the expired MOU. During the interim report period the facility provided an email from CAASA confirming that they would sign an updated MOU with the same language.

Based on a review of the PAQ, PREA-02, PREA-02 (CCF), PREA-03, the MOU with CAASA documents received during the interim report and interviews with random inmates and inmates who reported sexual abuse this standard appears to require corrective action. The auditor attempted to contact CAASA on the number posted in the housing units. The call required a pin number and as such the auditor asked an incarcerated individual to assist with calling the number. The individual attempted to call CAASA using his pin, however he received a notification that the number was not on his approved call list. The PREA Reporting Options Poster provided the phone numbers to CAASA and Iowa Victim Services, however the document had the numbers listed as those to contact as an outside reporting entity rather than for victim advocacy services.

#### Corrective Action

The facility will need to update the PREA Reporting Options Poster related to victim advocacy services. CAASA and Iowa Victim Services should be removed as reporting entities and should only be documented as outside emotional support services. A copy of the updated PREA Reporting Options Poster will need to be provided to the auditor. Photos of the updated Poster around the facility will need to be provided as well as confirmation that the updated Poster was added to the OffNet. Additionally, the facility will need to provide confirmation that the CAASA number is functional from the inmate phones.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. CAASA Phone Number Documentation
2. Assurance Memorandum

	<p>3. Updated PREA Reporting Poster</p> <p>4. Photos of Updated PREA Reporting Poster on OffNet and Posted Around Facility</p> <p>On June 26, 2023 the facility provided documentation indicating that the CAASA number is accessible to inmates by adding the number to their call list or by requesting through mental health care staff to contact the number. On July 31, 2023 an assurance memo was provided confirming that inmates were informed of the number for CAASA and to contact their psychologist to assist with calling the number.</p> <p>On August 24, 2023 the facility provided a copy of the updated PREA Reporting Poster. The updated PREA Reporting Poster had CAASA and Iowa Victim Services noted as emotional support services. The Poster include the phone numbers and stated that calls are free and confidential. The Posters also advise that if the inmate needs assistance contacting the organization that they can contact the PCM, counselor or psychologist. The facility provided numerous photos of the updated information (in English and Spanish) posted around the facility and posted on OffNet.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA Third Party Poster</li> </ol> <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of</p>

an inmate. A review of the agency’s website confirms that the following information is provided to the public: “If you are aware of an incarcerated individual or client who is experiencing sexual abuse you can report this anonymously through multiply venues: via email to PREA.reporting@iowa.gov, you can also mail a letter to IDOC Central Office, 510 E. 12th Street, Des Moines, IA 50319 or State of Iowa Office of Ombudsman, 1112 E. Grand Avenue, Des Moines, IA 50319.” A review of the Third Party Poster confirms that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals are directed to call 319-372-5432 extension 41847 or request to speak with a shift supervisor. On May 10, 2023 the auditor sent an email to the above email address to test the functionality of the third party reporting mechanism. The auditor received a response on May 10, 2023 from the PC confirming the email was received and that if a report of sexual abuse or sexual harassment was sent it would be forwarded to the IGO to initiate an investigation. During the tour the auditor observed the PREA Third Party Poster in visitation and the front entrance. The PREA Third Party Poster was in English and Spanish and included the telephone number to the facility and the PCM’s extension and it also included the agency website information.

Based on a review of the PAQ, the Third Party Poster, the agency’s website and observations during the tour, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the agency update the PREA Third Party Poster as it provides the agency website, but indicates to email a report. The third party has to go to the website to obtain the email address. While this is not inaccurate, the information is confusing for third parties. The auditor highly recommends that the email be placed on the Poster in lieu of or in addition to the website.

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> </ul>

3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation

4. Investigative Reports

Documents Received During the Interim Report

1. Training Memorandum Related to Mandatory Reporting Laws

Interviews:

1. Interview with Random Staff

2. Interview with Medical and Mental Health Staff

3. Interview with the Warden

4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. PREA-01, page 10 states all staff shall report immediately any knowledge, suspicion, or information whether verbally or in writing regarding: an incident of sexual abuse, sexual misconduct, or sexual harassment that occurred in a facility, whether or not it is part of IDOC; retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, PREA-02 (page 10) and PREA-03 (page 12) indicate that any staff member who receives a report of sexual violence, sexual misconduct, sexual harassment, retaliation, staff neglect or violation of duties, whether verbally or in writing, anonymously, or from third parties, shall immediately notify the Shift Supervisor and complete an incident report. Interviews with fourteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to the Supervisor, Captain, PREA Captain or PREA Investigator.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. PREA-02 (page 8) and PREA-03 (page 6) state all sexual violence investigations are confidential under Iowa statute and administrative rules. Other than reporting to supervisors or the institution's sexual violence investigators or PREA Compliance Manager/PREA Coordinator, staff shall not reveal any information related to a report to anyone other than to the extent necessary, as specified in IDOC policy, to make treatment, investigation and other security or management decisions. Interviews with fourteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to the Supervisor, Captain, PREA Captain or PREA Investigator.

115.61 (c): A review of documentation indicated that three allegations were reported to medical or mental health care staff. In all three instances the medical or mental health staff member immediately notified security of the allegation and completed an incident report. Interviews with medical and mental health care staff confirm that at the initiation of services to an inmate they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. One of the two staff members stated that an inmate had reported an incident of sexual abuse or sexual harassment directly to her and she immediately reported the information to security staff.

115.61 (d): The interview with the PREA Coordinator indicated that the agency follows all mandatory reporting laws related to youthful inmates and vulnerable inmates. The Warden Designee stated that they do not house offenders under eighteen. He indicated staff are mandated reporters but he was unaware of any agency (other than IDOC and/or local law enforcement) that they were required to report to related to any vulnerable adults. It should be noted that mandatory reporters are required to report orally and in writing to the Department of Health and Human Services. During the interim report period the facility provided a training memo signed by the Warden Designee, PCM, facility investigator and PC that they were trained and informed on mandatory reporting laws under this provision and they would notify the Department of Health and Human Services related to any allegations made by those under eighteen and those considered to be vulnerable adults.



	<p>115.61 (e): PREA-02 (pages 5-6) and PREA-03 (page 12) indicate each institution shall immediately report all allegations of sexual violence, including third-party and anonymous reports and allegations to the deputy Director of Institution Operations/ Designee and to the institution’s sexual violence investigator. The interview with the Warden Designee confirmed that all allegations are reported to the facility investigators. A review of investigative reports indicated that six were reported verbally, one was reported via Warden to Warden and one was reported through a third party. In all eight instances the information was forwarded to the facility investigator for investigations.</p> <p>Based on a review of the PAQ, PREA-02, PREA-03, investigative report, the training memo received during the interim report period and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden Designee indicates that this standard appears to be corrected and as such compliant.</p>
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<b>115.62 Agency protection duties</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Warden Designee</li> <li>3. Interview with Random Staff</li> </ol> <p>Findings (By Provision):</p>

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e. takes some action to assess and implement appropriate protective measures without unreasonable delay). PREA-02 (page 7) and PREA-03 (page 11) state when an institution learns that an incarcerated individual is subject to substantial risk of imminent sexual violence, it shall take immediate action to protect the incarcerated individual. The PAQ stated that there were four determinations made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse and that all potential perpetrators were placed in segregation if there was a safety concern. The PAQ further indicated that protective actions were taken immediately. A review of documentation indicated that there were four instances where reports of sexual harassment (precursor behaviors) were reported. In all four instances the alleged perpetrators were placed in segregated housing to protect the inmate victim from imminent risk of sexual abuse. The interview with the Agency Head indicated that when the agency learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse they get the PCM involved and the staff who monitor for retaliation involved. She indicate they immediately initiate an investigation and they take any necessary steps such as changing housing units and/or facility transfers to ensure immediate separation. The Warden Designee stated that when the facility learns that an incarcerated individual is at imminent risk of sexual abuse they immediately have the individual taken to be interviewed by the Shift Supervisor to assess their perception of risk. He indicated they would assess the current housing assignment and determine appropriate course of action related to the individuals safety. He further stated they would ensure the individuals safety with minimal limits to freedom (i.e. placing in segregated housing). Interviews with random staff confirm that if an inmate was at imminent risk of sexual abuse they would take immediate action. Staff indicated they would remove the inmate from the area, take the inmate to the Supervisor, ask/review if the inmate needs protective custody and have an investigation completed.

Based on a review of the PAQ, PREA-02, PREA-03, investigative reports and information from interviews with the Agency Head, Warden Designee and random staff indicates that this standard appears to be compliant.

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire

2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
4. Investigative Reports
5. Notification Letter/Email

Documents Received During the Interim Report Period:

1. Staff Training Memorandum

Interviews:

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

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. PREA-02 (page 9) and PREA-03 (page 7) state upon receiving an allegation that an incarcerated individual was sexually abused by another incarcerated individual while confined at another facility, the Warden shall immediately notify the Deputy Director of Institution Operations/Designee. The Deputy Director of Institution Operations/Designee shall notify the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ stated there were two allegations received that an inmate was abused while confined at another facility. A review of documentation confirmed there were two allegations reported at NCCF that occurred at another facility. Both allegations were forwarded by the PCM to the appropriate Warden via email.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. PREA-02 (page 9) and PREA-03 (page 7) state such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation confirmed there were two

allegations reported at NCCF that occurred at another facility. Both allegations were forwarded by the PCM to the appropriate Warden via email. One notification was provided within 72 hours while the second was past the 72 hour timeframe. It should be noted the notification was provided within a week of report. During the interim report period the facility provided a signed training memo confirming that the Warden or Designee will ensure notifications are made within 72 hours of receipt.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. PREA-02 (page 9) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall document that such notification has been provided. A review of documentation confirmed there were two allegations reported at NCCF that occurred at another facility. Both allegations were forwarded by the PCM to the appropriate Warden via email.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. PREA-02 (page 9) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall ensure that the allegation is investigated in accordance with the requirements of the PREA standards. The PAQ stated there was one allegation reported to them from another facility in the previous twelve months. Further communication with the PCM and a review of documentation indicated that the facility initiated an investigation for an allegation that was reported at NCCF but occurred at Fort Dodge Correctional Center. As such, while it was investigated by NCCF under their investigation number, the incident occurred at Fort Dodge Correctional Center and as such there were zero allegations received by NCCF from other agencies/facilities. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility the main point of contact is the PC. The Agency Head stated the PC will then notify the Warden of the facility where the alleged abuse occurred and the appropriate investigative agency will be notified as well, if necessary. She further stated that they have had a recent allegation made through Warden to Warden notification and that the agency investigators were notified as well as the local police. The interview with the Warden Designee confirmed that when they receive an allegation from another facility that an inmate was abused while housed at their facility they handle it just like any other allegation. He indicated they would enter it into the database and an investigator would be assigned to investigate the claim. The Warden Designee confirmed that they had recently had one reported to them from another facility/agency and that they have an open investigation. A review of additional documentation confirmed that the facility had received a recent Warden to Warden notification and initiated an investigation into the allegation.

Based on a review of the PAQ, PREA-02, PREA-03, investigative reports, notification

	<p>letter, the training memo received during the interim report period and interviews with the Agency Head and Warden Designee, this standard appears to be corrected and as such is compliant.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-01 – Incarcerated Individual PREA Information</li> <li>3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>5. PREA Card</li> <li>6. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with First Responders</li> <li>2. Interview with Random Staff</li> <li>3. Interview with Inmates Who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p> <p>115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of</p>

physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. PREA-02 (page 11) and PREA-03 (pages 12-13) state the first security staff on the scene of an incident of sexual abuse/assault shall: separate the alleged victim and perpetrator; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if it is alleged that a sexual abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, drinking, or eating. PREA-01 pages 7-8, state that if applicable to the circumstances, the alleged incarcerated victim shall be advised by the employee receiving the report or Shift Supervisor that showering or body cleaning, or if the alleged abuse was oral, drinking or brushing could damage or destroy evidence. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The facility provides all staff PREA Cards, which outline security and non-security first responder duties. The PAQ stated there were three allegations of sexual abuse in the previous twelve months. All three involved the first security staff first responder to separate the alleged victim and abuser. The PAQ further indicated that none of the three required any additional first responder duties. A review of eight sexual abuse and sexual harassment investigations indicated none involved any first responder duties. It should be noted that while first responder duties were not required, the alleged perpetrator in four allegations was placed in segregated housing. The security staff first responders stated first responder duties for an incident of sexual abuse involve not leaving the scene, stopping any activity that is currently going on, securing the scene, calling for assistance, separating the individuals, having both individuals seen by health care staff, documenting information in written format, preserving evidence, not letting the individuals shower, brush their teeth, change their clothes, etc., having the individuals transported to the hospital for a rape kit and placing the aggressor in segregated housing. The non-security first responder stated that her first responder duties would involve giving a direct order for the individuals to separate, separating them, calling for security staff, escorting the victim to medical and having security stay with the perpetrator. Interviews with two inmates who reported sexual abuse indicated both allegations were reported by a third party. One alleged victim stated he remained in the same housing unit and it was against a staff member so no immediate first responder duties were necessary. The second alleged victim stated the incident did not occur and he advised the staff that when they came to speak to him.

115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

PREA-02 (page 11) and PREA-03 (page 12) state if the first responder is not security then, after ensuring that the alleged victim is free from harm, the staff member shall advise the alleged victim not to take any actions that could destroy physical evidence. The non-security staff member shall notify security of the situation immediately. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The facility provides all staff PREA Cards, which outline security and non-security first responder duties. The PAQ stated there was one allegation of sexual abuse that involved a non-security staff first responder. The PAQ further stated that it occurred outside the 72 hour timeframe so the inmates were not advised not to take any action to destroy evidence. The PAQ also stated that there were zero instances where the non-security first responder notified security. A review of eight allegations indicated three were reported to a non-security first responder. In all three instances, the non-security first responder immediately reported the information to security. None of the three instances required any other first responder duties. The security staff first responders stated first responder duties for an incident of sexual abuse involve not leaving the scene, stopping any activity that is currently going on, securing the scene, calling for assistance, separating the individuals, having both individuals seen by health care staff, documenting information in written format, preserving evidence, not letting the individuals shower, brush their teeth, change their clothes, etc., having the individuals transported to the hospital for a rape kit and placing the aggressor in segregated housing. The non-security first responder stated that her first responder duties would involve giving a direct order for the individuals to separate, separating them, calling for security staff, escorting the victim to medical and having security stay with the perpetrator. The interviews with random staff confirm that staff are aware of first responder duties. Staff were provided a PREA Card which has the first responder duties outlined.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, investigative reports and interviews with random staff, first responders and inmates who reported sexual abuse, this standard appears to be compliant.

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 (NCCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> </ul>

	<p>3. PREA-03 (NCCF) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</p> <p>4. Sexual Assault Response Checklists</p> <p>Interviews:</p> <p>1. Interview with the Warden Designee</p> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. PREA-02 (NCCF) and PREA-03 (NCCF) confirm that they outline the duties and responsibilities for the Director’s Office, staff, contractors, volunteers, the Warden, the Shift Supervisor, Investigators and medical and mental health care staff. The facility policies mirror the agency policies, however they provide facility specific information under certain sections related to duties and responsibilities. The Sexual Assault Checklists also outline first responder duties, health services duties, supervisor duties, investigator duties and leadership staff duties. The Warden Designee confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. He stated the PREA Response Plan covers all the areas in the policy and he stated there is also a checklist to ensure everything is completed and covered.</p> <p>Based on a review of the PAQ, PREA-02 (NCCF), PREA-03 (NCCF), the Sexual Assault Response Checklists and information from the interview with the Warden Designee, this standard appears to be compliant.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:



	<ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Collective Bargaining Agreement with the American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol> <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of the agreement confirmed it only deals with pay and wages. Nothing in the agreement limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview with the Agency Head confirmed that the agency has entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. She stated that nothing in the agreement prohibits the agency from removing staff abusers from contact with incarcerated individuals. She further stated that it does not prohibit them from disciplining staff for cause.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the collective bargaining agreement and the interview with the Agency Head, this standard appears to be compliant.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> </ol>

2. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
3. Monitoring for Retaliation Documents
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden Designee
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. PREA-03, page 23 states the institution shall protect all incarcerated individuals and staff who report sexual violence or cooperate with investigations from retaliation by other incarcerated individuals or staff, and shall designate which staff members or institution departments are charged with monitoring for retaliation. Page 10 also states that staff shall not retaliate upon knowledge of sexual violence or precursors behavior allegations. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation and the staff at the facility responsible for monitoring is the Treatment Services Director.

115.67 (b): PREA-03, page 23 states the institutional shall employ multiple protective measure, such as housing changes or transfers for incarcerated individual victims or perpetrators, removal of alleged staff aggressors or incarcerated individual perpetrators from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting or cooperating with investigations. A review of investigative reports and monitoring documents indicated that there have been no reported allegations of retaliation nor any reported fear of retaliation. A review of investigative reports indicated that two of the five involved the alleged perpetrator being placed in segregated housing. One victim was moved to a different general population housing unit and one was reported by an inmate who was housed at another facility. All four alleged victims that were at the facility at the time of the report were offered emotional support services through mental health.

Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head stated depending on the situation, they could initiate protective measures including; housing changes, transfers and removal of the staff abusers. She confirmed they could also offer emotional support services. The Warden Designee stated that they inform everyone of the zero tolerance for retaliation and that they can report any issues related to retaliation. The Warden Designee confirmed that they can take protective measures, including: housing changes, facility transfers, removal of staff abusers and emotional support services. The interview with the staff who monitor for retaliation indicated that he monitors for retaliation through the 30, 60 and 90 day follow-up checks. He stated he starts the tracking when the incident is reported. The staff confirmed that he could take protective measures such as separation through housing change and removal of staff abusers and/or facility transfers. He confirmed that they would also offer emotional support services. The monitoring staff confirmed that he conducts periodic status checks every 30 days for 90 days. Interviews with inmates who reported sexual abuse indicated both felt safe at the facility and both felt protected against any retaliation.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. PREA-03, pages 23-24 state for at least 90 days following a report of sexual violence, the institution shall monitor the conduct and treatment of incarcerated individuals or staff who reported the sexual violence and of incarcerated individuals who were reported to have suffered sexual violence to see if there are changes that may suggest possible retaliation by incarcerated individuals or staff, and shall act promptly to remedy any such retaliation. The institution shall monitor any incarcerated individual disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The institution shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden Designee indicated that if retaliation is suspected it would be handled similar to receiving an all allegation of sexual abuse or sexual harassment. He stated they would assess the risk and investigate the retaliation. He further indicated they would do whatever needs to be done to have the retaliation cease and protect the person. He stated they may place the person who is retaliating in segregation or remove them from contact if they are staff. The interview with the staff member responsible for monitoring retaliation indicated that he monitors for 90 days and if he suspected retaliation he would continuously monitor up to the individual's entire stay at the facility. The staff stated when monitoring for retaliation

he checks housing assignments, physical characteristics (i.e. injuries, bruises), behavioral changes, disciplinary issues and mental health contact. He further confirmed that he would check program and job assignments for inmates and post assignments and performance reviews for staff. A review of five sexual abuse investigations indicated two required monitoring (three were deemed unfounded within 30 days). One inmate was transferred out of the facility within 30 days and as such the facility did not complete monitoring. The second involved the full 90 day monitoring. The monitoring for retaliation was documented electronically via the Retaliation Tracking. The document included boxes where staff notate any housing changes, disciplinary reports, program/treatment impact, performance reviews and staffing issues. The staff also notated comments in one of the sections related to the periodic status checks.

115.67 (d): PREA-03, page 24 states that in the case of incarcerated individuals, such monitoring shall also include periodic status checks. The staff member responsible for monitoring confirmed that he conducts period status checks every 30 days for the 90 day period. A review of five sexual abuse investigations indicated two required monitoring (three were deemed unfounded within 30 days). One inmate was transferred out of the facility within 30 days and as such the facility did not complete monitoring. The second involved the full 90 day monitoring. The monitoring for retaliation was documented electronically via the Retaliation Tracking. The document included boxes where staff notate any housing changes, disciplinary reports, program/treatment impact, performance reviews and staffing issues. The staff also notated comments in one of the sections related to the periodic status checks.

115.67 (e): PREA-03, page 24 states if any other individual who cooperates with an investigation expresses a fear of retaliation, the institution shall take appropriate measures to protect that individual against retaliation. The Agency Head stated that the same protective measures would be taken for an individual who cooperates with an investigation. She stated they utilize a database for retaliation monitoring and they utilize it for tracking purposes. The Warden Designee confirmed that the same protective measures would be taken for those who cooperate with an investigation and fear retaliation, including housing changes, facility transfers, removal of alleged staff abusers and emotional support services.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, PREA-03, investigative reports, monitoring documents and interviews with the Agency Head, Warden Designee, inmates who reported sexual abuse and staff charged with monitoring for retaliation, this standard appears to be compliant.

**115.68 Post-allegation protective custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. IO-HO-05 - Short Term Restrictive Housing (STRH)
3. IO-HO-06 - Protective Custody (PC) Housing
4. Inmate Victim Housing Assignments

Interviews:

1. Interview with the Warden Designee
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero inmates who alleged sexual abuse who was involuntarily segregated for zero to 24 hours or longer than 30 day. IO-HO-05, page 3 states that any use of restrictive housing to protect an incarcerated individual who is alleged to have suffered sexual abuse shall be subject to the requirements of PREA Standard 115.43 (Refer to IDOC Policy IO-HO-06 Protective Custody). IO-HO-06, page 6 states that incarcerated individuals shall not be placed in involuntary PC housing unless an assessment has been made that there is not available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated

individual in involuntary PC housing for less than 24 hours while completing the assessment. Page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. During the tour the auditor observed the segregated housing unit. The unit included a hearing room, an area with library books and an indoor recreation space. Strip searches are conducted in the shower or in the cells. Inmates are provided one hour out of cell time a day to utilize the shower, phones, kiosk and indoor recreation area. Written kites or grievances are picked up daily by the staff. A review of housing documents for five inmates who reported sexual abuse indicated four remained in the same housing status after the reported sexual abuse and as such were not involuntarily segregated. One inmate reported the allegation at another facility (was reported via Warden to Warden notification) and as such was not housed at the facility at the time of the report. The interview with the Warden Designee confirmed that agency policy prohibits placing inmates who reported sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. He confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated this rarely ever happens and that they typically place the alleged perpetrator in segregated housing. The Warden Designee stated if they did utilize involuntary segregated housing for a high risk inmate, he/she would not stay longer than a week as they have a closer relationship with another IDOC facility and they can transfer individuals. He confirmed they have not utilized involuntary segregated housing for an incarcerated individual who reported sexual abuse over the previous twelve months. The interview with the staff who supervise inmates in segregated housing confirmed that inmate victims of sexual abuse placed in involuntary segregated housing would have access to programs, privileges, education and work opportunities to the extent possible. He further stated that if anything was restricted it would be documented in notes. He further stated they allow everything as long as it is possible. The staff indicated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated they typically can move people pretty quick as they are able to transfer to another IDOC facility. The staff member further confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. He stated they are typically reviewed weekly at the facility. There were no inmates identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted.

Based on a review of the PAQ, IO-HO-05, IO-HO-06, housing documentation for inmates who reported sexual abuse and the interview with the Warden Designee and staff who supervise inmates in segregated housing, this standard appears to be

	compliant.
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115.71	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> <li>5. Investigator Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> <li>2. Interview with the Warden Designee</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with the PREA Compliance Manager</li> </ol> <p>Findings (By Provision):</p> <p>115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. PREA-02 (page 12) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall assign specially trained sexual violence investigators and manage all sexual violence investigations, allegations, and incidents of sexual violence of retaliation. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. A review of the eight investigations during the previous twelve months confirmed that all were investigated by facility investigators. All eight were timely, thorough and objective. The auditor also reviewed three additional substantiated investigations that were completed from 2020-2022 and confirmed</p>

they were also timely, thorough and objective. The investigators stated that an investigation is typically initiated immediately, but it would not take more than two days to initiate. Both confirmed that an allegation that is reported anonymously or through a third party would be investigated in the same manner as an allegation reported via another method. They stated all allegations are taken seriously and they look into every allegation.

115.71 (b): PREA-03, page 21 states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, the impact of the Peace Officers' Bill of Rights, sexual abuse evidence collection in confinement settings, characteristics and behavior indicators of sexual violence perpetrators and victims in correctional settings, credibility assessments, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; IDOC Interview to Confession Training Curriculum (it should be noted this training has had numerous name changes over the years). A review of the training curriculum confirmed it is an in-depth 190 slide training that extensively covers the investigative process. The auditor confirmed the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of investigations revealed they were completed by five investigators, all of which had the specialized training. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.71 (c): PREA-02 (page 18) and PREA-03 (page 19) state Sexual Violence Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses; review prior complaints and reports of sexual violence involving the suspected perpetrators and include an effort to determine if staff actions or failures to act contributed to the abuse. A review eight investigations over the previous twelve months confirmed that all eight included statements and/or interviews of the alleged victim, perpetrator and witnesses, when applicable. Three of the eight involved evidence collection, including video review, ICON (electronic inmate database) review, phone review and kiosk/ email review. The interview with the facility investigator indicated his initial investigative steps include ensuring everyone is separated and that all evidence has been gathered correctly. He stated he makes sure the room/area is secured and then he starts the initial interviews. The facility investigator stated he would conduct the interviews and gather all the information to put together an investigative report. He stated it would then be sent to the OIGs office to get approved before it is finalized.



The agency investigator stated that his initial steps would be to assess the situation, gather any witnesses statements, collect any emails or other evidence the facility has, subpoena any phone records, order any video recordings, ensure the victim is safe, put together a plan, talk to anyone that needs to be interviewed, collect and review any evidence, review/research past similar incidents with people involved in the incident and complete a report. Both investigators stated they would be responsible for collecting any physical evidence, any paper documents, audio, video, statements and prior complaints.

115.71 (d): PREA-02 (page 12) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall assign specially trained sexual violence investigators and manage all sexual violence investigations, allegations, and incidents of sexual violence of retaliation. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The interviews with the investigators indicated they would consult with prosecutors before conducting any compelled interviews. A review of investigative reports confirmed none involved compelled interviews.

115.71 (e): PREA-02 (pages 18-19) and PREA-03 (page 19) state the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. IDOC shall not require an incarcerated individual who alleges sexual violence submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interviews with the investigators indicated that credibility is based on the weight of the evidence. They indicated everyone is deemed credible until they prove they are not. Both investigators stated that they do not require a victim to polygraph or truth telling device test. Zero of the inmates who reported sexual abuse stated they were required to take a polygraph or truth telling device test.

115.71 (f): PREA-02 (page 19) and PREA-03 (pages 19-20) indicate the investigators shall prepare a final written report that includes a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments and investigative facts and findings. The report shall include whether staff actions or failures contributed to the abuse. Additionally, PREA-02 (page 18) and PREA-03 (page 19) state Sexual Violence Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses; review prior complaints and reports of sexual violence involving the suspected perpetrators and include an effort to determine if staff actions or failures to act contributed to the abuse. A review of eight investigations during the previous twelve months confirmed that all were documented in a written report with information related to the initial allegation, a description of statements/

interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, whether video was reviewed and investigatory facts and findings. The interview with the facility investigator confirmed that all administrative investigations are documented in a written report and include all evidence (audio, video, physical), interviews and findings. The investigator stated they may also include disciplinary history in the report. The agency investigator also confirmed administrative investigations are documented in a written report that includes the allegation, investigator information, all evidence, a summary of the interviews, findings and recommendations. Both staff confirmed that they would determine if staff actions or failure to act contributed to the sexual abuse through reviewing video and from information from interviews. The agency investigator stated that any violations would be documented in the written report.

115.71 (g): PREA-02 (page 19) and PREA-03 (pages 19-20) indicate the investigators shall prepare a final written report that includes a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments and investigatory facts and findings. The report shall include whether staff actions or failures contributed to the abuse. Additionally, PREA-02 (page 19) and PREA-03 (page 20) state that IDOC shall make best efforts to ensure that criminal investigations by outside agencies are to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence are attached where feasible. There were zero criminal investigations available for review during the on-site portion of the audit as there were zero criminal investigations within the previous twelve months. The interviews with investigative staff confirmed that criminal investigations would be documented in written reports and the reports would be obtained from local law enforcement.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. PREA-02 (page 8) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. A review of documentation confirmed there have been no substantiated sexual abuse allegations during the previous twelve months. A review of three substantiated investigations from 2020-2022 indicated two were sexual harassment and the one that was sexual abuse that did not involve criminal behavior. The interviews with the investigators indicated that an allegation would be referred for prosecution if it involves a prosecutable offense and/or if a preponderance of the evidence has been met.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the

agency, plus five years. PREA-02 (page 19) and PREA-03 (page 10) state the institution and IGO shall retain all written sexual violence investigation reports for as long as the alleged perpetrator is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): PREA-02 (page 19) and PREA-03 (page 10) state the departure of the alleged perpetrator or victim from the employment or control of IDOC shall not provide a basis for terminating a sexual violence investigation. The interviews with the investigators confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

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

115.71 (l): PREA-02 (page 19) and PREA-03 (page 10) state when outside agencies investigate sexual violence, IDOC shall cooperate with outside investigators and shall endeavor to remain informed and keep the Deputy Director of Institution Operations informed about the progress of the investigations. The interview with the PREA Coordinator indicated when an outside agency investigates they coordinate efforts and work together with that agency. She indicated the outside agency would provide them information related to the investigation and progress. The Warden Designee stated that facility investigators have established a relationship with outside community providers and facility investigators serve as liaisons to the community partners. The PCM stated that the facility remains informed of the progress of outside investigations by reaching out to the agency/organization. He stated the investigator has good rapport with the county attorney/prosecutor and that they share what they can with the facility. The interview with the administrative investigator indicated that when an outside agency investigates he would serve as a liaison and provide them with any evidence or answer any questions. The agency investigator further stated if an outside agency investigates he would provide technical support and get them access to whatever they needed.

Based on a review of the PAQ, PREA-02, PREA-03, investigative reports, investigative training records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager and investigators, indicate that this standard appears to be compliant.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

1. Pre-Audit Questionnaire
2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
4. Investigative Reports

### Interviews:

1. Interview with Investigative Staff

### Findings (By Provision):

115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. PREA-02 (page 20) and PREA-03 (page 10) indicate IDOC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual violence are substantiated. A review of eight investigations indicated that the sexual abuse allegations were deemed unsubstantiated or unfounded. It should be noted that one inmate-on-inmate sexual abuse allegation was deemed unfounded by investigators because the alleged perpetrator advised it was horseplay and it was not meant in a sexual manner. The auditor spoke with the PCM and advised that regardless of horseplay or not, the allegations were sexual abuse and if the perpetrator advised it occurred but was just horseplay the investigation should have been substantiated. The auditor also reviewed three substantiated investigations from 2020-2022. All three utilized a preponderance of evidence. Thus the auditor did not determine this to be a systemic issue, but rather an error on the part of the one investigator. The facility spoke to the investigator during the on-site and relayed the issue with the investigative outcome, which served as training. The interviews with the investigators confirmed that they utilize a preponderance of the evidence to substantiate an administrative investigation.

Based on a review of the PAQ, PREA-02, PREA-03, investigative reports and information from the interviews with the investigators, it is determined that this standard appears to be compliant.

**115.73 Reporting to inmates**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
4. Investigative Reports
5. PREA-02 F-4, Investigator’s Closure Letter to Incarcerated Individuals
6. PREA-03 F-3, Investigator’s Closure Letter to Incarcerated Individuals

Interviews:

1. Interview with the Warden Designee
2. Interview with Investigative Staff
3. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. PREA-02 (page 20) and PREA-03 (page 20) state following an investigation into an allegation of incarcerated individual sexual misconduct or an investigation into an allegation of sexual violence, the sexual violence investigator shall inform the incarcerated individual victim as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ stated there were four completed sexual abuse investigations in the previous twelve months and four inmate victims who were provided a verbal or written victim notification. A review of five sexual abuse investigations indicated that all five were documented with an inmate

victim notification. Additionally, two sexual harassment investigations also had a victim notification documented. The interviews with the Warden and the investigators confirm that inmates are informed of the outcome of the investigation into their allegation. Interviews with two inmates who reported sexual abuse indicated neither were aware that they were to be told the outcome of the investigation. One inmate stated the he advised the staff the allegation was false and did not occur (reported via a third party) and the second stated that he was just told that the investigation was ongoing and not to discuss it with anyone else.

115.73 (b): The PAQ indicate that the agency conducts all administrative and criminal sexual abuse investigations and as such this provision is not applicable. The PAQ stated there were zero investigations completed by an outside agency in the previous twelve months. PREA-02 (page 20) and PREA-03 (page 21) state if IDOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the incarcerated individual. A review of investigations confirmed that none were investigated by an outside agency and as such no documentation was required under this provision.

115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months and in each case the agency subsequently informed the inmate of the provision under this standard. The PAQ further stated that the offender was notified that the officer was posted to the control center during the investigation. PREA-02 (page 20) states following a substantiated or unsubstantiated investigation of an allegation of staff sexual misconduct, the institution shall subsequently inform the incarcerated individual victim whenever: the staff member is no longer posted within the incarcerated individual's unit; the staff member is no longer employed at the facility; the institution learns that the staff member has been indicted on a charge related to sexual misconduct within the facility; or the institution learns that the staff member has been convicted on a charge related to sexual misconduct within the facility. A review of the five sexual abuse investigations indicated the one staff-on-inmate sexual abuse allegation was deemed unfounded and did not involve any notification under this provision. Additionally, none of the three substantiated investigations from 2020-2022 that were reviewed involved a staff member. Interviews with inmates who reported sexual abuse indicated one was staff-on-inmate but did not involve any notifications under this provision.

115.73 (d): The PAQ indicated following an inmate’s allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. PREA-03 (page 21) states following a substantiated or unsubstantiated investigation of an allegation of sexual abuse, the institution shall subsequently inform the incarcerated individual victim whenever: the institution learns that the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; or the institution learns that the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility. A review of five sexual abuse investigative reports indicated four were inmate-on-inmate but none were substantiated and as such there were zero notifications required under this provision. A review of the three substantiated investigations from 2020-2022 indicated all three were inmate-on-inmate, however none involved any criminal elements and as such no notifications under this provision were required. Interviews with inmates who reported sexual abuse indicated one was inmate-on-inmate but did not involve any notifications under this provision. It should be noted the inmate-on-inmate allegation was the allegation that the alleged victim advised it did not occur.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. PREA-02 (page 20) and PREA-03 (page 21) state all such notifications or attempted notifications shall be documented. The PAQ stated there were fifteen notification made pursuant to this standard and zero notifications documented. Further communication with the PCM stated that all victims and alleged perpetrators are notified of the investigative outcome. The PCM also indicated that notifications are provided for sexual abuse and sexual harassment allegations. A review of five sexual abuse investigations indicated that all five were documented with an inmate victim notification. Additionally, two sexual harassment investigations also had a victim notification documented.

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

Based on a review of the PAQ, PREA-02, PREA-03, investigative reports, victim notifications and information from interviews with the Warden and the investigators indicate that this standard appears to be compliant.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

1. Pre-Audit Questionnaire
2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
3. Investigative Reports

### Findings (By Provision):

115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. PREA-02 (pages 20-21) states staff shall be subject to disciplinary sanctions up to and including termination for violating IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents.

115.76 (b): PREA-02 (page 21) states termination shall be the presumptive disciplinary sanction for staff who engage in sexual misconduct. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members that were terminated or resigned during the investigation for violating the sexual abuse or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member. Therefore, there were no disciplinary records reviewed.

115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. PREA-02 (page 21) states disciplinary sanctions for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual



	<p>harassment allegations against a staff member. Therefore, there were no disciplinary records reviewed.</p> <p>115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. PREA-02 (page 21) states all terminations for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents or resignations by staff who would have been terminated if not for their resignation, shall be referred for criminal prosecution by the Deputy Director of Institution Operations when the evidence is sufficient for a criminal referral, and by the appropriate institution management team member to any relevant licensing bodies. The PAQ indicated there were zero staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member. Therefore, there were no disciplinary records reviewed.</p> <p>Based on a review of the PAQ, PREA-02 and investigative reports, this standard appears to be compliant.</p>
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<b>115.77 Corrective action for contractors and volunteers</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. AD-GA-13 - Agreements and Contracts</li> <li>3. AD-CI-01 - Volunteer Program</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden Designee</li> </ol>

Findings (By Provision):

115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. AD-GA-13, page 4 states that any contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. AD-CI-01, page 8 states that any volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it states that the institution shall take appropriate remedial measures, and shall consider whether to prohibit further contact with incarcerated individuals, in the case of any other violation of IDOC sexual violence or sexual harassment policies by a contractor or volunteer. The PAQ indicated that there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.

115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. AD-GA-13, page 4 states IDOC shall take appropriate remedial measures, and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor. AD-CI-01, page 8 states that any volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it states that the institution shall take appropriate remedial measures, and shall consider whether to prohibit further contact with incarcerated individuals, in the case of any other violation of IDOC sexual violence or sexual harassment policies by a contractor or volunteer. The PAQ indicated that there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. The interview with the Warden Designee indicated that if a volunteer or contractor violated the sexual abuse policies they would remove the persons access from the facility and they would not be allowed back in the facility

	<p>until an investigation was completed. He stated the investigative finding would determine what would happen. If it was substantiated or unsubstantiated they would exercise caution and not allow the person back into the facility.</p> <p>Based on a review of the PAQ, AD-GA-13, AD-CI-01, investigative reports and information from the interview with the Warden Designee, this standard appears to be compliant.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IO-RD-03 - Major Discipline Report Procedures</li> <li>3. OP-SOP-08 - Sex Offense Program Referrals</li> <li>4. Investigative Reports</li> <li>5. Disciplinary Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden Designee</li> <li>2. Interview with Medical and Mental Health Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate</p>

or insufficient to achieve correctional goals, the major report process shall be used. The PAQ stated there were two administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse. Further communication with the PCM indicated there were three inmate-on-inmate sexual abuse allegations, however none were substantiated. A review of investigative reports confirmed there were zero substantiated inmate-on-inmate sexual abuse or sexual harassment investigations during the previous twelve months. The auditor did review three substantiated inmate-on-inmate investigations from 2020-2022. Two were sexual harassment and one was sexual abuse. In all three investigations the inmate perpetrator went through the disciplinary process and received discipline. Two included loss or privileges and disciplinary detention. One involved a loss of earned time and disciplinary detention.

115.78 (b): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden Designee indicated the inmate perpetrator of sexual abuse would be given due process through the disciplinary process. He also stated the inmate perpetrator may be referred to local law enforcement. The Warden Designee confirmed that sanction would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. A review of investigative reports confirmed there were zero substantiated inmate-on-inmate sexual abuse or sexual harassment investigations during the previous twelve months. The auditor did review three substantiated inmate-on-inmate investigations from 2020-2022. Two were sexual harassment and one was sexual abuse. In all three investigations the inmate perpetrator went through the disciplinary process and received discipline. Two included loss or privileges and disciplinary detention. One involved a loss of earned time and disciplinary detention.

115.78 (c): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden Designee confirmed that the disciplinary process considers whether the inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A review of investigative reports confirmed there were zero substantiated inmate-on-inmate sexual abuse or sexual harassment investigations

during the previous twelve months. The auditor did review three substantiated inmate-on-inmate investigations from 2020-2022. Two were sexual harassment and one was sexual abuse. In all three investigations the inmate perpetrator went through the disciplinary process and received discipline. Two included loss of privileges and disciplinary detention. One involved a loss of earned time and disciplinary detention and noted that mental health was considered in the disciplinary sanctions.

115.78 (d): The PAQ indicated the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse and that they consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. OP-SOP-08, page 2 states that incarcerated individuals who score Aggressor Incarcerated (AI) on the Sexual Violence Propensity Assessment or incarcerated individuals who are found guilty of an assault of sexual nature or sexual misconduct or a sexually violence offense while in a residential facility or while in prison shall be reviewed by their institutional classification team and the team shall forward the incarcerated individual name and information for a STOP review to the STOP Director. Interviews with medical and mental health staff indicated that the facility offers therapy, counseling and other services designed to correct and address underlying reasons or motivations for sexual abuse and the facility does not require participation by the perpetrator in order to gain access to any other programs or benefits.

115.78 (e): IO-RD-03, pages 48-49 state an incarcerated individual may be disciplined for proposing a consensual sexual contact or sexual relationship with staff only upon a finding that the staff member did not explicitly or implicitly consent to or encourage such a proposal. The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. IO-RD-03, page 62 states, an incarcerated individual commits an offense under this subsection when the incarcerated individual knowingly makes a false statement whether or not under oath or affirmation including, but not limited to, dishonesty, deception, cheating, plagiarism, etc. A report of sexual harassment and/or sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of investigations indicated that one inmate was disciplined for false statements. The investigation noted that the video evidence refuted the allegation.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates. It further indicated that if the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based on a review of the PAQ, IO-RD-03, OP-SOP-08, investigative reports, disciplinary reports and information from interviews with the Warden Designee and medical and mental health care staff, this standard appears to be compliant.

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. IS-RO-01 - Incarcerated Individual Admission Procedures
3. IS-RO-02 - Incarcerated Individual Intake and Orientation
4. 72 Hour PREA Transfer Screening
5. Inmate Risk Assessments
6. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Inmates who Disclose Sexual Victimization at Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area
2. Observation of Inmate Medical and Classification Files

Findings (By Provision):

115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior victimization were offered a follow-up with mental health within fourteen days. A review of documentation for seven inmates who disclosed prior sexual victimization during the risk screening indicated four were offered a follow-up with mental health care staff. It should be noted that one inmate was documented with a mental health contact prior to completing the initial risk screening. The interviews with the staff responsible for the risk screening confirmed inmates are offered a follow-up with mental health. One staff advised they notify mental health and was unsure of the timeframe it would take to see the individual but believed it would usually be within a week. The second staff member said the inmate would be seen within a week or two. Interviews with inmates who disclosed prior sexual victimization during the risk screening confirmed that all three were offered/provided a follow-up with mental health care staff. One inmate stated he was seen the same day, one stated he was see a few days later and one stated he was seen a month after disclosing. It should be noted that NCCF is not an intake facility and as such many of the inmates who reported prior sexual victimization may have also previously reported the sexual victimization during a prior risk screening at other facilities and may have been offered a mental health follow-up at those facilities.

115.81 (b): The PAQ did not indicate where prison inmates who previously perpetrated sexual abuse are offered a follow-up with mental health. Further communication with the PCM indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 states that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that an incarcerated individual has previously perpetrated sexual

violence, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The auditor requested documentation related to three inmates identified with prior sexual abusiveness, however at the issuance of the interim report the documentation had not yet been received. It should be noted that all inmates that arrive at NCCF have gone through the risk screening at a prior IDOC facility where prior sexual abusiveness would have been identified. The interviews with the staff responsible for the risk screening confirmed inmates are offered a follow-up with mental health. One staff advised they notify mental health and was unsure of the timeframe it would take to see the individual but believed it would usually be within a week. The second staff member said the inmate would be seen within a week or two.

115.81 (c): The facility is not a jail and as such this provision does not apply.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PCM indicated this was an error and that information related to sexual victimization or abusiveness is not strictly limited to medical and mental health practitioners. The PCM indicated it is limited to those with a need to know to make security and management decisions. HSP-628, page 6 states that any information related to sexual violence that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform of treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Inmate risk assessments are both electronic and paper. Medical and mental health records are electronic in the ICON system. Medical and mental health records are only accessible to health care staff. The records staff confirmed that security staff do not have access to medical records. The auditor confirmed that security staff were not able to view medical and mental health records in ICON. Risk screening information is completed via paper, but all paper files are entered into the ICON system and then scanned into the ICON system. All paper files are disposed of after scanned. During the tour the auditor had a Correctional Officer attempt to access the risk screening information in ICON. The Correctional Officer was provided assistance in navigating to the risk screening section in ICON, as he was not aware of how to access the information. The auditor observed that the Correctional Office had access to the full risk assessment, to include responses. During the on-site portion of the audit, the facility staff immediately alleviated the risk screening access issue. OIT staff restricted the risk screening access in ICON to only those with a need to know. The auditor had a Correctional Officer attempt to access the risk screening information again after OIT completed their work. The Correctional Officer no longer had access to the risk screening information and did not have the PREA Assessment tab at all.



Investigations are maintained in an electronic database. The database is only accessible to IGO staff and the facility investigators. Any paper investigative files are maintained in the Captain's Office, which is only accessible to the Captain.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. HSP-628, page 6 states medical and mental health practitioners shall obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur within an institutional setting, unless the incarcerated individual is under the age of eighteen. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff indicated that they do not have inmates under eighteen as such that part of the provision does not apply.

Based on a review of the PAQ, IS-RO-01, IS-RO-02, 72 Hour PREA Transfer Screening, inmate risk assessments, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed prior sexual victimization during the risk screening this standard appears to require corrective action. A review of documentation for seven inmates who disclosed prior sexual victimization during the risk screening indicated four were offered a follow-up with mental health care staff. It should be noted that one inmate was documented with a mental health contact prior to completing the initial risk screening. The auditor requested documentation related to three inmates identified with prior sexual abusiveness, however at the issuance of the interim report the documentation had not yet been received.

#### Corrective Action

The facility will need to ensure that all inmates who disclose prior sexual victimization during the risk screening and all inmates who are identified with prior sexual abusiveness during the risk screening are offered/provided a follow-up with mental health. If documentation is available for the six inmates, the facility will need to provide that documentation. If the documentation is unavailable, the facility will need to train appropriate staff on this process. A copy of the training will need to be provided to the auditor. The facility will need to provide the auditor a list of inmates who disclosed prior victimization during the risk screening and who were identified with prior sexual abusiveness during the risk screening during the corrective action plan and corresponding mental health follow-up documents.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Mental Health Follow-Up Documentation</li> </ol> <p>On June 26, 2023 and July 31, 2023 the facility provided the mental health documentation requested during the on-site portion of the audit. The documentation provided confirmed that those who disclose prior sexual victimization during the risk screening and those who are identified with prior sexual abuse were offered a follow-up with mental health within fourteen days. All seven prior victims were offered a follow-up with mental health, one declined and the remaining seven were seen within fourteen days. All three prior abusers were offered a follow-up, one declined the other two were seen within fourteen days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. HSP-628 - Patient Sexual Abuse</li> <li>3. Medical and Mental Health Documents</li> </ol> <p>Interviews:</p>

1. Interview with Medical and Mental Health Staff
2. Interview with First Responders
3. Interview with Inmates Who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. HSP-628, pages 1-2 state that it is the policy of the IDC that patients who report sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services; be offered psychological (mental health) and medical services; and, when appropriate, a forensic examination or sexual abuse examination will be completed by a qualified professional. During the tour, the auditor noted that the health services area included a reception area, exam rooms and treatment room. The reception area was small with a few chairs. Exam and treatment rooms had a door with a window. The windows were tinted or had opaque film to provide additional privacy. A review of the five sexual abuse allegations indicated four were provided mental health services. One inmate was not at the facility at the time of the report and all allegations reported did not require any medical attention. Interviews with medical and mental health care staff confirmed that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The medical staff member stated services would be provided immediately as it is a top priority. The mental health care staff indicated that services are typically provided within 24 to 48 hours and that if they are seeing the outside victim advocate that would be when they are able to schedule with the advocate for services. Medical and mental health care staff stated that the nature and scope of services would be based on their professional judgment. The interviews with inmates who reported sexual abuse indicated one was offered services but advised he did not need them. The second stated the incident did not occur and he advised the staff that it did not occur

so medical and mental health services were not wanted or needed.

115.82 (b): The security staff first responders stated first responder duties for an incident of sexual abuse involve not leaving the scene, stopping any activity that is currently going on, securing the scene, calling for assistance, separating the individuals, having both individuals seen by health care staff, documenting information in written format, preserving evidence, not letting the individuals shower, brush their teeth, change their clothes, etc. having the individuals transported to the hospital for a rape kit and placing the aggressor in segregated housing. The non-security first responder stated that her first responder duties would involve giving a direct order for the individuals to separate, separating them, calling for security staff, escorting the victim to medical and having security stay with the perpetrator. A review of the five sexual abuse allegations indicated none involved any immediate first responder duties or medical/mental health attention. Four of the five (one was at another facility at the time of the report) were subsequently provided mental health services.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. HSP-628, page 5 states medical staff shall offer patients of sexual abuse timely information and access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. A review of the five sexual abuse allegations indicated four were provided mental health services. One inmate was not at the facility at the time of the report and all allegations reported did not require any medical attention. The interviews with inmates who reported sexual abuse indicated one was offered services but advised he did not need them. The second stated the incident did not occur and he advised the staff that it did not occur so medical and mental health services were not wanted or needed. Neither inmate indicated the alleged incident involved any type of contact that would necessitate sexually transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, HSP-628, medical and mental health documents,

	documents received during the interim report and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. HSP-628 - Patient Sexual Abuse</li> <li>3. IS-RO-01 - Incarcerated Individual Admission Procedures</li> <li>4. IS-RO-02 - Incarcerated Individual Intake and Orientation</li> <li>5. Medical and Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Medical and Mental Health Staff</li> <li>2. Interview with Inmates Who Reported Sexual Abuse</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Medical Treatment Areas</li> </ol> <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. HSP-628, pages 1-2 state that it is the policy of the IDC that patients who report sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services; be offered psychological (mental health) and medical services; and, when appropriate, a forensic examination or sexual abuse examination will be</p>

completed by a qualified professional. Additionally, IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. During the tour, the auditor noted that the health services area included a reception area, exam rooms and treatment room. The reception area was small with a few chairs. Exam and treatment rooms had a door with a window. The windows were tinted or had opaque film to provide additional privacy. A review of the five sexual abuse allegations indicated four were provided mental health services. One inmate was not at the facility at the time of the report and all allegations reported did not require any medical attention. A review of documentation for seven inmates who disclosed prior sexual victimization during the risk screening indicated four were offered a follow-up with mental health care staff.

115.83 (b): HSP-628, page 11 states the evaluation and treatment of victims of sexual violence in any prison, jail, lockup or juvenile facility shall 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. A review of the five sexual abuse allegations indicated four were provided mental health services. One inmate was not at the facility at the time of the report and all allegations reported did not require any medical attention. Interviews with medical and mental health care staff confirmed that they provide on-going and follow-up services to inmate victims of sexual abuse. A few of the services include referral to mental health, treatment of injuries, labs, trauma informed care and treatment plans. The interviews with inmates who reported sexual abuse indicated one was offered services but advised he did not need them. The second stated the incident did not occur and he advised the staff that it did not occur so medical and mental health services were not wanted or needed.

115.83 (c): HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. A review of the five sexual abuse allegations indicated four were provided mental health services. One inmate was not at the facility at the time of the report and all allegations reported did not require any medical attention. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that the facility does not house female inmates and as such this provision does not apply. HSP-628, page 5 states medical staff shall offer patients of sexually abusive vaginal penetration pregnancy tests, if appropriate. If pregnancy results from the sexual abuse, patients shall receive timely access to all lawful pregnancy related medical services.

115.83 (e): The PAQ indicated that the facility does not house female inmates and as such this provision does not apply. HSP-628, page 5 states medical staff shall offer patients of sexually abusive vaginal penetration pregnancy tests, if appropriate. If pregnancy results from the sexual abuse, patients shall receive timely access to all lawful pregnancy related medical services.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. HSP-628, page 5 states that medical staff shall explain to the patient reporting the sexual abuse that, as part of the examination, there may be a need to draw blood to evaluate their current status for infectious disease, and that follow-up infectious disease testing may be indicated. A review of the five sexual abuse allegations indicated four were provided mental health services. One inmate was not at the facility at the time of the report and all allegations reported did not require any medical attention. The interviews with inmates who reported sexual abuse indicated one was offered services but advised he did not need them. The second stated the incident did not occur and he advised the staff that it did not occur so medical and mental health services were not wanted or needed. Neither inmate indicated the alleged incident involved any type of contact that would necessitate tests for sexually transmitted infections.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. The interviews with inmates who reported sexual abuse indicated one was offered services but advised he did not need them. The second stated the incident did not occur and he advised the staff that it did not occur so medical and mental health services were not wanted or needed.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health

practitioners. HSP-628, page 6 states that all institutions shall attempt to conduct a mental health evaluation of all know patient-on-patient aggressors within 60 days of learning of such sexual violence history and offer treatment when deemed appropriate by mental health practitioners. There were zero inmate-on-inmate sexual abuse allegations that were substantiated over the previous twelve months and as such there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff indicate that they attempt to conduct a mental health evaluation on all known inmate-on-inmate abusers within a week or two.

Based on a review of the PAQ, HSP-628, IS-RO-01, IS-RO-02, medical and mental health documents, documents received during the interim report period, observations made during the tour and information from interviews with medical and mental health care staff and inmate who reported sexual abuse, this standard appears to require corrective action. A review of documentation for seven inmates who disclosed prior sexual victimization during the risk screening indicated four were offered a follow-up with mental health care staff.

#### Corrective Action

The facility will need to ensure that all inmates who disclose prior sexual victimization during the risk screening are offered/provided a follow-up with mental health. If documentation is available for the three inmates, the facility will need to provide that documentation. If the documentation is unavailable, the facility will need to train appropriate staff on this process. A copy of the training will need to be provided to the auditor. The facility will need to provide the auditor a list of inmates who disclosed prior victimization during the corrective action plan and corresponding mental health follow-up documents.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Mental Health Follow-Up Documentation



	<p>On June 26, 2023 and July 31, 2023 the facility provided the mental health documentation requested during the on-site portion of the audit. The documentation provided confirmed that those who disclose prior sexual victimization during the risk screening and those who are identified with prior sexual abuse were offered a follow-up with mental health within fourteen days. All seven prior victims were offered a follow-up with mental health, one declined and the remaining seven were seen within fourteen days. All three prior abusers were offered a follow-up, one declined the other two were seen within fourteen days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.86 Sexual abuse incident reviews</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> <li>5. PREA-02 F-5, Sexual Abuse Incident Review Report</li> <li>6. PREA-03 F-4, Sexual Abuse Incident Review Report</li> <li>7. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden Designee</li> <li>2. Interview with the PREA Compliance Manager</li> <li>3. Interview with Incident Review Team</li> </ol>

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. PREA-02 (page 22) and PREA-03 (page 22) state that the institution, in association with the PREA Coordinator, shall conduct a sexual violence incident review at the conclusion of every sexual violence investigation that results in a substantiated or unsubstantiated finding. The PAQ stated there were two sexual abuse investigations completed at the facility that were substantiated or unsubstantiated. A review of eight investigations indicated that two required a sexual abuse incident review (five were sexual abuse and three were deemed unfounded). The auditor confirmed that a sexual abuse incident review was completed for both of the investigation.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that there were seven sexual abuse incident review completed within 30 days over the previous twelve months. PREA-02 (page 22) and PREA-03 (page 22) state that such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. A review of eight investigations indicated that two required a sexual abuse incident review (five were sexual abuse and three were deemed unfounded). The auditor confirmed that a sexual abuse incident review was completed for both of the investigation, however both were completed after the 30 day timeframe.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. PREA-02 (page 22) and PREA-03 (page 22) state the review team shall include: Warden or designee; unit managers or other upper level management team members responsible for the area of the institution where the incident occurred; shift supervisors with the case or the shift which the misconduct occurred; at least one of the sexual violence investigators on the case; medical or mental health practitioners; the institution's PCM/PC and the PC in substantiated cases of staff sexual misconduct or incarcerated individual sexual abuse. The interview with the Warden Designee confirmed that the facility has a sexual abuse incident review team and the team consist of the executive team which includes upper level management, medical, line supervisors and mental health staff. The two completed sexual abuse incident reviews were documented electronically, however the reviews only notate the PCM as the sexual abuse incident review team.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. PREA-02 (pages 22-23) and PREA-03 (pages 22-23) state the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual violence; 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 was motivated or otherwise caused by other group dynamics at the institution; examine the area where the incident occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing level in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings using PREA-02 F-5 form or PREA-03 F-4 form. Policies further state that the report shall include but not necessarily be limited to determinations made pursuant to the above, and any recommendations for improvement. A review of the two completed sexual abuse incident review indicated that they included the required components under this provision. The electronic form has check boxes for each element and then a section to include notes related to those topics. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The Warden Designee stated that they use information from the sexual abuse incident reviews to assess the situation to determine how to handle things. He stated they use the information as learning points and to make any necessary changes to staffing, cameras, security and physical plant. The PCM stated that he is part of the sexual abuse incident review team and that he has just noticed that the facility has a good reporting culture. He indicated a lot of incarcerated individuals feel comfortable reporting for themselves and for one another. He further stated they have noticed some manipulation recently of people trying to get roommates moved and using PREA for this purpose. The PCM indicated that once the sexual abuse incident review is submitted he would follow-up on anything they identified as a concern/issue and come up with any alternative ways to handle the situations in the future. He also stated he would identify any needs that may have arisen from the incident.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. PREA-02 (page 23) and PREA-03 (page 23) states the institution shall implement the recommendations for improvement, or shall document its reasons for not doing so. A review of the two completed sexual abuse incident reviews indicated that a section exists for recommendations and things that went well, however neither included any recommendations.

Based on a review of the PAQ, PREA-02, PREA-03, investigative report, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of eight investigations indicated that two required a sexual abuse incident review (five were sexual abuse and three were deemed unfounded). The auditor confirmed that a sexual abuse incident review was completed for both of the investigation, however both were completed after the 30 day timeframe. The two completed sexual abuse incident reviews included were documented electronically, however the reviews only notate the PCM as the sexual abuse incident review team.

#### Corrective Action

The facility will need to ensure that sexual abuse incident reviews are completed within the appropriate 30 day timeframe and include the appropriate staff. Additionally, the facility will need to document the staff that participate in the sexual abuse incident reviews to confirm appropriate staff are included in the reviews. Examples of sexual abuse incident reviews during the corrective action period will need to be provided to the auditor.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Sexual Abuse Incident Reviews

On August 8, 2023 the facility provided two completed investigations during the corrective action period and the corresponding sexual abuse incident reviews. Both sexual abuse incident reviews were completed within 30 days of the conclusion of the investigation. Both included the PCM, upper level management, a line supervisor and the investigator.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

<b>115.87</b>	<b>Data collection</b>
	<p data-bbox="256 188 959 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 340 432 376">Documents:</p> <ol data-bbox="256 412 1426 703" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire</li> <li data-bbox="256 483 1426 564">2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance</li> <li data-bbox="256 600 549 636">3. PREA Database</li> <li data-bbox="256 672 616 707">4. Annual PREA Report</li> </ol> <p data-bbox="256 815 587 851">Findings (By Provision):</p> <p data-bbox="256 958 1485 1406">115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. PREA-04, page 2 states the PREA Coordinator shall collect accurate, uniform data for every allegation of sexual violence at all institution using a standardized instrument and set of definitions. The PCM indicated that the agency utilizes the Sexual Violence Investigative Database in ICON to collect data. All allegations are reported and entered in the PREA database in ICON. This system allows for the agency to track sexual abuse and sexual harassment allegations. The PREA Investigation Definitions document outlines definitions for incarcerated individual sexual abuse, precursor behavior (incarcerated individual sexual harassment) staff sexual harassment, staff misconduct and retaliation.</p> <p data-bbox="256 1518 1458 1765">115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. PREA-04, page 2 states the PREA Coordinator shall aggregate the incident based sexual abuse data at least annually. A review of documentation confirmed that the Annual PREA Report contains overall aggregated data as well as aggregated data broken down by type of allegation. Additionally, it includes aggregated data related to investigative outcomes.</p> <p data-bbox="256 1877 1481 2078">115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. PREA-04, page 2 states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the</p>

	<p>Survey of Sexual Violence conducted by the Department of Justice. A review of the Annual PREA Report confirmed that aggregated data is broken down by type associated with the definitions from the SSV.</p> <p>115.87 (d): The PAQ was blank for this provision but further communication with the PCM indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. PREA-04, page 2 states the PREA Coordinator shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files and incident reviews.</p> <p>115.87 (e): The PAQ indicated that this provision does not apply and the agency does not contract for the confinement of its inmates.</p> <p>115.87 (f): The PAQ indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. PREA-04, page 3 the PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 each year.</p> <p>Based on a review of the PAQ, PREA-04, the PREA Database and the Annual PREA Report this standard appears to be compliant.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance</li> <li>3. Annual PREA Report</li> </ol> <p>Interviews:</p>

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. PREA-04, page 3 states Office of the Deputy Director of Institution Operations shall review data collected and aggregated in order to assess and improve the effectiveness of IDOC's sexual abuse prevention, detection and response policies, practices and training. Policy further states this will be done by: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action for each institution, as well as the department as a whole. A review of the Annual PREA Report indicates that it includes data comparison, trend analysis, investigative findings, a summary of goal accomplishments and a data assessment. The interview with the Agency Head indicated that incident-based sexual abuse data is collected and utilized to identify any problem areas or trends. She stated if they identify any issues they investigate and implement any corrective action, if necessary. The Agency Head confirmed that they take corrective action on an ongoing basis. She stated they implement corrective action immediately after issues are identified. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. She indicated that the agency takes corrective action on an ongoing basis related to the data collection. She further stated that the agency has a database that information is securely entered into and retained related to sexual abuse and sexual harassment incidents. She confirmed only certain staff have access to the database. The interview with the PCM indicated that facility sexual abuse data is utilized to identify any trends that may assist other facilities in preventing sexual abuse. He stated the data is also utilized to hold the facilities accountable.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. PREA-04, page 3 states the report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an

assessment of IDOC's progress in addressing sexual violence. A review of the Annual PREA Report confirmed that it includes a data comparison form the current year with previous years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website. The PAQ did not indicate whether the annual reports are approved by the Agency Head but further communication with the PCM indicated this should have been marked yes and the annual report is approved by the Agency Head. PREA-04, page 3 states the report shall be approved by the Director and posted on the IDOC website. The interview with the Agency Head confirmed that she approves the annual report and the information is made publicly available through the website. A review of the website confirmed that the current annual report as well as prior annual reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. PREA-04, page 3 states specific material from the reports may be redacted when publication would present a clear and specific threat to the safety and security of an institution, but IDOC shall indicate the nature of the material redacted. A review of Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that any non-public information would be redacted or anything that presents a safety or security concern. She further stated that none of this type of information is included in the annual report and as such they are not required to redact any information.

Based on a review of the PAQ, PREA-04, the Annual PREA Report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:  1. Pre-Audit Questionnaire



2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance

3. Annual PREA Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. PREA-04, page 3 states IDOC shall ensure the data collected is securely retained. The interview with the PREA Coordinator indicated that data and information is securely retained. She stated they store information in a database that only certain staff have access to.

115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. PREA-04, page 3 states IDOC shall make all aggregated sexual abuse data readily available to the public at least annually on the IDOC website and posted on the State Library. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. PREA-04, page 3 states before making aggregated sexual abuse data publicly available, IDOC shall remove all personal identifiers. A review of the Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information.

115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. PREA-04, pages 3-4 state sexual abuse data shall be retained for at least ten years after date of the initial collection or for as long as the subject of the investigation is an employee of the State of Iowa.

	Based on a review of the PAQ, PREA-04, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the three year audit cycle.</p> <p>115.401 (b): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the three year audit cycle with one third being audited each year.</p> <p>115.401 (h) - (m): The auditor was provided access to all areas of the facility and was permitted to review and copy relevant policies, procedure and documents. The auditor conducted all staff and inmate interviews in a private office setting.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted in each housing unit on the bulletin board. During the on-site portion of the audit the auditor observed the audit announcement on blue letter size paper. The audit announcement was posted on the housing unit bulletin boards in adequate font size. The audit announcements were observed in both English and Spanish. The auditor did not receive any correspondence from incarcerated individuals or staff at NCCF.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Findings (By Provision):

115.403 (f): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the previous three year audit cycle and reports have been posted to the website.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates 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 inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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 inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes



<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, 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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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 inmates 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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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 criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	



	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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	yes

	suspicious 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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates 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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate'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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates 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	yes



	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates 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.)	na
	Does the agency always refrain from requiring an inmate 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.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate 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	na

	this standard.)	
	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.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate 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.)	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, 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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does 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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate 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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate 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
<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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	yes



	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate'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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, 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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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 inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes



	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate 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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate 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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate 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 inmates 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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(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 inmates 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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

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