# PREA Facility Audit Report: Final

**Name of Facility:** Ottumwa Residential Facility
**Facility Type:** Community Confinement
**Date Interim Report Submitted:** 08/19/2023
**Date Final Report Submitted:** 10/16/2023

| Auditor Certification | |
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| The contents of this report are accurate to the best of my knowledge. | ☑ |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | ☑ |
| 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. | ☑ |
| **Auditor Full Name as Signed:** Kendra Prisk | **Date of Signature:** 10/16/2023 |

| AUDITOR INFORMATION | |
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| **Auditor name:** | Prisk, Kendra |
| **Email:** | 2kconsultingllc@gmail.com |
| **Start Date of On-Site Audit:** | 08/10/2023 |
| **End Date of On-Site Audit:** | 08/11/2023 |

| FACILITY INFORMATION | |
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| **Facility name:** | Ottumwa Residential Facility |
| **Facility physical address:** | 245 Osage Drive, Ottumwa, Iowa - 52501 |
| **Facility mailing address:** | |

| Primary Contact | |
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| **Name:** | Vince Remmark |
| **Email Address:** | vince.remmark@iowa.gov |
| **Telephone Number:** | 6417993310 |

| Facility Director | |
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| **Name:** | Ted Robinson |
| **Email Address:** | ted.robinson@iowa.gov |
| **Telephone Number:** | 641.682.3069 |

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

| Facility Characteristics | |
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| **Designed facility capacity:** | 76 |
| **Current population of facility:** | 74 |
| **Average daily population for the past 12 months:** | 65 |
| **Has the facility been over capacity at any point in the past 12 months?** | No |
| **Which population(s) does the facility hold?** | Both females and males |
| **Age range of population:** | 18-62 |
| **Facility security levels/resident custody levels:** | Community Confinement Facility (Halfway house) |
| **Number of staff currently employed at the** | 24 |

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| **facility who may have contact with residents:** | |
| **Number of individual contractors who have contact with residents, currently authorized to enter the facility:** | 0 |
| **Number of volunteers who have contact with residents, currently authorized to enter the facility:** | 2 |

| **AGENCY INFORMATION** | |
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| **Name of agency:** | Iowa Eighth Judicial District Department of Correctional Services |
| **Governing authority or parent agency (if applicable):** | Iowa Department of Corrections |
| **Physical Address:** | 1805 West Jefferson, Fairfield, Iowa - 52556 |
| **Mailing Address:** | |
| **Telephone number:** | |

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

| **Agency-Wide PREA Coordinator Information** | | | |
|---|---|---|---|
| **Name:** | Vince Remmark | **Email Address:** | vince.remmark@iowa.gov |

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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| 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:** | |
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| 0 | |
| **Number of standards met:** | |
| 41 | |
| **Number of standards not met:** | |
| 0 | |

## POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

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| **1. Start date of the onsite portion of the audit:** | 2023-08-10 |
| **2. End date of the onsite portion of the audit:** | 2023-08-11 |

### Outreach

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| **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?** | (●) Yes<br>( ) No |
| **a. Identify the community-based organization(s) or victim advocates with whom you communicated:** | Family Crisis Center, Crisis Intervention Services and JDI |

## AUDITED FACILITY INFORMATION

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| **14. Designated facility capacity:** | 76 |
| **15. Average daily population for the past 12 months:** | 65 |
| **16. Number of inmate/resident/detainee housing units:** | 2 |
| **17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?** | ( ) Yes<br>( ) No<br>(●) 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 | |
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| **Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit** | |
| **36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:** | 74 |
| **38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:** | 3 |
| **40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:** | 2 |

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| **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:** | 1 |
| **45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):** | The facility does not have a segregated housing unit and those who disclosed prior sexual victimization does not apply to community confinement facilities. |
| **Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit** | |
| **49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:** | 24 |
| **50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:** | 0 |

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| **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:** | 0 |
| **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:** | There were zero active volunteers as the two in the previous twelve months reported were not active at all due to COVID-19. |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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| **53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:** | 10 |
| **54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)** | ☑ Age<br>☑ Race<br>☑ Ethnicity (e.g., Hispanic, Non-Hispanic)<br>☑ Length of time in the facility<br>☑ Housing assignment<br>☑ Gender<br>☐ Other<br>☐ None |
| **55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?** | The auditor ensured a geographically diverse sample among interviewees by selecting residents across each male wing, the female wing and the weekend dorm. |
| **56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?** | ◉ Yes<br>○ No |

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| **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):** | Ten of the residents interviewed were male, four were female, one was transgender female and one was gender fluid. One resident interviewed was Black, thirteen were White, one was Hispanic and one was another race/ethnicity. With regard to age, one was under eighteen, three were between eighteen and 25; six were 26-35; four were 36-45 and two were 46-55. Thirteen of the residents were at the facility for less than a year and three were at the facility between one and five years (all a few months over a year). |
| **Targeted Inmate/Resident/Detainee Interviews** | |
| **58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:** | 6 |
| 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". | |
| **60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| **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).** | The auditor reviewed documentation, spoke to facility staff and spoke to other residents. |
| **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:** | 3 |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **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).** | The auditor reviewed documentation, spoke to facility staff and spoke to other residents. |
| **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:** | 0 |

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| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **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).** | The auditor reviewed documentation, spoke to facility staff and spoke to other residents. |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **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).** | The auditor reviewed documentation, spoke to facility staff and spoke to other residents. |
| **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:** | 2 |

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| **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:** | 1 |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **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).** | The auditor reviewed housing assignments for inmates who reported sexual abuse and confirmed none were at the facility any longer. |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| **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).** | These inmates are not required for community confinement facilities. |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **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).** | These inmates are not required for community confinement facilities. The facility does not have a segregated housing unit. |
| **70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):** | The auditor interviewed one resident who was under eighteen and one resident who had prior sexual victimization disclosed during the risk screening, however both of these targeted interview protocols do not apply for community confinement facilities. |
| **Staff, Volunteer, and Contractor Interviews** | |
| **Random Staff Interviews** | |
| **71. Enter the total number of RANDOM STAFF who were interviewed:** | 12 |

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| **72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)** | ☐ Length of tenure in the facility<br>☑ Shift assignment<br>☑ Work assignment<br>☑ Rank (or equivalent)<br>☑ Other (e.g., gender, race, ethnicity, languages spoken)<br>☐ None |
| **If "Other," describe:** | Gender |
| **73. Were you able to conduct the minimum number of RANDOM STAFF interviews?** | ◉ Yes<br>○ No |
| **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):** | Seven staff interviewed were Residential Officers, two were Probation/Parole Officers, one was a kitchen staff member, one was the employment specialist and one was a counselor. Five staff worked the administrative shit, two worked the 8am-4pm shift, three worked the 4pm-12am shift and two worked the 12am-8am shift. All twelve staff interviewed were white. Five were male staff and seven were female staff. |
| **Specialized Staff, Volunteers, and Contractor Interviews** | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| **75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):** | 13 |
| **76. Were you able to interview the Agency Head?** | ◉ Yes<br>○ No |

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| **77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?** | (●) Yes<br>( ) No |
| **78. Were you able to interview the PREA Coordinator?** | (●) Yes<br>( ) No |
| **79. Were you able to interview the PREA Compliance Manager?** | ( ) Yes<br>( ) No<br>(●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| **80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Agency contract administrator<br><br>☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment<br><br>☐ Line staff who supervise youthful inmates (if applicable)<br><br>☐ Education and program staff who work with youthful inmates (if applicable)<br><br>☐ Medical staff<br><br>☐ Mental health staff<br><br>☐ Non-medical staff involved in cross-gender strip or visual searches<br><br>☑ Administrative (human resources) staff<br><br>☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff<br><br>☑ Investigative staff responsible for conducting administrative investigations<br><br>☐ Investigative staff responsible for conducting criminal investigations<br><br>☑ Staff who perform screening for risk of victimization and abusiveness<br><br>☐ Staff who supervise inmates in segregated housing/residents in isolation<br><br>☑ Staff on the sexual abuse incident review team<br><br>☑ Designated staff member charged with monitoring retaliation<br><br>☑ First responders, both security and non-security staff<br><br>☑ Intake staff |

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| | ☐ Other |
| **81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **83. Provide any additional comments regarding selecting or interviewing specialized staff.** | The auditor attempted to contact the criminal investigators for Ottumwa Police Department but did not reach someone for interview. The facility does not employ medical or mental health care staff that provide services. The facility does have one staff who provides counseling but is not a mental health practitioner. |

## 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.

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| **84. Did you have access to all areas of the facility?** | ◉ Yes<br>○ No |

| Was the site review an active, inquiring process that included the following: | |
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| **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<br>( ) 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<br>( ) No |
| **87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **88. Informal conversations with staff during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |

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| **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 August 10-11, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on August 10, 2022. The tour included all areas associated with the facility including; housing areas, laundry, intake, visitation, education, food service, recreation and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents and other factors as indicated in the appropriate standard findings.<br><br>The auditor observed PREA information posted throughout the facility. There were numerous English and Spanish Posters that included information on zero tolerance and reporting information to staff. These Posters were observed on each resident room door as well as posted on walls throughout the facility. These Posters were observed in bright colors and adequate size font. The auditor also observed the No Means No and Zero Tolerance Posters in English and Spanish. These Posters were located near each restroom entrance, by the phones and in numerous common areas. The Posters were on letter size paper with adequate size font and were observed to be posted at an adequate height for reading. While the No Mean No and Zero Tolerance Posters were observed, the information contained on the Posters was inaccurate. The Posters indicated that Crisis Intervention Services (CIS) was a reporting entity. The Posters included information on the Ombudsman’s Office, however it did not identify that they were the external reporting mechanism and that residents could remain anonymous. Additionally, the Posters had CIS as the victim advocacy service, however the facility MOU is not with CIS, but rather Family Crisis Center. |

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| | The facility also had a Free Number Poster, which included numerous numbers that were free for the residents to call. The Poster included the phone number for CIS, the Ombudsman's Office and the District Office. The Poster also included the mailing address for the Ombudsman's Office. This Poster was observed by the phones in English. The Poster was on letter size paper with adequate font and was posted at adequate height. Further the auditor observed the CTS Language Link Poster, which provided direction for residents to utilize the translation service. The Poster was observed by the phones in English. The Poster was on letter size paper with adequate size font.<br><br>During the tour the auditor did not observe any third party reporting information posted other than the PREA Posters outlined under 115.251 for the residents. The auditor observed the No Means No Poster in English and Spanish at the front entrance, however the Posters were partially obstructed.<br><br>During the tour the auditor confirmed the facility follows the staffing plan. At least two staff were assigned to the building during day hours and night hours. Additional administrative and case management staff were also on-site during varied business hours. The auditor observed that staff had adequate lines of sight when walking the hallways and making rounds. Additionally, the control desk provided adequate lines of sight for two wings. The auditor did not observe any overcrowding and all resident rooms provided adequate space and privacy. Staff are required to make rounds at least once an hour. The auditor observed rounds more frequently by Residential Officers (RO) during the tour. A review of video monitoring technology confirmed that cameras assist with supervision and monitoring in common areas, hallways and outside the building. Cameras were monitored at the control desk and are able to be remotely monitored by |

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| | management level staff.<br><br>With regard to cross gender viewing, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing their clothes. All showers were single person and were equipped with curtains. Toilets were public style and were fully enclosed with a door. Most restrooms also had a solid entrance door in addition to the curtains and public style enclosures. Resident room doors were solid and allowed for adequate privacy. The facility does not conduct strip searches except when approved by a supervisor due to reasonable suspicion. Strip searches are conducted in the urine analysis restroom, which contains a solid door. With regard to the opposite gender announcement, the auditor observed the that staff made a verbal announcement when entering the hallways. Additionally, staff knocked and make a verbal announcement prior to entering the bathroom or resident rooms.<br><br>The facility does not maintain medical or mental health records and as such there were no issues with storage. Sexual abuse and sexual harassment investigative files are maintained electronically in the investigative database. Access is only available for administrative staff and the individual conducting the investigation. Resident risk assessments are completed on paper and then scanned electronically into the system. All staff have access to the resident's risk assessment information. The facility indicated this was due to the size of the facility, the limited number of staff and the many hats each staff is required to wear. Paper files are maintained in the residents physical file in a records room, which is secured and can only be accessed with a key. As indicated before, due to the low number of staff and the multiple services staff provide, all staff can access records, however they do so on a need to know basis. |

During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Residents can also send mail in the community when they leave for work or other services. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not scan or monitor the mail.

The auditor observed the intake process through a demonstration. Intake is completed in the front entrance room. All residents are given an intake packet which includes the PREA Acknowledgment Memo and the Resident Handbook. The documents are available in English and Spanish. Residents are also required to watch the PREA video (if they have not previously viewed it at the facility) at an individual computer. The staff utilize the PREA What You Need to Know video through the utube link. The video is available in English and Spanish and has subtitles. Further, staff verbally go over the information on the PREA Acknowledgment Memo during intake. In addition to the intake process, staff complete a facility orientation weekly. The staff verbally go over information on PREA, including: zero tolerance, definitions, what PREA is, ways to report and discipline as it relates to sexual abuse and sexual harassment.

The auditor was provided a demonstration of the initial risk assessment. The risk screening is completed privately in the front conference/ office one-on-one. The staff verbally ask some of the questions on the Sexual Violence Propensity (SVP), including prior sexual victimization, gender identify, sexual preference and perception of vulnerability. Staff review the residents file such as age, criminal history, etc. Staff also observe the resident related to perception of gender

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| | identify and sexual preference and vulnerability. Staff complete the SVP and responses determine a score. The staff indicated that the 30 day reassessment is completed through a file review. The staff indicated they do not meet with residents for the reassessment.<br><br>The auditor tested one of the internal reporting mechanisms during the on-site portion of the audit. The auditor completed a grievance form and submitted it via the grievance box in the staff conference room on August 10, 2023. The auditor was provided confirmation via OAS documentation that the grievance was received.<br><br>The auditor attempted to test the external reporting mechanism (Ombudsman's Office) through the telephone number. The auditor had a resident assist with calling the local number. The call went through but the auditor was advised that the third party caller does not accept charges. The resident assisting with then calling the 888 number for the Ombudsman's Office which advised that it was not a valid number. It should be noted that some residents have cell phones and are able to call any phone numbers when outside of the facility. Additionally, the facility has a phone at the control desk that residents can request to utilize to make outside calls. Residents are required to provide information to the staff on who they want to call the reason for the call. The auditor received a notification that the number was not valid. The agency also provides access to external reporting through the Ombudsman's Office via mail. On May 10, 2023 during a prior IDOC audit, 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 residents. |

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| | The staff advised that once the information is received they get in touch with or forward a message to the Director. The Ombudsman's Office staff confirmed that residents 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 a 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.<br><br>Additionally during the tour, the auditor asked staff to advise how they would document a verbal report of sexual abuse. Staff indicated that they would more than likely type up an email with the information and send it to the facility Director and Assistant Director. The staff stated they were unsure if there was a report or anything formal that they needed to fill out.<br><br>The auditor attempted to test the victim advocacy hotline during the tour. The auditor had a resident assist with calling the number to CIS. The call required a resident pin number and the auditor was advised by an automated message the number was not accessible. It should be noted that some residents have cells phones and are able to call any phone number when offsite. Additionally, the facility has a phone at the control desk that residents can request to utilize. The resident is required to provide information on who they want to call and the reason for the call.<br><br>On August 15, 2023 the auditor called the "Contact Us" number on the agency website. The phone number provided automated prompts to press "1" for residential treatment facilities. After pressing "1" another auto prompt advised to press "1" for Ottumwa |

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| | Residential Facility. After pressing “1” for the facility the auditor was provided a dial by directory for staff at the facility. The auditor selected the facility Director. The auditor reached the facility Director who advised if a loved one called to report sexual abuse or sexual harassment he would take all the information. He indicated he would attempt to meet the individual in person to get as much information as possible. The information would then be investigated.<br><br>The facility did not have LEP or disabled residents, however the auditor tested CTS Language Link. The auditor called the 800 number and entered the facility’s client code. The auditor selected the appropriate language and confirmed with the operator that they would be able to provide translation services if needed. |

## 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.

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| **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<br><br>( ) No |

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| **91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).** | During the audit the auditor requested personnel and training files of staff, resident files, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:<br><br>Personnel and Training Files. The auditor reviewed a random sample of thirteen personnel and/or training files that included two individuals hired within the past twelve months, two staff that were promoted and two staff that were employed over five years. The files included one staff member that was a counselor and although was not a mental health care staff member, provided some mental health type services through counseling. The facility does not employ medical or mental health care staff and does not have contractors or volunteers.<br><br>Resident Files. A total of 27 resident files were reviewed (including the ten requested and later provided during the corrective action period). 23 files were of those that arrived within the previous twelve months, three were disabled residents and one was a transgender resident.<br><br>Medical and Mental Health Records. The facility does not provide medical and mental health services on-site and the facility does not maintain secondary documentation of services provided in the community. As such no medical or mental health records were reviewed.<br><br>Grievances. There were zero sexual abuse grievances filed during the previous twelve months. The auditor reviewed the grievance log and sample grievances.<br><br>Hotline Calls. The agency has a hotline however there were zero sexual abuse allegations reported through the hotline.<br><br>Incident Reports. The facility does not |

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| | complete incident reports. The auditor reviewed all written documentation related to the four investigations.<br><br>Investigation Files. There were four allegations reported. The auditor reviewed all four administrative investigations. There were zero criminal investigations and zero investigations referred for prosecution. |

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

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

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 1 | 0 | 1 | 0 |
| **Staff-on-inmate sexual abuse** | 1 | 0 | 1 | 0 |
| **Total** | 2 | 0 | 2 | 0 |

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual harassment** | 0 | 0 | 1 | 1 |
| **Staff-on-inmate sexual harassment** | 0 | 0 | 0 | 0 |
| **Total** | 0 | 0 | 1 | 1 |

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

### Sexual Abuse Investigation Files Selected for Review

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| **98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:** | 2 |

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

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| **105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| **Sexual Harassment Investigation Files Selected for Review** | |
| **106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:** | 2 |
| **107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any sexual harassment investigation files) |
| **Inmate-on-inmate sexual harassment investigation files** | |
| **108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 2 |
| **109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| **110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

| Staff-on-inmate sexual harassment investigation files | |
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| **111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 0 |
| **112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.** | There were four investigations completed. All four were reviewed. There were zero criminal investigations. |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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| **115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ○ Yes<br>◉ No |

| Non-certified Support Staff | |
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| **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<br>◉ No |

| AUDITING ARRANGEMENTS AND COMPENSATION | |
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| **121. Who paid you to conduct this audit?** | ◉ The audited facility or its parent agency<br>○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br>○ A third-party auditing entity (e.g., accreditation body, consulting firm)<br>○ Other |

| Standards |
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| **Auditor Overall Determination Definitions** |
| • Exceeds Standard<br>(Substantially exceeds requirement of standard)<br><br>• Meets Standard<br>(substantial compliance; complies in all material ways with the stand for the relevant review period)<br><br>• Does Not Meet Standard<br>(requires corrective actions) |
| **Auditor Discussion Instructions** |
| Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-100 PREA: Prevention, Detection, Response<br><br>3. PREA-101 PREA: Definitions<br><br>4. PREA-102 PREA: Prevention Planning<br><br>5. PREA-103 PREA: Responsive Planning<br><br>6. PREA-104 PREA: Training/Education<br><br>7. PREA-105 PREA: Screening for Risk of Victimization and Abusiveness<br><br>8. PREA-106 PREA: PREA Reporting |

9. PREA-107 PREA: Official Response Following an Offender Report

10. PREA-108 PREA: PREA Investigations

11. PREA-109 PREA: PREA Discipline

12. PREA-110 PREA: Access to Medical and Mental Health Services

13. PREA-111 PREA: PREA Data Collection

14. PREA-112 PREA: Audits

15. Agency Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The PAQ stated 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 also stated that the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Further the PAQ indicated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency has numerous policies (PREA-100 through PREA 112) that outline the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. PREA-102 states the Department has a zero tolerance policy toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct in the Prison Rape Elimination Act policies. PREA-101 include definitions of prohibited behaviors while PREA-109 outline sanctions for prohibited behaviors. The agency PREA policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal background record checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions, sexual abuse incident reviews and data collection. The policies and

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| | supporting documentation are consistent with the PREA standards and outline the agency's approach to sexual safety.<br><br>115.211(b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PAQ further stated that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and all of its community confinement facilities. The PAQ also indicated that the position of the PC is in the organizational chart. A review of the organizational chart indicated the PC is the Assistant District Director. This position reports directly to the District Director. PREA-102 states the department will designate a PREA coordinator who shall oversee Department efforts to comply with the PREA standards in the residential facilities. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated he coordinates the agency's effort to comply with PREA through monthly check-ins with the facilities as well as check ins when they have any incidents. He indicated he stays in contact with investigators and he forwards any training related information from Central Office to the facilities. The PC advised that he also attends state meetings on any updates. He stated if he identifies an issue complying with a PREA standard he takes immediate steps to alleviate the issue because he knows just how important it is. He further stated he then sends the updates to the team and investigators.<br><br>Based on a review of the PAQ, PREA-100 through PREA-112, the agency's organization chart and information from the interview with the PC, the agency/ facility appears to meet this standard. |

| **115.212** | **Contracting with other entities for the confinement of residents** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>Findings (By Provision):<br><br>115.212 (a): The PAQ stated the agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA |

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| | audit, whichever is later. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have an Agency Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.<br><br>115.212 (b): The PAQ stated the agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have an Agency Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.<br><br>115.212 (c): The PAQ stated the agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have an Agency Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.<br><br>Based on the review of the PAQ, this standard appears to be not applicable and as such compliant. |

| **115.213** | **Supervision and monitoring** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-102 PREA: Prevention Planning<br><br>3. The Staffing Plan<br><br>4. Deviations from Staffing Plan<br><br>5. Annual PREA Staffing Plan Assessment |

Interviews:

1. Interview with the Director

2. Interview with the PREA Coordinator

Site Review Observations:

1. Staffing Levels

2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. PREA-102 states there is a documented staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, consideration is given to: the physical layout of each facility; the composition of the offender population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The PAQ indicated that the current staffing plan is based on 76 residents (which is capacity). The facility employs 24 staff. Staff (Residential Officers) mainly make up there shifts; 8am-4pm, 4pm-12am and 12am to 8am. The facility also has additional staff that work varied administrative hours. A review of the facility staffing plan indicates that a supervisor is on-site during normal business hours and at least two Residential Officers are assigned to each shift. There are also Case Management staff and other administrative level staff available during varied administrative hours. A review of the staffing plan review and development process document confirmed that the staffing plan considered the physical layout, the composition of the resident population, the use of video monitoring technology and incident of sexual abuse and sexual harassment. During the tour the auditor confirmed the facility follows the staffing plan. At least two staff were assigned to the building during day hours and night hours. Additional administrative and case management staff were also on-site during varied business hours. The auditor observed that staff had adequate lines of sight when walking the hallways and making rounds. Additionally, the control desk provided adequate lines of sight for two wings. The auditor did not observe any overcrowding and all resident rooms provided adequate space and privacy. Staff are required to make rounds at least once an hour. The auditor observed rounds more frequently by Residential Officers (RO) during the tour. A

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| | review of video monitoring technology confirmed that cameras assist with supervision and monitoring in common areas, hallways and outside the building. Cameras were monitored at the control desk and are able to be remotely monitored by management level staff. The interview with the Director confirmed that the facility has a staffing plan that provides adequate staffing levels to protect residents from sexual abuse. He stated they have each shift covered with the required staffing at all times, which is adequate. He confirmed video monitoring is part of the staffing plan and that the staffing plan is documented. The Director confirmed that the elements under this provision are included in the staffing plan development and review process. He stated staffing is based on male and female clients and the need to keep them separate as much as possible. He stated they complete hourly counts and random walk throughs in addition to counts. Further he stated if an incident occurs they review to determine if there is shortage of staff and cameras based on the incident. The Director stated the staffing plan is reviewed daily through the schedule. He indicated they ensure the spots (posts) are filled and they can use part time staff to assist if they are short. The PC stated that with regard to the staffing plan they always have conversations about what can be done to make improvements, as PREA is a priority for the agency. He stated they just looked at camera views for PREA and they ensure staff are roving the hallways. He confirmed there is always a minimum of two staff at the facility.<br><br>115.213 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ further stated that the most documented reason for deviation from the staffing plan was staff shortages. PREA-102 states in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. A review of documentation indicated the staffing plan was deviated from based on gender of the assigned staff but not the number of staff. As such, two staff were still present on the shift, however in three instances there was not a staff of each gender present (i.e. both staff were male or both staff were female). The facility documented these deviations via an email to the Assistant Director. The interview with the Director confirmed that any deviations from the staffing plan would be documented however they do not deviate from the staffing plan. He advised the only deviations they have had was related to the minimum one male and one female requirement. He stated they have had a few instances where they have had either two males or two females, but they have always had the required staffing.<br><br>115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. PREA-102 states whenever necessary, but no less frequently than once each year, each facility shall assess, determine, and document whether adjustments are needed to: the staffing plan |

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| | established pursuant to paragraph (a) of this section; prevailing staffing patterns; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adequate staffing levels. The staffing plan was most recently reviewed on January 1, 2023. The annual review included a review of the physical plant, resident composition, video monitoring technology and staffing levels as it relates to these characteristics. The PC confirmed he is consulted regarding any assessments of, or adjustment to the staffing plan. He stated he sits down with the Director at least twice a year to go over staffing. He stated they review the PREA statistics when they look at the staffing plan.<br><br>Based on a review of the PAQ, PREA-102, the staffing plan, observations made during the tour and interviews with the Director and PC, indicates that this standard appears to require be compliant.<br><br>Recommendation<br><br>The auditor recommends that the annual staffing plan review include signatures of the staff included in the review to provide further confirmation that the facility, in conjunction with the PC review the staffing. |

| **115.215** | **Limits to cross-gender viewing and searches** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-102 PREA: Prevention Planning<br><br>Interviews:<br><br>1. Interview with Random Staff<br><br>2. Interview with Random Residents<br><br>3. Interview with Transgender Residents |

Site Review Observations:

1. Observations of Privacy in Housing Units and Restrooms

2. Observation of Opposite Gender Announcement

Findings (By Provision):

115.215 (a): The PAQ indicated that the facility conducts cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. Further communication with the PC indicated their policy allows these searches under exigent circumstances only and that they have not had any exigent circumstances. PREA-102 states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

115.215 (b): The PAQ indicated that the facility does not permit cross gender pat searches of female residents, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. The PAQ also stated there were zero pat-down searches of female residents that were conducted by male staff. PREA-102 states the residential facilities shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders' access to regularly available programming or other outside opportunities in order to comply with this provision. Interviews with staff indicated that they were unaware of a time that a female resident was restricted from going somewhere because there was not a female staff member to conduct the search. Interviews with female residents and the transgender female resident confirmed none were restricted due to not having a female to search. The transgender female further stated she is searched based on her preference and she is searched respectfully and professionally.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female residents are required to be documented as well. PREA-102 states the residential facilities shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders. Interviews with staff and residents indicated there have not been any cross gender searches

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| | conducted at the facility.<br><br>115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. PREA-102 states offenders may shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. Staff of the opposite gender must announce their presence when entering an area where offenders are likely to be showering, performing bodily functions or changing clothing. With regard to cross gender viewing, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing their clothes. All showers were single person and were equipped with curtains. Toilets were public style and were fully enclosed with a door. Most restrooms also had a solid entrance door in addition to the curtains and public style enclosures. Resident room doors were solid and allowed for adequate privacy. The facility does not conduct strip searches except when approved by a supervisor due to reasonable suspicion. Strip searches are conducted in the urine analysis restroom, which contains a solid door. With regard to the opposite gender announcement, the auditor observed the that staff made a verbal announcement when entering the hallways. Additionally, staff knocked and make a verbal announcement prior to entering the bathroom or resident rooms. Interviews with sixteen residents indicated that none of the sixteen had ever been naked in front of an opposite gender staff member and as such have privacy when showering, using the restroom and changing their clothes. All twelve of the staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve staff indicated that an announcement is made when an opposite gender staff member enters a housing wing or restroom area. All sixteen residents interviewed confirmed that staff of the opposite gender announce prior to entering living and bathroom areas.<br><br>115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status and that no searches of this nature have occurred within the previous twelve months. PREA-102 states employees shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical |

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| | practitioner. Interviews with twelve staff indicated seven were aware of a policy prohibiting searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. The interview with the transgender resident confirmed that she had never been searched for the sole purpose of determining her genital status.<br><br>115.215 (f): PREA-102 states staff shall be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. The auditor requested the training curriculum utilized for this provision as well as staff training records. At the issuance of the interim report the auditor had not yet received the requested documentation. Seven of the twelve staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender and intersex residents.<br><br>Based on a review of the PAQ, PREA-102, observations made during the tour as well as information from interviews with random staff and random residents indicates this standard appears to require corrective action. Interviews with twelve staff indicated seven were aware of a policy prohibiting searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. The auditor requested the training curriculum utilized for this provision as well as staff training records. At the issuance of the interim report the auditor had not yet received the requested documentation. Seven of the twelve staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender and intersex residents.<br><br>Corrective Action<br><br>The facility will need to train staff on the prohibition under provision (e) as well as train all staff on conducting cross gender and transgender and intersex searches in a professional and respectful manner. A copy of the training and curriculum will need to be provided to the auditor.<br><br>Verification of Corrective Action Since the Interim Audit Report<br><br>The auditor gathered and analyzed the following additional evidence provided by |

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| | the facility during the corrective action period relevant to the requirements in this standard.<br><br>Additional Documents:<br><br>1. Staff Training with Signatures<br><br>2. PREA Resource Center Guidance in Cross Gender and Transgender Pat Searches<br><br>3. Training on Prohibition of Transgender Searches<br><br>The facility trained all staff during the corrective action period on the prohibition of searching transgender and intersex residents for the sole purpose of determining genital status. Additionally, all staff completed the PRC Guidance in Cross Gender and Transgender Pat Searches training. The facility provided staff training acknowledgments confirming both training were completed by facility staff that would be responsible for searches (Residential Officers).<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| **115.216** | **Residents with disabilities and residents who are limited English proficient** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Interviews:<br><br>1. Interview with the Agency Head<br><br>2. Interview with LEP and Disabled Residents<br><br>3. Interview with Random Staff<br><br>Site Review Observations:<br><br>1. Observations of PREA Posters |

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| | Findings (By Provision):<br><br>115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. PREA-102 states offenders with disabilities (including, for example, those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. A review of the Iowa's Roster of State Court Interpreters indicated there are over 100 individuals that can provide translation services in eight languages, including American Sign Language. A review of the PREA Posters and Resident Handbook confirmed that PREA information can be made available in in large font and bright colors. The interview with the Agency Head confirmed the agency has established procedures to provide residents with disabilities and residents who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated they have made a big push over the years to hire bilingual staff and they also have the ability to use over the phone translation services. He indicated they have utilized this resource in the past for many languages. The Agency Head stated they try to make sure everyone is aware of the policies and procedures and that they have translated a lot of documents into at minimum Spanish. He further stated he believes they have video translation services as a resource as well, however they have not had to utilize them for anyone. The auditor observed PREA information posted throughout the facility. There were numerous English and Spanish Posters that included information on zero tolerance and reporting information to staff. These Posters were observed on each resident room door as well as posted on walls throughout the facility. These Posters were observed in bright colors and adequate size font. The auditor also observed the No Means No and Zero Tolerance Posters in English and Spanish. These Posters were located near each restroom entrance, by the phones and in numerous common areas. The Posters were on letter size paper with adequate size font and were observed to be posted at an adequate height for reading. The facility also had a Free Number Poster, which included numerous numbers that were free for the |

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| | residents to call. The Poster included the phone number for CIS, the Ombudsman's Office and the District Office. The Poster also included the mailing address for the Ombudsman's Office. This Poster was observed by the phones in English. The Poster was on letter size paper with adequate font and was posted at adequate height. Further the auditor observed the CTS Language Link Poster, which provided direction for residents to utilize the translation service. The Poster was observed by the phones in English. The Poster was on letter size paper with adequate size font. Interviews with three disabled residents confirmed that all three received information on sexual abuse and sexual harassment in a format that they could understand.<br><br>115.216 (b): The PAQ stated that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA-102 states the Department shall 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 offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility utilizes CTS Language Link for translation services. CTS Language Link is an over the phone translation services that can translate across numerous languages. A review of the Iowa's Roster of State Court Interpreters indicated there are over 100 individuals that can provide translation services in eight languages, including American Sign Language. A review of the PREA Posters and Resident Handbook confirmed that the documents were available in English and Spanish. The auditor observed PREA information posted throughout the facility. There were numerous English and Spanish Posters that included information on zero tolerance and reporting information to staff. These Posters were observed on each resident room door as well as posted on walls throughout the facility. These Posters were observed in bright colors and adequate size font. The auditor also observed the No Means No and Zero Tolerance Posters in English and Spanish. These Posters were located near each restroom entrance, by the phones and in numerous common areas. The Posters were on letter size paper with adequate size font and were observed to be posted at an adequate height for reading. The facility also had a Free Number Poster, which included numerous numbers that were free for the residents to call. The Poster included the phone number for CIS, the Ombudsman's Office and the District Office. The Poster also included the mailing address for the Ombudsman's Office. This Poster was observed by the phones in English. The Poster was on letter size paper with adequate font and was posted at adequate height. Further the auditor observed the CTS Language Link Poster, which provided direction for residents to utilize the translation service. The Poster was observed by the phones in English. The Poster was on letter size paper with adequate size font. The facility did not have LEP or disabled residents, however the auditor tested CTS Language Link. The auditor called the 800 number and entered the facility's client code. The auditor selected the appropriate language |

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| | and confirmed with the operator that they would be able to provide translation services if needed. Interviews with three disabled residents confirmed that all three received information on sexual abuse and sexual harassment in a format that they could understand. It should be noted there were zero LEP residents at the facility during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.216 (c): The PAQ stated that agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could comprise the resident's safety, the performance of first responder duties under 115.264, or the investigation of the resident's allegations. The PAQ further stated that the facility documents the limited circumstances in individual cases where resident interpreters, readers or other types of resident assistants are used in generic notes. PREA-102 states the Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under or the investigation of the offender's allegations. The PAQ expressed that there were zero instances where a resident was utilized to interpret, read or provide other type of assistance. Interviews with twelve staff indicated that four were aware of a policy that prohibits the use of resident interpreters, translator, readers or other types of resident assistants for sexual abuse allegations. Most staff indicated they wouldn't do this (use another resident) though regardless of if they knew if there was a policy. Interviews with three disabled residents confirmed that all three received information on sexual abuse and sexual harassment in a format that they could understand and did not have another resident utilized for assistance. It should be noted there were zero LEP residents at the facility during the on-site portion of the audit and as such no interviews were conducted.<br><br>Based on a review of the PAQ, PREA-102, CTS Language Link, Iowa Roster of State Court Interpreters, the Resident Handbook, PREA Posters, observations made during the tour as well as interviews with the Agency Head and random staff indicates that this standard appears to be compliant.<br><br>Recommendation<br><br>The auditor recommends that the facility train staff on the prohibition under provision (c) and the resources available to staff to ensure they are not utilized. |

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| **115.217** | **Hiring and promotion decisions** |

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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-102 PREA: Prevention Planning<br><br>3. Eighth Judicial District Department of Correctional Services Employment Application<br><br>4. Attachment F-1<br><br>5. Staff Background Files<br><br>Interviews:<br><br>1. Interview with Human Resource Staff<br><br>Findings (By Provision):<br><br>115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. PREA-102 states the Department shall not hire or promote anyone who may have contact with offenders, and shall not 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 (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 the activity described in paragraph (a)(2) of this section. A review of the Eighth Judicial District Department of Correctional Services Employment Application indicates staff are asked if they have ever been convicted of a criminal offense, if they have ever received a disciplinary suspension, if they have been discharged or forced to resign a position and if they have ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual |

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| | activity in the community facilitated by force, overt, or implied threats of force, coercion, or if the victim did not consent or was unable to consent. As of July 1, 2023 the agency has merged with the IDOC and no longer utilizes the application. A review of 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?". The auditor requested personnel files for the two staff hired over the previous twelve months, however at the issuance of the interim report the documentation had not yet been received.<br><br>115.217 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. PREA-102 states the Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.<br><br>115.217 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. PREA-102 states before hiring new employees who may have contact with offenders, the Department shall: perform a criminal background records check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PAQ indicated that zero persons were hired in the previous twelve months that had a criminal background records check. The auditor requested personnel files for the two staff hired over the previous twelve months, however at the issuance of the interim report the documentation had not yet been received. The Human Resource staff member indicated that a criminal background records check is completed before hiring any new employees who many have contact with residents.<br><br>115.217 (d): The PAQ stated that agency policy requires that a criminal background |

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| | record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there was one contract for service where criminal background records checks were conducted. PREA-102 states the Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. The facility does not have contractors. The facility has a few vendors that fill the vending machines or deliver milk, however these individuals do not have a criminal background records check completed. The interview with the Human Resource staff member indicated she was unsure of whether a criminal background records check was completed prior to enlisting contractors for services as they do not have contractors.<br><br>115.217 (e): The PAQ indicated that agency policy requires either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. PREA-102 states the Department shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees. The auditor requested documentation related to two staff that were at the facility longer than five years, however at the issuance of the interim report the auditor had not yet received the documentation. The interview with the Human Resource staff member indicated the agency utilizes the NCIC system and they query state and national criminal histories. The staff stated they complete criminal background record checks on staff annually at the time of the staff members annual evaluation. The Human Resource staff member indicated she was unsure about the criminal background records check process for contractors because they do not have contractors.<br><br>115.217 (f): PREA-102 states the Department shall also ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) 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. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of the Eighth Judicial District Department of Correctional Services Employment Application indicates staff are asked if they have ever been convicted of a criminal offense, if they have ever received a disciplinary suspension, been discharged or forced to resign a position and if they have ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, coercion, or if the victim did not consent or was unable to consent. As of July 1, 2023 the agency has merged with the IDOC and no longer utilizes the application. A review of Attachment F-1 indicated that staff complete an application |

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| | 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?". The auditor requested documentation for two staff hired in the previous twelve months and two staff promoted over the previous twelve months, however at the issuance of the interim report the auditor had not yet received the documentation. The interview with the Human Resource staff indicated the agency has limitations on the types of questions they can ask during interview. She advised she did not believe these questions were asked during interview. She stated they previously had these questions on the old application, however a new application is utilized now since the transition over to IDOC and she did not believe those questions were on the new application. The Human Resource staff confirmed that the agency imposes a continuing affirmative duty to disclose any previous such misconduct.<br><br>115.217 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. PREA-102 states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.<br><br>115.217 (h): PREA-102 states unless prohibited by law, the agency shall 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. The Human Resource staff member confirmed that the agency would provide the requested information to another state agencies (i.e. law enforcement agencies).<br><br>Based on a review of the PAQ, PREA-102, Eighth Judicial District Department of Correctional Services Employment Application, Attachment F-1, a review of personnel files for staff and information obtained from the Human Resource staff interview indicates this standard appears to require corrective action. The auditor requested personnel files for the two staff hired over the previous twelve months, however at the issuance of the interim report the documentation had not yet been received. The auditor requested documentation related to two staff that were at the facility longer than five years, however at the issuance of the interim report the auditor had not yet received the documentation. The auditor requested documentation for two staff hired in the previous twelve months and two staff |

promoted over the previous twelve months, however at the issuance of the interim report the auditor had not yet received the documentation. Additionally, a review of the application indicated that two of the three PREA questions were asked and it did ask other related questions, however it was missing question one of the required questions. The agency now utilizes Attachment F-1 under IDOC policy which has all the required questions, but the auditor had no examples showing this form being utilized.

Corrective Action

The facility will need to provide the requested personnel documentation. Additionally, the facility will need to provide examples of the utilization of Attachment F-1 for new hires and promotions during the corrective action period.

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 Personnel Records
2. Training with Human Resource Staff on Attachment F-1 Form
3. Attachment F-1 Examples

The facility provided documentation for the two new hires and the staff employed at the facility over five years. The newly hired staff had a criminal background records check completed prior to hire. Both completed the old application with questions related to criminal charges and PREA. One of the two had a prior institutional employer and the facility provided confirmation that the prior institutional employer was contacted. The two staff employed over five years were documented with a criminal background records check at least every five years.

The facility provided training with the Human Resource staff on the use of Attachment F-1 for hew hires and promotions. The facility provided Attachment F-1

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| | examples for a staff member hired during the corrective action period and a staff member promoted during the corrective action period. Both were completed prior to hire/promotion.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| 115.218 | Upgrades to facilities and technology |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-102 PREA: Prevention Planning<br><br>3. Documentation Related to Camera Installation/Upgrades<br><br>Interviews:<br><br>1. Interview with the Agency Head<br><br>2. Interview with the Director<br><br>Site Review Observations:<br><br>1. Observations of Absence of Modification to the Physical Plant<br><br>2. Observations of Video Monitoring Technology<br><br>Findings (By Provision):<br><br>115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. PREA-102 states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion or |

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| | modification upon the agency's ability to protect offenders from sexual abuse. The interview with the Agency Head indicated that during modifications they consider the best angles for line of sight and video monitoring technology. He stated they have not had many modifications or acquired new facilities for over ten years. The Agency Head indicated that when considering modification they solicit ideas from staff broadly and that when they do construction they increase their staff rounds in these areas to keep tabs on things. He further stated that video monitoring has been a huge deal for them and that they have added high definition cameras in all facilities. The interview with the Director confirmed that there have not been any substantial expansions or modifications since the last PREA audit.<br><br>115.218 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. PREA-102 states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse. A review of video monitoring technology confirmed that cameras assist with supervision and monitoring in common areas, hallways and outside the building. Cameras were monitored at the control desk and are able to be remotely monitored by management level staff. The interview with the Agency Head confirmed that when installing or updating video monitoring technology they consider how such technology will increase their ability to protect residents from sexual abuse and sexual harassment. He stated they have updated cameras over the previous ten years and spend a substantial amount of money to increase video surveillance. He indicated they are able to monitor cameras from the control desk and also remotely. He further stated that clients are aware of the video monitoring and it assists with mitigating behaviors. The Director confirmed that when updating or installing video monitoring technology they consider how such technology will enhance their ability to protect residents from sexual abuse. He stated they do this by ensuring areas are monitored and covering as much of the facility as they can with cameras.<br><br>Based on a review of the PAQ, PREA-102, documentation related to camera installation/upgrades, observations made during the tour and information from interviews with the Agency Head and Director indicate that this standard appears to be compliant. |

| **115.221** | **Evidence protocol and forensic medical examinations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

Documents:

1. Pre-Audit Questionnaire
2. PREA-103 PREA: Responsive Planning
3. Memorandum of Understanding with Ottumwa Regional Health Center
4. Memorandum of Understanding with Family Crisis Center
5. Memorandum of Understanding with Ottumwa Police Department
6. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Coordinator
3. Interview with SAFE/SANE Staff

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Ottumwa Police Department is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. PREA-103 states to the extent the department is responsible for investigating allegations of sexual abuse, the department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The auditor requested documentation related to the uniform evidence protocol. The facility provided the PREA policies, however policies were broad and none specifically outlined the uniform evidence protocol. Interviews with twelve staff indicated eleven were aware of and understood the agency's protocol on obtaining usable physical evidence. Nine of the twelve stated they were aware who was responsible for conducting sexual abuse investigations. The staff indicated agency supervisor, including the Director and Assistant Director are responsible for these investigations.

115.221 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful residents. The PAQ stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office

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| | of Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents” or similarly comprehensive and authoritative protocols developed after 2011. PREA-103 states the protocol shall be shall be adapted from or otherwise based on comprehensive and authoritative protocols developed after 2011. The auditor requested documentation related to the uniform evidence protocol. The facility provided the PREA policies, however policies were broad and none specifically outlined the uniform evidence protocol.<br><br>115.221 (c): The PAQ indicated that the facility offers residents who experience sexual abuse access to forensic medical examination without financial cost to the victim. The PAQ stated that when possible, examinations are conducted by SAFE or SANE and when SAFE or SANE are not available a qualified medical practitioner performs forensic examinations. It further stated that the facility documents efforts to provide SANEs or SAFEs. The PAQ indicated that residents are taken to Ottumwa Regional Hospital for forensic medical examinations. PREA-103 states the Department shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The department shall document its efforts to provide SAFEs or SANEs. A review of documentation indicated that the agency has attempted to establish an MOU with Ottumwa Regional Health Center to fulfill requirements under PREA standards 115.221, 115.282 and 115.283. The emails and MOU confirm that Ottumwa Regional Health Center is in agreeance with the MOU they just have not yet signed it. The MOU stated that Ottumwa Regional Health Center will perform a forensic medical examination/rape kit on any sexual assault victim, to the extent the victim permits. The MOU further states that Ottumwa Regional Health Center will comply with the PREA standards, as it applies to the April 2013 edition of “A National Protocol for Sexual Assault Medical Forensic Examinations”.  The PAQ stated that there were zero forensic medical exams conducted in the previous twelve months. The auditor contacted Ottumwa Regional Health Center related to forensic medical examinations. The auditor spoke with staff who advised the supervisor would be able to provide the information. The auditor left two messages and called multiple times and the supervisor never answered or returned the auditors calls.<br><br>115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center, wither in person or by other means and that these efforts are documented. The PAQ further indicated that if and when a rape crisis center Is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. PREA-103 states the Department shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape |

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| | crisis center is not available to provide victim advocate services, the department shall make available to provide these services a qualified staff member from a community-based organization or a qualified department staff member. The department shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The department may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement department) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. A review of documentation indicated that the facility has an MOU with Family Crisis Center. The MOU was established to fulfill requirements in PREA standards. The MOU states that Family Crisis Center will provide an advocate to be available to the client/victim. It also states Family Crisis Center will provide accompaniment and support to the client/victim through the forensic medical examination process and investigatory interviews, and as long as needed, even after release or transfer from the facility, if requested. The MOU was executed in July 2023. There were two sexual abuse allegations reported during the previous twelve months. One resident was not at the facility at the time of the report, but the second resident was documented on the database with being offered access to a victim advocate. The interview with the PC indicated they always ask the client what their wishes are and if they want a victim advocate they provide one. The PC stated they have an MOU with the local rape crisis center to provide these services. He further stated they also have two qualified staff that can provide services if the rape crisis center is unavailable. It should be noted there were zero residents who reported sexual abuse or sexual harassment during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.221 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. PREA-103 states as requested by the victim, the victim advocate, qualified department staff member, or qualified community-based organization 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 A review of documentation indicated that the facility has an MOU with Family Crisis Center. The MOU was established to fulfill requirements in PREA standards. The MOU states that Family Crisis Center will provide an advocate to be available to the client/victim. It also states Family Crisis Center will provide accompaniment and support to the client/victim through the forensic medical examination process and investigatory interviews, and as long as needed, even after release or transfer from the facility, if requested. The MOU was executed in July 2023. There were two sexual abuse allegations reported during the previous twelve |

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| | months. One resident was not at the facility at the time of the report, but the second resident was documented on the database with being offered access to a victim advocate. The interview with the PC 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 stated they always ask the client what their wishes are and if they want a victim advocate they provide one. The PC stated they have an MOU with the local rape crisis center to provide these services. He further stated they also have two qualified staff that can provide services if the rape crisis center is unavailable. It should be noted there were zero residents who reported sexual abuse or sexual harassment during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.221 (f): The PAQ indicated that if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements under this standard. PREA-103 states to the extent the department itself is not responsible for investigating allegations of sexual abuse, the department shall request that the investigating department follow the requirements of paragraphs (a) through (e) of this section. The MOU outlines procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction and coordination of efforts and assets between the Eighth Judicial District Depart of Corrections and the Ottumwa Police Department. The MOU states that OPD, when appropriate, shall conduct joint investigations with Department of Corrections Division of Investigative Services, for incident of sexual assault/abuse. The MOU also states that OPD shall comply with the Prison Rape Elimination Act (PREA) standards, as is legally required.<br><br>115.221 (g): The auditor is not required to audit this provision.<br><br>115.221 (h): PREA-103 states for the purposes of this standard, a qualified department staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The facility has an in house community treatment coordinator that can service as a victim advocate. Her resume and training certificates confirmed that she completed numerous trainings related to victim advocacy and has appropriate skills and experience to serve in this capacity.<br><br>Based on a review of the PAQ, PREA-103, MOU with Ottumwa Regional Health |

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| | Center, MOU with Family Crisis Center, MOU with Ottumwa Police Department, Investigative Reports and information from interviews with random staff, the PREA Coordinator and the SANE/SAFE indicates that this standard appears to require corrective action. The auditor requested documentation related to the uniform evidence protocol. The facility provided the PREA policies, however policies were broad and none specifically outlined the uniform evidence protocol.<br><br>Corrective Action<br><br>The facility will need to provide the auditor with the uniform evidence protocol.<br><br>Recommendation<br><br>The auditor highly recommends that the facility provide clarifying information to appropriate staff that Family Crisis Center, not Crisis Intervention Services (CIS) is the victim advocacy organization that the facility has an MOU with for services under this standard. The auditor also recommends that if the facility plans to utilize CIS for services that they obtain an MOU with CIS as well as FCC.<br><br>Verification of Corrective Action Since the Interim Audit Report<br><br>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.<br><br>Additional Documents:<br><br>1. Uniform Evidence Protocol<br><br>2. Memorandum of Understanding with Crisis Intervention Services<br><br>The facility provided the uniform evidence protocol that 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” or similarly comprehensive and authoritative protocols developed after 2011. |

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| | The facility provided a copy of the executed (July 17, 2023) MOU with Crisis Intervention Services. The MOU states that CIS will provide an advocate to be available to the client/victim. It also states that CIS will provide accompaniment and support to the client/victim through the forensic medical examination process and investigatory interviews, and as long as needed, even after release or transfer from the facility, if requested. It should be noted this was not identified as a corrective action in the interim report as the MOU with FCC was adequate. The facility identified during the corrective action period that they would utilize CIS rather than FCC and as such the updated MOU was provided for this standard.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| **115.222** | **Policies to ensure referrals of allegations for investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-103 PREA: Responsive Planning<br><br>1. Memorandum of Understanding with Ottumwa Police Department<br><br>3. Investigative Reports<br><br>Interviews:<br><br>1. Interview with the Agency Head<br><br>2. Interview with Investigative Staff<br><br>Findings (By Provision):<br><br>115.222 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PREA-103 states an administrative and/or criminal investigation will be |

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| | completed for all allegations of sexual abuse and sexual harassment. The PAQ noted there were four allegations of sexual abuse or sexual harassment that were received in the previous twelve months. All four allegations resulted in an administrative investigation and zero allegations were referred for criminal investigation. The PAQ further stated that of the allegations received in the previous twelve months all had a completed investigation. A review of documentation indicated there were four allegations reported during the previous twelve months. All four allegations were referred for investigation and had an administrative investigation completed. The interview with the Agency Head indicated that internally the agency conducts administrative investigations and that criminal investigations are referred to local law enforcement to handle. He stated criminal investigations are turned over to local law enforcement and the county attorneys and sometimes they prosecute and sometimes they don't. The Agency Head advised that when an allegation is reported it is forwarded to the Assistant Director and an initial report is filled out. The Assistant Director assigns the incident to an investigator and they take actions to shield the victim from any potential danger/damages. Staff then complete an investigation and if it is determined to be substantiated they go through the revocation process and refer the incident to the county attorney and local law enforcement.<br><br>115.222 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The PAQ stated that such policy is published on the agency website or made publicly available via other means and that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. PREA-103 states allegations of sexual abuse or sexual harassment will be referred for investigation to an department with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The department shall publish such policy on its Web site or, if it does not have one, make the policy available through other means. All referrals for investigation will be documented and tracked. The agency has an MOU with the Ottumwa Police Department that was executed in March 2020. The MOU outlines procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction and coordination of efforts and assets between the Eighth Judicial District Depart of Corrections and the Ottumwa Police Department. The MOU states that OPD, when appropriate, shall conduct joint investigations with Department of Corrections Division of Investigative Services, for incident of sexual assault/abuse. The MOU also states that OPD shall comply with the Prison Rape Elimination Act (PREA) standards, as is legally required. A review of the agency website confirmed it advises that administrative investigations are completed by trained, internal PREA investigators and criminal allegations are referred for investigation to law enforcement. A review of investigative reports indicated all four allegations were referred for administrative investigation. The one substantiated investigation was sexual harassment and as |

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| | such was not criminal in nature. The interview with the agency investigator confirmed that agency policy requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation unless the activities are clearly not criminal. He stated any criminal component is referred to local law enforcement.<br><br>115.222 (c): PREA-103 states if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the department and the investigating entity. The MOU outlines procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction and coordination of efforts and assets between the Eighth Judicial District Depart of Corrections and the Ottumwa Police Department. The MOU states that OPD, when appropriate, shall conduct joint investigations with Department of Corrections Division of Investigative Services, for incident of sexual assault/abuse. The MOU also states that OPD shall comply with the Prison Rape Elimination Act (PREA) standards, as is legally required. A review of the agency website confirmed it advises that administrative investigations are completed by trained, internal PREA investigators and criminal allegations are referred for investigation to law enforcement. A review of investigative reports indicated all four allegations were referred for administrative investigation.<br><br>115.222 (d): The auditor is not required to audit this provision.<br><br>115.222 (e): The auditor is not required to audit this provision.<br><br>Based on a review of the PAQ, PREA-103, the MOU with Ottumwa Police Department, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the facility investigator, this standard appears to be compliant. |

| **115.231** | **Employee training** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire |

2. PREA-104 PREA: Training/Education

3. PREA Training

4. Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.231 (a): The PAQ stated that the agency trains all employees who may have contact with residents on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. PREA-104 states all employees who may have contact with offenders shall be trained on: the zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA training curriculum confirms that the training includes information on: the agency's zero-tolerance policy; how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures; the 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

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| | 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. The auditor requested training documents for thirteen staff, at the issuance of the interim report not all documentation was received. Interviews with twelve random staff confirmed that all twelve have received PREA training. Staff stated they receive training annually and the topics they remember are first responder duties, reporting methods and signs to look for of possible sexual abuse or vulnerability. Staff confirmed the required topics under this provision were covered during the training.<br><br>115.231 (b): The PAQ indicated that training is tailored to the gender of the resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. PREA-104 states such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that also houses female offenders. A review of the PREA Training indicated that it is general and mainly tailored toward male residents. The facility houses male and female residents, with the majority being male residents.<br><br>115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff are trained annually on PREA requirements. PREA-104 states all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the department shall provide each employee with refresher training every two years to ensure that all employees know the department's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the department shall provide refresher information on current sexual abuse and sexual harassment policies. . The auditor requested training documents for thirteen staff, at the issuance of the interim report not all documentation was received.<br><br>115.231 (d): The PAQ stated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. PREA-104 states the Department shall document, through employee signature or electronic verification, that employees understand the training they have received. A review of provided staff training records confirmed that the agency documents completion of the training through electronic signatures. |

Based on a review of the PAQ, PREA-104, the PREA Training, staff training records as well as interviews with random staff indicate that this standard appears to require corrective action. A review of the PREA Training indicated that it is general and mainly tailored toward male residents. The facility houses male and female residents, with the majority being male residents. The auditor requested training documents for thirteen staff, at the issuance of the interim report not all documentation was received.

Corrective Action

The facility will need to provide the requested staff training records.

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 Records
2. Updated Training Slides Tailored Toward Gender (Male/Female)
3. Training Email to Staff on Slides

The facility provided staff training documentation confirming that all staff received PREA training and signed that they received and understood the training. The documentation confirmed that all staff employed longer than two years had received training at least every two years, with most documented with it annually.

The facility utilized the PREA Resource Center PREA Employee Training PowerPoint slides that address male and female differences related to sexual abuse and sexual harassment. The facility provided a training email that was sent to staff to review the slides.

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| | Based on the documentation provided the auditor determined this standard has been corrected through training. |

| 115.232 | Volunteer and contractor training |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br>1. Pre-Audit Questionnaire<br>2. PREA-104 PREA: Training/Education<br>3. PREA For Contractors and Volunteers<br>4. Vendor Training Records<br><br>Findings (By Provision):<br><br>115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. PREA-104 states the department shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ indicated that six volunteers and contractors had received PREA training. Further communication with the PC indicated the facility does not have volunteers or contractors but they do have a few vendors that come in to perform services such as refilling the vending machines or meeting with residents related to employment. A review of PAQ supplemental documentation indicated the vendors received training and signed an acknowledgment confirming receipt of PREA training. A review of the PREA for Contractors and Volunteers training curriculum confirmed that the training includes information on: the different types of allegations, definitions, the zero tolerance policy and reporting sexual abuse and sexual harassment. The facility does not have contractors or volunteers and as such no interviews were conducted and no documents were reviewed.<br><br>115.232 (b): The PAQ indicated that the level and type of training provided to |

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| | volunteers and contractors is not based on the services they provide and level of contact they have with residents. Additionally, the PAQ indicated that all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. PREA-104 states 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 offenders, but all volunteers and contractors who have contact with offenders shall be notified of the department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A review of PAQ supplemental documentation indicated the vendors received training and signed an acknowledgment confirming receipt of PREA training. A review of the PREA for Contractors and Volunteers training curriculum confirmed that the training includes information on: the different types of allegations, definitions, the zero tolerance policy and reporting sexual abuse and sexual harassment. The facility does not have contractors or volunteers and as such no interviews were conducted and no documents were reviewed.<br><br>115.232 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. PREA-104 states the Department shall maintain documentation confirming that volunteers and contractors understand the training they have received. A review of PAQ supplemental documentation indicated the vendors received training and signed an acknowledgment confirming receipt of PREA training.<br><br>Based on a review of the PAQ, PREA-104, PREA for Contractors and Volunteers and vendor training records indicates that this standard appears to be compliant. |

| **115.233** | **Resident education** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-104 PREA: Training/Education<br><br>3. Ottumwa Correctional Facility Intake Information<br><br>4. PREA What You Need to Know Video<br><br>5. Resident Handbook |

6. PREA Posters

7. Iowa Roster of State Court Interpreters

8. CTS Language Link

9. Resident Education Records

Interviews:

1. Interview with Intake Staff

2. Interview with Random Residents

Site Review Observations:

1. Observations of Intake Area

2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. PREA-104 states during the intake process, offenders shall receive information explaining the department's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding department policies and procedures for responding to such incidents. A review of the Intake Information indicated it contains information on: history of PREA, definitions, zero tolerance, reporting, victim advocates, medical and mental health treatment, retaliation, grievances, disciplinary sanctions investigative outcomes, victim notifications, possible outcomes and recovering from an incident. A review of the PREA What You Need to Know video confirms that it provides information on the zero tolerance policy, the residents risk to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation and response after an allegation of sexual abuse or sexual harassment. A review of the PREA Posters indicated that they provide information on the zero tolerance policy, reporting mechanism and victim advocacy

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| | contact information. The PAQ indicated 223 residents received information on the zero tolerance policy and how to report at intake. The is equivalent to 100% of residents that arrived in the previous twelve months. A review of sixteen resident files of those received within the previous twelve months (auditor utilized 15 months) indicated that all sixteen were documented with receiving PREA education. One of the sixteen residents was documented with PREA education well after intake. It should be noted that auditor requested ten additional resident files of those received during the previous twelve months but who were no longer at the facility. The auditor had not received the documentation at the issuance of the interim report, but based on the documentation provided the auditor confirmed PREA education is provided as required under this provision. The auditor observed the intake process through a demonstration. Intake is completed in the front entrance room. All residents are given an intake packet which includes the PREA Acknowledgment Memo and the Resident Handbook. The documents are available in English and Spanish. Residents are also required to watch the PREA video (if they have not previously viewed it at the facility) at an individual computer. The staff utilize the PREA What You Need to Know video through the utube link. The video is available in English and Spanish and has subtitles. Further, staff verbally go over the information on the PREA Acknowledgment Memo during intake. In addition to the intake process, staff complete a facility orientation weekly. The staff verbally go over information on PREA, including: zero tolerance, definitions, what PREA is, ways to report and discipline as it relates to sexual abuse and sexual harassment. The interview with the intake staff confirmed that residents receive information on the zero tolerance policy and ways to report sexual abuse and sexual harassment. The staff member stated residents are also provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation and the facility's to sexual abuse and sexual harassment allegations. The staff stated this information is reviewed during orientation and when residents first arrive. She stated all new intakes go through the orientation process and the only residents that do not, are those that were at the facility and may have had to go back to jail from a few weeks and then return to the facility. She stated they provide information, to include the video, during the intake process and then she also verbally goes over the information during orientation every Thursday. She stated they also receive a paper on the information and they sign that they received it. Fifteen of the sixteen residents interviewed indicated that they had received information on the zero tolerance policy and how to report incidents of sexual abuse and sexual harassment while fourteen stated that they were provided information about their right to be free from sexual abuse and sexual harassment their right to be free from retaliation from reporting and the facility's policies and procedures in response to an incident of sexual abuse or sexual harassment. Most residents stated they received the information in person and through a video on the first day they arrived.<br><br>115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a). The PAQ further indicated there were zero |

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| | residents who transferred from a different community confinement facility over the previous twelve months. PREA-104 states the department shall provide refresher information whenever an offender is transferred to a different facility. A review of the Intake Information indicated it contains information on: history of PREA, definitions, zero tolerance, reporting, victim advocates, medical and mental health treatment, retaliation, grievances, disciplinary sanctions investigative outcomes, victim notifications, possible outcomes and recovering from an incident. A review of the PREA What You Need to Know video confirms that it provides information on the zero tolerance policy, the residents risk to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation and response after an allegation of sexual abuse or sexual harassment. A review of the PREA Posters indicated that they provide information on the zero tolerance policy, reporting mechanism and victim advocacy contact information. A review of sixteen resident files of those received within the previous twelve months (auditor utilized fifteen months) indicated that all sixteen were documented with receiving PREA education. One of the sixteen residents was documented with PREA education well after intake. The interview with the intake staff confirmed that residents receive information on the zero tolerance policy and ways to report sexual abuse and sexual harassment. The staff member stated residents are also provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation and the facility's to sexual abuse and sexual harassment allegations. The staff this information is reviewed during orientation and residents first arrive. She stated all new intakes go through the orientation process and the only residents that do not, are those that were at the facility and may have had to go back to jail from a few weeks and then return to the facility. She stated they provide information, to include the video, during the intake process and then she also verbally goes over the information during orientation every Thursday. She stated they also receive a paper on the information and they sign that they received it. Fifteen of the sixteen residents interviewed indicated that they had received information on the zero tolerance policy and how to report incidents of sexual abuse and sexual harassment while fourteen stated that they were provided information about their right to be free from sexual abuse and sexual harassment their right to be free from retaliation from reporting and the facility's policies and procedures in response to an incident of sexual abuse or sexual harassment. Most residents stated they received the information in person and through a video on the first day they arrived.<br><br>115.233 (c): The PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Additionally, the PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are deaf, visually impaired, have limited reading skills, or are otherwise disabled. PREA-104 states the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as offenders who have limited reading skills. The facility utilizes CTS Language Link for translation services. CTS Language Link is an over the phone |

translation services that can translate across numerous languages. A review of the Iowa's Roster of State Court Interpreters indicated there are over 100 individuals that can provide translation services in eight languages, including American Sign Language. A review of the PREA Posters and Resident Handbook confirmed that PREA information can be made available in in large font, bright colors and is in Spanish. The review of the PREA What You Need to Know video confirmed that it is available in English and Spanish and has subtitles. A review of three disabled resident files confirmed all three signed that they received and understood PREA education.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. PREA-104 states the department shall maintain documentation of offender participation in these education sessions. Staff who conducts the education sessions will make a notation of completion in ICON. A review of the PREA Acknowledgment Memo confirms that it includes initials where residents indicate that they understand the zero tolerance policy; that they recede information on different methods of reporting sexual abuse and sexual harassment and that they were given information and understand responsibilities regarding sexual misconduct policies and procedures under PREA. A review of sixteen resident files of those that arrived in the previous twelve months (auditor utilized fifteen months) indicate that all sixteen signed an acknowledgement form indicating that they had received PREA education.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. PREA-104 states in addition to providing such education, the department shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. A review of the Intake Information indicated it contains information on: history of PREA, definitions, zero tolerance, reporting, victim advocates, medical and mental health treatment, retaliation, grievances, disciplinary sanctions investigative outcomes, victim notifications, possible outcomes and recovering from an incident. A review of the PREA Posters indicated that they provide information on the zero tolerance policy, reporting mechanism and victim advocacy contact information. The auditor observed PREA information posted throughout the facility. There were numerous English and Spanish Posters that included information on zero tolerance and reporting information to staff. These Posters were observed on each resident room door as well as posted on walls throughout the facility. These Posters were observed in bright colors and adequate size font. The auditor also observed the No Means No and Zero Tolerance Posters in English and Spanish. These Posters were located near each restroom entrance, by the phones and in numerous common areas. The Posters were on letter size paper with adequate size font and were observed to be posted at an adequate height for reading. The facility also had a Free Number Poster, which included numerous

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| | numbers that were free for the residents to call. The Poster included the phone number for CIS, the Ombudsman's Office and the District Office. The Poster also included the mailing address for the Ombudsman's Office. This Poster was observed by the phones in English. The Poster was on letter size paper with adequate font and was posted at adequate height. Further the auditor observed the CTS Language Link Poster, which provided direction for residents to utilize the translation service. The Poster was observed by the phones in English. The Poster was on letter size paper with adequate size font.<br><br>Based on a review of the PAQ, PREA-104, Ottumwa Correctional Facility Intake Information, PREA What You Need to Know Video, Resident Handbook, PREA Posters, Iowa Roster of State Court Interpreters, CTS Language Link, resident files, observations made during the tour as well information obtained during interviews with intake staff and random residents indicate that this standard appears to be compliant. |

| **115.234** | **Specialized training: Investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-104 PREA: Training/Education<br><br>3. IDOC Interview to Confession Training Curriculum<br><br>4. Investigator Training Records<br><br>Interviews:<br><br>1. Interview with Investigative Staff<br><br>Findings (By Provision):<br><br>115.234 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. PREA-104 states in addition to the general training provided to all employees pursuant to § |

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| | 115.231, the department shall ensure that, to the extent the department itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. A review of documentation indicated that eight agency staff competed specialized investigator training. The interview with the agency investigator confirmed he received specialized training in conducting sexual abuse investigation in a confinement setting. He stated he received the training initially when he worked with IDOC and it was a week-long training in Des Moines. He indicated the training included sexual abuse investigations and other types of investigations. Further he stated the training was classroom style and they did mock interviews and practiced some interview techniques.<br><br>115.234 (b): PREA-104 states specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. 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 agency staff competed specialized investigator training. The interview with the agency investigator confirmed that the required topics were covered in the training.<br><br>115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that eight facility investigators have completed the required training. PREA-104 states the Department shall maintain documentation that department investigators have completed the required specialized training in conducting sexual abuse investigations. A review of investigations indicated they were completed by four staff, all of which completed the investigator training. A review of documentation indicated each investigator completed the training and was provided a training completion certificate.<br><br>(d): The auditor is not required to audit this provision.<br><br>Based on a review of the PAQ, PREA-104, IDOC Interview to Confession Training Curriculum, investigator training records as well as the interview with the facility |

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| | investigator, indicates that this standard appears to be compliant. |

| 115.235 | Specialized training: Medical and mental health care |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-104 PREA: Training/Education<br><br>3. PREA Resource Center Specialized Medical and Mental Health Care Training Modules<br><br>4. Memorandum of Understanding with Ottumwa Regional Health Center<br><br>5. Staff Training Records<br><br>Findings (By Provision):<br><br>115.235 (a): The PAQ stated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Further communication with the PC indicated the facility has a social worker who can provide crisis intervention services, but she is not actually a mental health staff member. Medical and mental health services are provided in the community. PREA-104 states the Department shall ensure that all full- and part-time mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility utilizes the four training modules on the PREA Resource Center for specialized medical and mental health training. The PAQ indicated one medical and mental health care practitioners who works regularly at the facility received the required training. A review of documentation indicated two staff had completed the specialized training. Additionally, the unexecuted MOU (the facility has email correspondence back and forth with the hospital on their intent to sign the MOU) with Ottumwa Regional Health Center confirms that it outlines the duties of the hospital as it relates to providing services to sexual abuse victims. The facility does not have medical or mental health care staff, however they do have a social worker who is able to provide crisis intervention and some mental health type services. She |

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| | advised she had recently completed specialized training and that it discussed signs of sexual abuse and grooming techniques. She confirmed all the elements under this provision were discussed during the training.<br><br>115.235 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. The facility does not have medical or mental health care staff, however they do have a social worker who is able to provide crisis intervention services. She confirmed that they do not perform forensic medical examinations at the facility.<br><br>115.235 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. PREA -104 states the Department shall maintain documentation that mental health practitioners have received the training referenced in this standard either from the department or elsewhere. A review of documentation indicated two staff had completed the specialized training. Both staff signed a training acknowledgment confirming they complete the four training modules.<br><br>115.235 (d): PREA-104 states mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner’s status at the department. The auditor requested staff training documents for the two staff, however at the issuance of the interim report the documentation had not yet been received.<br><br>Based on a review of the PAQ, PREA-104 , PREA Resource Center Specialized Medical and Mental Health Care Training Modules, MOU with Ottumwa Regional Health Center, Staff Training Records and information from the interview with the mental health care staff member, this standard appears to require corrective action. The auditor requested staff training documents for the two staff, however at the issuance of the interim report the documentation had not yet been received.<br><br>Corrective Action<br><br>The facility will need to provide the requested staff training documents.<br><br>Verification of Corrective Action Since the Interim Audit Report |

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| | 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.<br><br>Additional Documents:<br><br>1. Staff Training Records<br><br>The facility provided staff training documentation confirming that all staff received PREA training and signed that they received and understood the training. The documentation confirmed that all staff employed longer than two years had received training at least every two years, with most documented with it annually.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| **115.241** | **Screening for risk of victimization and abusiveness** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-105 PREA: Screening for Risk of Victimization and Abusiveness<br><br>3. Sexual Violence Propensity Assessment (SVP)<br><br>4. Resident Assessment and Reassessment Documents<br><br>Interviews:<br><br>1. Interview with Staff Responsible for Risk Screening<br><br>2. Interview with Random Residents<br><br>3. Interview with the PREA Coordinator<br><br>Site Review Observations: |

1. Observations of Risk Screening Area

2. Observations of Where Resident Files are Located

Findings (By Provision):

115.241 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. PREA-105 state all offenders assigned to one of the residential correctional facilities shall be assessed prior to or at intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Interviews with fifteen residents that arrived within the previous twelve months indicated thirteen were asked the risk screening questions on the first day they arrived. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness upon admission to the facility. The auditor was provided a demonstration of the initial risk assessment. The risk screening is completed privately in the front conference/office one-on-one. The staff verbally ask some of the questions on the SVP, including prior sexual victimization, gender identify, sexual preference and perception of vulnerability. Staff review the residents file such as age, criminal history, etc. Staff also observe the resident related to perception of gender identify and sexual preference and vulnerability. Staff complete the SVP and responses determine a score.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. PREA-105 states intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ stated that 223 residents were screened for their risk of sexual victimization and risk of sexually abusing other residents. This was equal to 100% of those reported to have arrived in the previous twelve months that stayed over 72 hours. A review of sixteen resident files of those that arrived within the previous twelve months (auditor utilized fifteen months) confirmed that all sixteen had an initial risk screening within 72 hours. The auditor did observe that three of the risk assessments were completed prior to the date of arrival provided for the resident. The auditor requested an additional ten resident files, however at the issuance of the interim report period the auditor had not yet received the documentation. Based on the information from the sixteen files, additional information is needed related to this documentation. Interviews with fifteen residents that arrived within the previous twelve months indicated thirteen were asked the risk screening questions on the first day they arrived. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness within 72 hours.

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| | 115.241 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. PREA-105 states such assessments shall be conducted using the state approved Sexual Violence Propensity (SVP) 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 a specific question 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 a specific question 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.<br><br>115.241 (d): A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening considers whether the resident has an intellectual/physical disability or is severely mentally ill; the resident's 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 |

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| | 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 a specific question results in a victim incarcerated (VI) designation. If the resident does not score out on the section she/he is considered a no score. The staff responsible for the risk screening stated that the initial risk is a combination of verbal questions as well as a review of the residents file. Additionally, he stated they also pay attention to how the resident responds to questions to indicate their perception as well. The staff stated the initial risk screening considers prior criminal history, seriousness of charges (violent or non-violent), time in prison, age, stature, history of sexual abuse, gender identify, sexual preference, prior sexual victimization and perception of safety/vulnerability. The staff confirmed the required elements under this provision are included in the risk assessment.<br><br>115.241 (e): PREA-105 states the intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the department, in assessing offenders for risk of being sexually abusive. A review of the Sexual Violence Propensity Assessment (SVP) indicates it considers whether the resident has two or more felony convictions; whether the resident has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated predatory violence (other than sex offenses); whether the resident is a sex offender (victim over the age of fourteen); whether the resident has an intimidating or aggressive attitude; whether the resident is highly familiar with prison or residential community facility or presents 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 a specific question is yes, the resident is considered an aggressor Incarcerated (AI). If the resident does not score out on the section she/he is considered a no score. The staff responsible for the risk screening stated that the initial risk is a combination of verbal questions as well as a review of the residents file. Additionally, he stated they also pay attention to how the resident responds to questions to indicate their perception as well. The staff stated the initial risk screening considers prior criminal history, seriousness of charges (violent or non-violent), time in prison, age, stature, history of sexual abuse, gender identify, |

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| | sexual preference, prior sexual victimization and perception of safety/vulnerability. The staff confirmed the required elements under this provision are included in the risk assessment.<br><br>115.241 (f): The PAQ indicated that policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. PREA-105 states 2ithin a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ indicated that three, or 1.5% of residents entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. Further communication that the staff member responsible for reassessments was on extended leave and they identified that the reassessments were not being completed. The interview with the staff responsible for the risk screening confirmed that residents are reassessed within 30 days of arrival and that the staff who conducts reassessments is always looking at the information. A review of sixteen resident files of those that arrived within the previous twelve months (auditor utilized fifteen months) indicated twelve had a reassessment completed. Eleven of the twelve reassessments were completed outside of the 30 day timeframe (most were completed after the on-site portion of the audit). During the tour the auditor had staff demonstrate the risk reassessment process. The staff indicated that the 30 day reassessment is completed through a file review. The staff indicated they do not meet with residents for the reassessment. Interviews with fifteen residents that arrived within the previous twelve months indicated none were asked the risk screening questions on more than one occasion.<br><br>115.241 (g): The PAQ indicated that policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. PREA-105 states an offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. There were zero sexual abuse allegations during the previous twelve months that warranted a risk reassessment. The interview with staff responsible for the risk screening confirmed that residents are reassessed when warranted due to request, referral or receipt of additional information. A review of sixteen resident files of those that arrived within the previous twelve months (auditor utilized fifteen months) indicated twelve had a reassessment completed. Eleven of the twelve reassessments were completed outside of the 30 day timeframe (most were completed after the on-site portion of the audit). A review of two sexual abuse allegations indicated one resident was not at the facility at the |

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| | time of the report so a reassessment was not required. The second resident reported an allegation that would not change the risk assessment and as such one was not completed. Interviews with fifteen residents that arrived within the previous twelve months indicated none were asked the risk screening questions on more than one occasion.<br><br>115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer whether or not the resident has mental, physical or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and the residents own perception of vulnerability. PREA-105 states offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked through the SVP instrument. The interview with the staff who conduct the risk screening confirmed that residents are not disciplined for refusing to answer risk screening questions.<br><br>115.241 (i): PREA-105 states the Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender’s detriment by staff or other offenders. The PREA Coordinator confirmed the agency has implemented appropriate controls of the risk screening information so sensitive information is not exploited. The staff responsible for the risk screening stated that risk screening information is only accessible to those who have access to the SVPs. Resident risk assessments are completed on paper and then scanned electronically into the system. All staff have access to the resident’s risk assessment information. The facility indicated this was due to the size of the facility, the limited number of staff and the many hats each staff is required to wear. Paper files are maintained in the residents physical file in a records room, which is secured and can only be accessed with a key. As indicated before, due to the low number of staff and the multiple services staff provide, all staff can access records, however they do so on a need to know basis.<br><br>Based on a review of the PAQ, PREA-105, Sexual Violence Propensity Assessment (SVP, a review of resident files and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to require corrective action. A review of sixteen resident files of those that arrived within the previous twelve months confirmed that all sixteen had an initial risk screening within 72 hours. The auditor did observe that three of the risk assessments were completed prior to the date of arrival provided for the resident. The auditor requested an additional ten resident files, however at the issuance of the interim report period the auditor had not yet received the documentation. Based on the information from the sixteen files, |

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| | additional information is needed related to this documentation. The PAQ indicated that three, or 1.5% of residents entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. Further communication that the staff member responsible for reassessments was on extended leave and they identified that the reassessments were not being completed. A review of sixteen resident files of those that arrived within the previous twelve months indicated twelve had a reassessment completed. Eleven of the twelve reassessments were completed outside of the 30 day timeframe (most were completed after the on-site portion of the audit). During the tour the auditor had staff demonstrate the risk reassessment process. The staff indicated that the 30 day reassessment is completed through a file review. The staff indicated they do not meet with residents for the reassessment. Interviews with fifteen residents that arrived within the previous twelve months indicated none were asked the risk screening questions on more than one occasion.<br><br>Corrective Action<br><br>The facility will need to provide the additional ten resident risk assessments. Additionally, the facility will need to provide information related to the three residents that had risk assessments completed prior to the date of arrival. The facility will need to ensure that reassessment are completed in person with the resident and they are at minimum, asked if anything has changed since the initial risk screening related to the SVP. Appropriate staff will need to be trained on this process. A copy of the training will need to be provided. The facility will need to ensure that risk reassessments are completed within 30 days of arrival. A list of residents received during the interim report period will need to be provided. The facility will need to provide risk assessments (initial and 30 day) to confirm corrective action.<br><br>Verification of Corrective Action Since the Interim Audit Report<br><br>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.<br><br>Additional Documents:<br><br>1. Resident Risk Assessments<br><br>2. Staff Training Records |

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| | The facility provided the requested additional ten resident risk assessments. The facility also provided ten resident risk assessments of those that arrived after the on-site portion of the audit. All ten residents had an initial risk assessment and 30 day reassessment completed. Nine of the ten had the assessments completed within the required timeframes.<br><br>The facility provided information related to the three risk assessments that were competed prior to arrival. The facility indicated that they typically start the risk assessment prior to arrival and fill in the information that is available through a file review. The risk assessment is then completed after they speak to the resident. A few may have been accidently submitted prior to and then if the responses did not change the staff did not go in and enter a new risk assessment.<br><br>Additionally, the facility provided training to staff on the risk assessment process, to include that reassessments are required to be completed in person with the resident. A sample of the training records were provided to the auditor.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| **115.242** | **Use of screening information** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-105 PREA: Screening for Risk of Victimization and Abusiveness<br><br>3. Sample of Housing Determination Document<br><br>4. LGBTI Resident Housing<br><br>Interviews:<br><br>1. Interview with Staff Responsible for Risk Screening<br><br>2. Interview with PREA Coordinator |

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| | 3. Interview with Gay, Lesbian and Bisexual Residents<br><br>4. Interview with Transgender Residents<br><br>Site Review Observations:<br><br>1. Housing Assignments of LGBTI Residents<br><br>2. Shower Area in Housing Units<br><br>Findings (By Provision):<br><br>115.242 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. PREA-105 states the Department shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The interview with the PREA Coordinator indicated information from the risk screening is utilized to determine housing. He stated they do not house victims with perpetrators. He further stated because they a community confinement facility they do not have program or work assignments and as such housing is really what it is utilized for mainly. The interview with the staff responsible for the risk screening indicated that the risk screening information is utilized to determine who can and can't be roomed together. He stated the risk screening information helps to keep victims from abusers. A review of resident risk screening scores and of resident housing assignments indicated none of the high risk victims were housed with high risk perpetrators. Residents did not have job or program assignments at the facility and as such this did not apply.<br><br>115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. PREA-105 states the Department shall make individualized determinations about how to ensure the safety of each offender. The interview with the staff responsible for the risk screening indicated that the risk screening information is utilized to determine who can and can't be roomed together. He stated the risk screening information helps to keep victims from abusers.<br><br>115.242 (c): The PAQ stated that the agency/facility makes housing and program |

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| | assignments for transgender or intersex residents in the facility on a case by case basis. PREA-105 states in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The interview with the PC indicated housing of transgender and intersex residents is done on a case-by-case basis. He stated they do not house based on genitalia and that they typically house transgender and intersex individuals in the weekend dorm where they have their own restroom, bed and shower area. The PC confirmed that transgender and intersex resident placement considers the residents health and safety and any security or management problems. The interview with the transgender resident confirmed that she was asked about her safety regarding housing. She further stated that she did not believe LGBTI residents are placed in one housing area, however she did state that transgender residents are placed in the weekend dorm.<br><br>115.242 (d): PREA-105 states a transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PC and the staff responsible for risk screening confirmed that the residents' own views with respect to his/her safety would be given serious consideration. The interview with the transgender resident confirmed that she was asked about her perception of her safety.<br><br>115.242 (e): PREA-105 states transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. The interviews with the PC and the staff responsible for the risk screening confirmed transgender and intersex residents are given the opportunity to shower separately from the rest of the residents. During the tour it was observed that showers were single person and had curtains. The PC stated that they typically house transgender and intersex residents in the weekend dorm which has its own shower and bathroom area. There is also a door that separates the bedding area from the bathroom area. The interview with the transgender resident confirmed that she is able to shower separately from the rest of the residents.<br><br>115.242 (f): PREA-105 states the Department shall not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. A review of housing assignments for the three LGBTI residents indicated they were not placed in one area of the facility. It should be noted that the facility has a small housing area that they call the "weekend dorm" that is separate from the wings. This dorm has |

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| | numerous bunk beds and has a separate bathroom and shower area. The transgender residents are typically housed in this area, however they are not locked in this space or restricted to this space. The current transgender resident utilizes the female wing day room and has access to the female wing. The interview with the PC confirmed that the agency is not under a consent decree. He confirmed they do not house LGBTI residents in one facility, unit or wing based solely on their gender identity and/or sexual preference. The interviews with the three LGB residents and the one transgender resident confirmed none of the four felt that LGBTI residents were placed in any specific facility, unit or wing based on their sexual preference and/or gender identity.<br><br>Based on a review of the PAQ, PREA-105, a sample of housing determinations LGBTI resident housing documents and information from interviews with the PC, staff responsible for the risk screenings and LGBTI residents indicates that this standard appears to be compliant.<br><br>Recommendation<br><br>The auditor highly recommends that the facility review transgender and intersex housing to determine if the use of the weekend dorm is appropriate or if housing in the male and female wings is appropriate. |

| **115.251** | **Resident reporting** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-106 PREA: PREA Reporting<br><br>3. PREA Training<br><br>4. Ottumwa Correctional Facility Intake Information<br><br>5. Resident Handbook<br><br>6. PREA Posters |

Interviews:

1. Interview with the PREA Coordinator
2. Interview with Random Staff
3. Interview with Random Residents

Site Review Observations:

1. Observation of PREA Reporting Information in Housings Units

Findings (By Provision):

115.251 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for residents to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. PREA-106 states the Department shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of the Resident Handbook indicates it does not contain any PREA information. A review of the Intake Information confirmed that it included information on reporting. The document advises that residents can report internally to staff verbally, in writing to staff, through a kite or grievance form, to the Ombudsman's Office The auditor noted that the Ombudsman's Office is the external reporting entity, not an internal. The PREA Posters further direct residents on methods of reporting. Many posters advise residents to report to staff. The No Means No and Zero Tolerance Posters outline reporting mechanisms including: to CIS; to any staff member, volunteer, contractor, medical or mental health care staff; through a grievance or sick call slip; to the PREA Coordinator or PREA Compliance Manager and through a third party. While the Posters included information on reporting, the auditor noted that CIS is not a reporting mechanism and the facility does not have contractors, volunteers, medical and mental health staff or a sick call process. Additionally, the PREA What You Need to Know video outlines reporting mechanism, including verbally, in writing, anonymously and through a third party. Interviews with sixteen residents indicated that all sixteen knew at least one method to report an allegation of sexual abuse or sexual harassment. Residents stated they can report to staff, through a note, through the kiosk or through the Ombudsman's Office. Interviews with twelve staff confirmed that residents have multiple methods to report including to staff, through a note, on the kiosk and to the numbers on the fliers (posters). The auditor observed PREA information posted throughout the facility. There were numerous

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| | English and Spanish Posters that included information on zero tolerance and reporting information to staff. These Posters were observed on each resident room door as well as posted on walls throughout the facility. These Posters were observed in bright colors and adequate size font. The auditor also observed the No Means No and Zero Tolerance Posters in English and Spanish. These Posters were located near each restroom entrance, by the phones and in numerous common areas. The Posters were on letter size paper with adequate size font and were observed to be posted at an adequate height for reading. While the No Mean No and Zero Tolerance Posters were observed, the information contained on the Posters was inaccurate. The Posters indicated that Crisis Intervention Services (CIS) was a reporting entity. The facility also had a Free Number Poster, which included numerous numbers that were free for the residents to call. The Poster included the phone number for CIS, the Ombudsman's Office and the District Office. The Poster also included the mailing address for the Ombudsman's Office. This Poster was observed by the phones in English. The Poster was on letter size paper with adequate font and was posted at adequate height. Further the auditor observed the CTS Language Link Poster, which provided direction for residents to utilize the translation service. The Poster was observed by the phones in English. The Poster was on letter size paper with adequate size font. During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Residents can also send mail in the community when they leave for work or other services. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not scan or monitor the mail. The auditor tested one of the internal reporting mechanisms during the on-site portion of the audit. The auditor completed a grievance form and submitted it via the grievance box in the staff conference room on August 10, 2023. The auditor was provided confirmation via OAS documentation that the grievance was received.<br><br>115.251 (b): The PAQ stated that the agency provides at least one way for residents to report abuse or harassment to a public entity or office that is not part of the agency. PREA-106 states the Department shall also inform offenders of at least one way to report abuse or harassment to a public or private entity or office that is not part of the department and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to department officials, allowing the offender to remain anonymous upon request. A review of the Resident Handbook indicates it does not contain any PREA information. A review of the Intake Information confirmed that it included information on external reporting. The document advises that the facility have provided a way to report sexual abuse to a public or private entity that is not part of the facility and that residents can remain anonymous. The document lists the District PREA Coordinator, the Ombudsman's Office and the Police Department. Each of the three contacts have a phone number and mailing address listed. While the Office of the Ombudsman and the Ottumwa Police Department are external, the District PREA Coordinator is not an external reporting entity. A review of the PREA Posters indicated none included information |

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| | on the external reporting entity and the ability to remain anonymous. The auditor observed PREA information posted throughout the facility. There were numerous English and Spanish Posters that included information on zero tolerance and reporting information to staff. These Posters were observed on each resident room door as well as posted on walls throughout the facility. These Posters were observed in bright colors and adequate size font. The auditor also observed the No Means No and Zero Tolerance Posters in English and Spanish. These Posters were located near each restroom entrance, by the phones and in numerous common areas. The Posters were on letter size paper with adequate size font and were observed to be posted at an adequate height for reading. While the No Mean No and Zero Tolerance Posters were observed, the information contained on the Posters was inaccurate. The Posters (which the auditor confirmed were updated versions from the ones provided in the OAS) included information on the Ombudsman's Office, however it did not identify that they were the external reporting mechanism and that residents could remain anonymous. The facility also had a Free Number Poster, which included numerous numbers that were free for the residents to call. The Poster included the phone number for CIS, the Ombudsman's Office and the District Office. The Poster also included the mailing address for the Ombudsman's Office. This Poster was observed by the phones in English. The Poster was on letter size paper with adequate font and was posted at adequate height. Further the auditor observed the CTS Language Link Poster, which provided direction for residents to utilize the translation service. The Poster was observed by the phones in English. The Poster was on letter size paper with adequate size font. During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Residents can also send mail in the community when they leave for work or other services. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not scan or monitor the mail. The auditor attempted to test the external reporting mechanism (Ombudsman's Office) through the telephone number. The auditor had a resident assist with calling the local number. The call went through but the auditor was advised that the third party caller does not accept charges. The resident assisting with then calling the 888 number for the Ombudsman's Office which advised that it was not a valid number. All calls on the resident payphones are not monitored or recorded. It should be noted that some residents have cell phones and are able to call any phone numbers when outside of the facility. Additionally, the facility has a phone at the control desk that residents can request to utilize to make outside calls. Residents are required to provide information to the staff on who they want to call the reason for the call. The auditor received a notification that the number was not valid. The agency also provides access to external reporting through the Ombudsman's Office via mail. On May 10, 2023 during a prior IDOC audit, 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 residents. The staff advised that once the information is received they get in touch with or forward a message to the Director. The Ombudsman's |

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| | Office staff confirmed that residents 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 a 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 PC indicated they utilize the Ombudsman's Office as an external reporting mechanism for the residents. He stated residents can also report to the local Police Department. The PC stated they provide the phone number and mailing address to the Ombudsman and that when the Ombudsman's Office receives information they contact the facility directly and forwards the information. He advised the Ombudsman's Office has sent them an incident form in the past with the information and this form initiates an investigation into the information. Interviews with sixteen residents indicated that fourteen were aware of an outside reporting entity and eleven residents were aware they could report anonymously.<br><br>115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. PREA-106 states staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. Interviews with sixteen residents confirmed that all sixteen knew they could report verbally or in writing to staff and thirteen were aware that they could report through a third party. Interviews with twelve staff indicated that residents can report verbally, in writing, anonymously and through a third party. Ten of the twelve staff stated that if they received a verbal report they would document it in a written report. While staff indicated they would document the verbal report in writing, staff were inconsistent with how they would document it. Some staff stated they would complete a word documents, some staff stated they would send an email and a few staff stated they would notate it in generic notes. A review of investigative reports indicated two were reported by a third party, one was reported via Warden to Warden notification and one was reported verbally. The auditor was not provided written information from the staff receiving the verbal report, rather only the investigative report. Additionally during the tour, the auditor asked staff to advise how they would document a verbal report of sexual abuse. Staff indicated that they would more than likely type up an email with the information and send it to the facility Director and Assistant Director. The staff stated they were unsure if there was a report or anything formal that they needed to fill out.<br><br>115.251 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ indicated staff are informed of the procedures through staff PREA training. PREA-106 states the Department shall provide a method for staff to privately report sexual |

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| | abuse and sexual harassment of offenders. The expectation is that staff report verbally to supervisory staff in a private setting. A review of the PREA Training indicated information is not outlined on how staff can privately report sexual abuse or sexual harassment of a resident. Interviews with twelve staff indicate that all twelve were aware that they can privately report sexual abuse and sexual harassment of residents. Staff stated they can privately report through an email or private conversation with the facility leadership.<br><br>Based on a review of the PAQ, PREA-106, PREA Training, Ottumwa Correctional Facility Intake Information, Resident Handbook, PREA Posters, observations from the facility tour and interviews with the PC, random residents and random staff, this standard appears to require corrective action. The No Means No and Zero Tolerance Posters outline reporting mechanisms including: to CIS; to any staff member, volunteer, contractor, medical or mental health care staff; through a grievance or sick call slip; to the PREA Coordinator or PREA Compliance Manager and through a third party. While the Posters included information on reporting, the auditor noted that CIS is not a reporting mechanism and the facility does not have contractors, volunteers, medical and mental health staff or a sick call process. A review of the Intake Information confirmed that it included information on external reporting. The document advises that the facility have provided a way to report sexual abuse to a public or private entity that is not part of the facility and that residents can remain anonymous. The document lists the District PREA Coordinator, the Ombudsman's Office and the Police Department. Each of the three contacts have a phone number and mailing address listed. While the Office of the Ombudsman and the Ottumwa Police Department are external, the District PREA Coordinator is not an external reporting entity. A review of the PREA Posters indicated none included information on the external reporting entity and the ability to remain anonymous. The auditor observed PREA information posted throughout the facility. The Posters (which the auditor confirmed were updated versions from the ones provided in the OAS) included information on the Ombudsman's Office, however it did not identify that they were the external reporting mechanism and that residents could remain anonymous. While staff indicated they would document the verbal report in writing, staff were inconsistent with how they would document it. Some staff stated they would complete a word documents, some staff stated they would send an email and a few staff stated they would notate it in generic notes. A review of investigative reports indicated two were reported by a third party, one was reported via Warden to Warden notification and one was reported verbally. The auditor was not provided written information from the staff receiving the verbal report, rather only the investigative report. Additionally during the tour, the auditor asked staff to advise how they would document a verbal report of sexual abuse. Staff indicated that they would more than likely type up an email with the information and send it to the facility Director and Assistant Director. The staff stated they were unsure if there was a report or anything formal that they needed to fill out. |

Corrective Action

The facility will need to update Posters and distributed resident information with correct and accurate information on reporting methods, including internal and external. A copy of the updated documents will need to be provided. The facility will need to educate all residents on the updated information and photos of the updated Posters around the facility will need to be provided. The facility will need to develop a method for documenting verbal reports. All staff will need to be trained on this process. A copy of the training will need to be provided. Any examples of allegations reported verbally during the corrective action period will need to be provided to the auditor.

Recommendation

The auditor recommends that facility update the annual training with information on private ways for staff to report sexual abuse of a resident.

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 Poster
2. Photos of Posted Updated PREA Poster
3. Staff Training Records
4. Mock Written Documentation of Verbal Report

The facility updated their PREA Poster to contain more accurate and appropriate reporting information. The Poster was updated to advise that residents can report through staff, the kiosk and externally to the Ombudsman’s office (free and confidential call). The facility provided photos that the updated PREA Poster was placed around the facility. Additionally, the Posters were updated to includes speed

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| | dial numbers, including to the Ombudsman's Office. The facility provided confirmation that they tested the speed dial number to the Ombudsman's Office and the call was received.<br><br>The facility provided confirmation that staff were provided training on document all verbal reports of sexual abuse and sexual harassment in an email. A mock example was provided from a staff member to illustrate how the email would be completed. The facility did not have any allegations of sexual abuse or sexual harassment during the corrective action period.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| 115.252 | Exhaustion of administrative remedies |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1 Pre-Audit Questionnaire<br><br>2 PREA-106 PREA: PREA Reporting<br><br>3 Ottumwa Correctional Facility Intake Information<br><br>Documents Received During the Interim Report Period:<br><br>1. Grievance Tracking Document<br><br>Findings (By Provision):<br><br>115.252 (a): The PAQ indicated that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. PREA-106 outlines the policy on exhaustion of administrative remedies.<br><br>115.252 (b): The PAQ indicated that agency policy or procedure allows a resident to |

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| | submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. It further stated that agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. PREA-106 states the Department shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Intake Information confirmed that it includes information on sexual abuse grievances.<br><br>115.252 (c): The PAQ indicated agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, it stated that the agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. PREA-106 states the Department shall ensure that an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. A review of the Intake Information confirmed that it includes information on sexual abuse grievances.<br><br>115.252 (d): The PAQ indicated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance and that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. The PAQ further stated that there have been zero grievances of sexual abuse in the previous twelve months. PREA-106 states the Department shall issue a final department 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 shall not include time consumed by offenders in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. The auditor requested documentation related to grievances filed during the previous twelve months. The facility advised that they do not track grievances and do not keep copies of grievances. A review of the four sexual abuse and sexual harassment allegations indicated none were reported via a grievance. There were zero residents |

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| | who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. During the interim report period the facility established a mechanism to track grievances in order to provide evidence for future audits on grievances filed during the audit period.<br><br>115.252 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. It further stated that agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The PAQ noted there were zero grievances alleging sexual abuse filed by residents in the past twelve months in which the resident declined third-party assistance. PREA-106 states third parties, including fellow offenders, staff members, family members, attorneys and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the department shall document the offender's decision. The facility advised that they do not track grievances and do not keep copies of grievances. A review of the four sexual abuse and sexual harassment allegations indicated none were reported via a grievance. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. During the interim report period the facility established a mechanism to track grievances in order to provide evidence for future audits on grievances filed during the audit period.<br><br>115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. It also stated that the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Further the PAQ stated the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the previous twelve months. PREA-106 states the Department shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department |

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| | shall 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, shall provide an initial response within 48 hours and shall issue a final department decision within 5 calendar days. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The facility advised that they do not track grievances and do not keep copies of grievances. A review of the four sexual abuse and sexual harassment allegations indicated none were reported via a grievance. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. During the interim report period the facility established a mechanism to track grievances in order to provide evidence for future audits on grievances filed during the audit period.<br><br>115.252 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The PAQ stated there were zero resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. PREA-106 states the Department may discipline an offender for filing a grievance related to alleged sexual abuse only where the department demonstrates that the offender filed the grievance in bad faith.<br><br>Based on a review of the PAQ, PREA-106, Ottumwa Correctional Facility Intake Information and the created grievance tracking log, this standard appears to be corrected and as such compliant. |

| **115.253** | **Resident access to outside confidential support services** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-106 PREA: PREA Reporting<br><br>1. Memorandum of Understanding with Family Crisis Center<br><br>2. Ottumwa Residential Facility Intake Information<br><br>3. PREA Posters |

Interviews:

1. Interview with Random Residents

2. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.253 (a): The PAQ indicated the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. It states that the facility provides residents with access to such services by giving residents mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ further stated that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. PREA-106 states the facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between offenders and these organizations, in as confidential a manner as possible. A review of documentation indicated that the facility has an MOU with Family Crisis Center. The MOU was established to fulfill requirements in PREA standards. The MOU states that the facility will provide referrals to FCC, including posting a 24 hour hotline number inside the facility. It also states that the facility will allow FCC to visit a client/victim at any time and will provide a room to meet privately. The MOU was executed June 2023. A review of the Resident Handbook indicated it did not contain any PREA information. The Intake Information document advised residents that the facility provides address and phone numbers of sexual assault advocates. Contact phone numbers for CIS and the National Sexual Abuse Hotline were provided in the document. The document also listed services offered by victim advocates. While the document contained information on victim advocates, CIS is not the organization that the facility has an MOU with and information for FCC was not include in the document. The PREA No Means No and Zero Tolerance Posters included information on victim support services. The Posters provided the phone number and mailing address to CIS. While the Posters had contact information, CIS is not the organization that the facility has an MOU with to provide services. The auditor observed PREA information posted throughout the facility. There were numerous English and Spanish Posters that included information on zero tolerance and reporting information to staff. These Posters were observed on each resident room door as well as posted on walls throughout the facility. These Posters were observed in bright colors and adequate size font. The auditor also observed the No Means No and Zero Tolerance Posters in English and Spanish. These Posters were located near

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| | each restroom entrance, by the phones and in numerous common areas. The Posters were on letter size paper with adequate size font and were observed to be posted at an adequate height for reading. While the No Mean No and Zero Tolerance Posters were observed, the information contained on the Posters was inaccurate. The Posters had CIS as the victim advocacy service, however the facility MOU is not with CIS, but rather Family Crisis Center. The facility also had a Free Number Poster, which included numerous numbers that were free for the residents to call. The Poster included the phone number for CIS, the Ombudsman's Office and the District Office. The Poster also included the mailing address for the Ombudsman's Office. This Poster was observed by the phones in English. The Poster was on letter size paper with adequate font and was posted at adequate height. Further the auditor observed the CTS Language Link Poster, which provided direction for residents to utilize the translation service. The Poster was observed by the phones in English. The Poster was on letter size paper with adequate size font. During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Residents can also send mail in the community when they leave for work or other services. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not scan or monitor the mail. The auditor attempted to test the victim advocacy hotline during the tour. The auditor had a resident assist with calling the number to CIS. The call required a resident pin number and the auditor was advised by an automated message the number was not accessible. It should be noted that some residents have cells phones and are able to call any phone number when offsite. Additionally, the facility has a phone at the control desk that residents can request to utilize. The resident is required to provide information on who they want to call and the reason for the call. Interviews with sixteen residents indicated eight were aware of outside services for victims of sexual abuse and ten were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the residents stated they were provided the information through postings or in distributed literature and most were unaware of specifics of the victim advocacy information. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.253 (b): The PAQ stated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs residents about 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-106 states the facility shall inform offenders, 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. A review of the Resident Handbook indicated it did not contain any PREA information. The Intake Information document advised residents that the facility provides |

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| | address and phone numbers of sexual assault advocates. Contact phone numbers for CIS and the National Sexual Abuse Hotline were provided in the document. The document also listed services offered by victim advocates. While the document contained information on victim advocates, CIS is not the organization that the facility has an MOU with and information for FCC was not include in the document. Additionally, it did not include any information about the extent communication is monitored or the level of confidentiality. The PREA No Means No and Zero Tolerance Posters included information on victim support services. The Posters provided the phone number and mailing address to CIS. No other information was provided. While the Posters had contact information, CIS is not the organization that the facility has an MOU with to provide services. During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Residents can also send mail in the community when they leave for work or other services. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not scan or monitor the mail. The auditor attempted to test the victim advocacy hotline during the tour. The auditor had a resident assist with calling the number to CIS. The call required a resident pin number and the auditor was advised by an automated message the number was not accessible. It should be noted that some residents have cells phones and are able to call any phone number when offsite. Additionally, the facility has a phone at the control desk that residents can request to utilize. The resident is required to provide information on who they want to call and the reason for the call. During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Residents can also send mail in the community when they leave for work or other services. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not scan or monitor the mail. Interviews with sixteen residents indicated eight were aware of outside services for victims of sexual abuse and ten were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the residents stated they were provided the information through postings or in distributed literature and most were unaware of specifics of the victim advocacy information. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.253 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional services related to sexual abuse. It further indicated that the agency or facility maintains copies of those agreements. PREA-106 states the Department shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The Department shall maintain copies of agreements or |

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| | documentation showing attempts to enter into such agreements. A review of documentation indicated that the facility has an MOU with Family Crisis Center. The MOU was established to fulfill requirements in PREA standards. The MOU states that the facility will provide referrals to FCC, including posting a 24 hour hotline number inside the facility. It also states that the facility will allow FCC to visit a client/victim at any time and will provide a room to meet privately. The MOU was executed June 2023.<br><br>Based on a review of the PAQ, PREA-106, MOU with Family Crisis Center, Intake Information, PREA Posters, observations from the facility tour as well as information from interviews with random residents, indicates that the standard appears to require corrective action. The Intake Information document advised residents that the facility provides address and phone numbers of sexual assault advocates. Contact phone numbers for CIS and the National Sexual Abuse Hotline were provided in the document. The document also listed services offered by victim advocates. While the document contained information on victim advocates, CIS is not the organization that the facility has an MOU with and information for FCC was not included in the document. The PREA No Means No and Zero Tolerance Posters included information on victim support services. The Posters provided the phone number and mailing address to CIS. While the Posters had contact information, CIS is not the organization that the facility has an MOU with to provide services. Additionally, it did not include any information about the extent communication is monitored or the level of confidentiality. The auditor attempted to test the victim advocacy hotline during the tour. The auditor had a resident assist with calling the number to CIS. The call required a resident pin number and the auditor was advised by an automated message the number was not accessible. Interviews with sixteen residents indicated eight were aware of outside services for victims of sexual abuse and ten were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the residents stated they were provided the information through postings or in distributed literature and most were unaware of specifics of the victim advocacy information.<br><br>Corrective Action<br><br>The facility will need to update Posters and distributed information with accurate victim advocacy information for FCC, rather than CIS. A copy of the updated information will need to be provided to the auditor. The residents will need to be educated on this information and photos of the updated Posters around the facility will need to be provided. The facility will need to alleviate the issue with calling the victim advocate through the resident phone system. The facility will need to test the number and provide confirmation that it is functionable. |

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| | Verification of Corrective Action Since the Interim Audit Report<br><br>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.<br><br>Additional Documents:<br><br>1. Memorandum of Understanding with Crisis Intervention Services<br><br>2. Updated PREA Poster<br><br>3. Updated Intake Information<br><br>4. Photos of Posted Updated PREA Poster<br><br>5. Test Call to Crisis Intervention Services<br><br>The facility provided a copy of the executed (July 17, 2023) MOU with Crisis Intervention Services. The MOU states that the facility will provide a 24 hour hotline number for CIS and will allow CIS to visit a client/victim at any time and will provide a room to meet privately. The MOU further states that CIS will provide an advocate to be available to the client/victim.<br><br>The facility updated their PREA Poster to contain the phone number for Crisis Intervention Services under emotional support services. The Poster was updated to advise that any calls to the number are free and confidential. Additionally, the facility updated the Intake Information to include the mailing address and phone number for CIS. The information was added under the section for victim advocates.<br><br>The facility provided photos of the updated PREA Poster around the facility with CIS information. Additionally, the facility completed a test call to CIS during the corrective action period. The facility provided confirmation that they reached a live person who was available to provide emotional support services.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| 115.254 | Third party reporting |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-106 PREA: PREA Reporting<br><br>Findings (By Provision):<br><br>115.254 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. The PAQ stated that the information is on the agency website. PREA-106 states the Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. A review of the agency's website confirms that third parties are advised they can report through any of the reporting mechanisms listed on the PREA portion of the website or they can report through the "Contact Us" button. On August 15, 2023 the auditor called the "Contact Us" number on the agency website. The phone number provided automated prompts to press "1" for residential treatment facilities. After pressing "1" another auto prompt advised to press "1" for Ottumwa Residential Facility. After pressing "1" for the facility the auditor was provided a dial by directory for staff at the facility. The auditor selected the facility Director. The auditor reached the facility Director who advised if a loved one called to report sexual abuse or sexual harassment he would take all the information. He indicated he would attempt to meet the individual in person to get as much information as possible. The information would then be investigated.<br><br>Based on a review of the PAQ, PREA-106 and the agency's website this standard appears to be compliant. |

| 115.261 | Staff and agency reporting duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

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| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-107 PREA: Official Response Following an Offender Report<br><br>3. Investigative Reports<br><br>Interviews:<br><br>1. Interview with Random Staff<br><br>2. Interview with the Director<br><br>3. Interview with the PREA Coordinator<br><br>Findings (By Provision):<br><br>115.261 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. PREA-107 states staff are required to immediately report 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; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with twelve staff confirmed that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the Residential Officer, Supervisor or on-call Supervisor.<br><br>115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. PREA-107 states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security and management decisions. Interviews with twelve |

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| | staff confirmed that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the Residential Officer, Supervisor or on-call Supervisor.<br><br>115.261 (c): PREA-107 states unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse pursuant to paragraph (1) of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not employ medical or mental health care staff, however they do have a social worker who is able to provide crisis intervention services. She confirmed that at the initiation of services to a resident she discloses limitations of confidentiality and her duty to report. She confirmed she is required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to a designated official immediately. She confirmed she had not ever been made aware of such incidents.<br><br>115.261 (d): PREA-107 states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The interview with the PC indicated that allegations made by those under eighteen and vulnerable adults are handled through the regular routine process. He stated they also notify the Department of Human Services. The Director stated any allegation by someone under eighteen or considered a vulnerable adult would result in incident being investigated as normal. He stated if the resident was under eighteen they would also notify Department of Human Services. He indicated he was not 100% sure on the policy but if the allegation was sexual abuse they would contact local law enforcement to handle.<br><br>115.261 (e): PREA-107 states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The interview with the Director confirmed that all allegations of sexual abuse or sexual harassment are reported to the designated facility investigator. A review of investigative reports indicated two were reported by a third party, one was reported via Warden to Warden notification and one was reported verbally to staff. All four allegations were forwarded to the facility investigator.<br><br>Based on a review of the PAQ, PREA-107, Investigative Reports and interviews with random staff, the PREA Coordinator and the Director indicates that this standard |

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| | appears to be compliant. |

| 115.262 | Agency protection duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-107 PREA: Official Response Following an Offender Report<br><br>3. Investigative Reports<br><br>Interviews:<br><br>1. Interview with the Agency Head<br><br>2. Interview with the Director<br><br>3. Interview with Random Staff<br><br>Findings (By Provision):<br><br>115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. PREA-107 states when the Department learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender. The PAQ stated that there have been zero residents who were subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of investigative reports confirmed there were zero residents deemed at imminent risk of sexual abuse. Two allegations of sexual harassment were reported, however one involved a perpetrator making general comments and there was no named victim and the second involved comments made from one resident to another on the transit bus. In both incidents the facility took action to ensure that individuals were safe and protected. The interview with the Agency Head indicated that when they learn a resident is at risk of imminent sexual abuse they speak with the client and have the ability to transfer them to another facility, place them on transitional release or take whatever measures are needed to protect them. The Director stated that if a resident was at substantial risk of imminent sexual abuse they would separate the individual from the risk |

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| | immediately. He indicated if the weekend dorm was available they could place the resident there or if they knew who the alleged perpetrator was they could remove him/her from the facility. Interviews with twelve random staff confirmed that they would take immediate action. Staff indicated they would separate the individuals, potentially through utilizing the weekend dorm, report the information and contact the facility Director.<br><br>Based on a review of the PAQ, PREA-107, investigative reports and interviews with the Agency Head, Director and random staff indicate that this standard appears to be compliant. |

| **115.263** | **Reporting to other confinement facilities** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-107 PREA: Official Response Following an Offender Report<br><br>3. Investigative Reports<br><br>4. Resident Risk Screening Documents<br><br>Interviews:<br><br>1. Interview with the Agency Head<br><br>2. Interview with the Director<br><br>Findings (By Provision):<br><br>115.263 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. PREA-107 states upon receiving an allegation that an offender was sexually abused while confined at another facility, the Facility Manager shall notify |

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| | the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated that during the previous twelve months, the facility had zero allegations received that a resident was abused while confined at another facility. A review of documentation confirmed that there were no residents that reported sexual abuse that occurred at another facility.<br><br>115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. PREA-107 states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility had zero allegations received that a resident was abused while confined at another facility. A review of documentation confirmed that there were no residents that reported sexual abuse that occurred at another facility.<br><br>115.263 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. PREA-107 states the Department shall document that it has provided such notification. A review of documentation confirmed that there were no residents that reported sexual abuse that occurred at another facility.<br><br>115.263 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. PREA-107 states upon notification from another facility/agency that an offender was sexually abused at one of the facilities operated by this department, that allegation shall be investigated fully by policy. The PAQ indicated there have been zero allegations of sexual abuse the facility received from other facilities. A review of documentation indicated one allegation (sexual abuse) was reported via Warden to Warden notification. The allegation was investigated and deemed unsubstantiated. The interview with the Agency Head indicated the point of contact for Warden to Warden notifications is the Assistant Director. He stated the information is typically filtered to other supervisors as well. The Agency Head stated if they receive an allegation from another agency they will treat it the same as if it were reported at the facility and initiate an investigation. He further stated the agency has had an example where they were advised of an allegation and had to notify another agency/facility. The interview with the Director indicated that if they received an allegation from another agency/facility it would be investigated. He stated they have not had any they received from another agency but there was one four years ago where a resident advised a bus driver from another agency did something to them and they notified the county of the allegation.<br><br>Based on a review of the PAQ, PREA-107, investigative reports, resident risk |

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| | screening documents and interviews with the Agency Head and Director, this standard appears to be compliant. |

| 115.264 | Staff first responder duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br>1. Pre-Audit Questionnaire<br>2. PREA-107 PREA: Official Response Following an Offender Report<br>3. PREA Training<br>4. Investigative Reports<br><br>Interviews:<br>1. Interview with First Responders<br>2. Interviews with Random Staff<br><br>Findings (By Provision):<br><br>115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. PREA-107 states upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: separate the alleged victim and abuser; if the first staff responder is not a Residential Officer, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify the on-duty Residential Officer or facility management; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, up to 120 hours, request that the |

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| | alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, up to 120 hours, 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. A review of the PREA Training curriculum confirms that staff are advised of first responder duties during annual training. The PAQ indicated that during the previous twelve months, there have been four allegations of sexual abuse, three of which required the separation of alleged victim and abuser. None involved the preservation of the crime scene or evidence and none involved requesting/ensuring actions were not taken to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. There were two sexual abuse allegations reported during the previous twelve months, neither of which involved any first responder duties. One allegation was reported via Warden to Warden notification and as such the victim was not at the facility. The second did not involve immediate first responder duties, but the alleged perpetrator was transferred back to jail as a means of protecting the alleged victim. The interview with the security first responder (Residential Officer – all staff are technically non-security) indicated that he would separate the two individuals, determine if the victim needed immediate medical attention, secure the area and keep the victim and alleged perpetrator from destroying any evidence on their body. The non-security first responder stated she would separate the two individuals and report the information to the Residential Office. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.264 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence. The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, the responder is required notify security staff. PREA-107 states upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: separate the alleged victim and abuser; if the first staff responder is not a Residential Officer, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify the on-duty Residential Officer or facility management; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, up to 120 hours, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, up to 120 hours, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as |

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| | appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse where a non-security staff member was the first responder. There were two sexual abuse allegations reported during the previous twelve months, neither involved a non-security first responder. The interview with the security first responder (Residential Officer – all staff are technically non-security) indicated that he would separate the two individuals, determine if the victim needed immediate medical attention, secure the area and keep the victim and alleged perpetrator from destroying any evidence on their body. The non-security first responder stated she would separate the two individuals and report the information to the Residential Office. Interviews with twelve random staff indicated all twelve staff were aware of first responder duties. Staff stated they would separate, get the victim medical attention, secure the area and not allow the residents to destroy any evidence on their body.<br><br>Based on a review of the PAQ, PREA-107, PREA Training, Investigative Reports and interviews with random staff and staff first responders, this standard appears to be compliant. |

| **115.265** | **Coordinated response** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-107 PREA: Official Response Following an Offender Report<br><br>Interviews:<br><br>1. Interview with the Director<br><br>Findings (By Provision):<br><br>115.265 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. PREA-107 states the facilities shall develop a written institutional plan to |

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| | coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The facility has policies (PREA-100 through PREA-112) that outline the agency's approach to prevention, detection and response. The policies reiterate the PREA standards but do not specifically outline the facilities coordinated response plan to an incident of sexual abuse or sexual harassment. The interview with the Director indicated the facility has a checklist that talks about duties.<br><br>Based on a review of the PAQ, PREA-107 and the interview with the Director, this standard appears to require corrective action. While the agency has a policy, there facility does not have a coordinated response plan as outlined in this standard.<br><br>Corrective Action<br><br>The facility will need to develop a coordinated response plan that is facility specific. Staff will need to be trained on this coordinated response plan. A copy of the coordinated response plan and training will need to be provided to the auditor.<br><br>Verification of Corrective Action Since the Interim Audit Report<br><br>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.<br><br>Additional Documents:<br><br>1. Coordinated Response Flow Charts<br><br>The facility provided two flow charts that outlined duties after a report of sexual abuse or sexual harassment. The flow charts included first responder duties, facility leadership duties and investigator duties. It also included information for providing external medical and mental health services.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| 115.266 | Preservation of ability to protect residents from contact with abusers |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. Collective Bargaining Agreement with the American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO<br><br>Interviews:<br><br>1. Interview with the Agency Head<br><br>Findings (By Provision):<br><br>115.266 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. 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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview with the Agency Head indicated that the agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements are negotiated at the state level and they are not involved in the process. He confirmed that the only thing they are able to collectively bargain is pay and as such nothing in the agreement limits the agency's ability to remove staff abusers from contact with residents or staff discipline.<br><br>115.266 (b): The auditor is not required to audit this provision.<br><br>Based on a review of the PAQ, collective bargaining agreement and the interview with the Agency Head this standard appears to be compliant. |

| 115.267 | Agency protection against retaliation |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-107 PREA: Official Response Following an Offender Report<br><br>3. Investigative Reports<br><br>Interviews:<br><br>1. Interview with the Agency Head<br><br>2. Interview with the Director<br><br>3. Interview with Designated Staff Member Charged with Monitoring Retaliation<br><br>Findings (By Provision):<br><br>115.267 (a): The PAQ indicated that the agency has a policy to protection all residents and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PAQ further indicated that the facility Director and the PC are responsible for monitoring for retaliation. PREA-107 states the Department shall protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. Multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offenders abusers from contact with victims and emotional support services will be employed for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.<br><br>115.267 (b): PREA-107 states the Department shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. A review of documentation indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. The interview with the Agency Head indicated the agency has multiple protective measures |

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| | including the transitional release program, where the resident can be released from the facility and would just check in as required. The Agency Head also stated they could release an individual early or they could transfer the resident to another facility. He further stated they are cognizant of the residents needs and confirmed that they can remove staff from contact with residents and they can offer emotional support services through community referrals. The interview with the Director indicated that protective measures would be taken including facility transfers, and removal of the other individual. He confirmed that other measures could include housing change to a different wing, removal of staff abusers and emotional support services. The interview with the staff responsible for monitoring indicated that he monitors the residents and he makes sure the Residential Officers are aware of incidents so they can keep a close eye on them for retaliation. He stated basically they more closely monitor that person. The staff responsible for monitoring stated they take protective measures including changing room assignments, changing hallways, moving someone to a room closer to the control desk for better line of sight, transferring to a different facility or releasing the person early. Further the staff who monitor for retaliation stated when he monitors he watches the individuals behavior, meaning he monitors if the person is up at the control desk more frequently, if they are going to a different bathroom, if they are staying in their room more or any other change to normal behavior. The staff indicated when probed that reviewing housing changes, job changes and discipline would be part of changes in their normal behavior. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.<br><br>115.267 (c): The PAQ states that the agency/facility monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abut to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation, Additionally, the PAQ stated that the agency/facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. PREA-107 states for at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items the Department should monitor include any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency shall continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PREA Compliance Managers (Residential Managers) shall be responsible for said monitoring. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The auditor requested documentation related to monitoring for retaliation. The staff indicated they conduct monitoring but it is informal and they do not document it. The Director indicated that if retaliation was suspected they would inform the individual that retaliation is not tolerated and they would remove the individual (perpetrator if a resident) from the program. He stated if it was staff or a resident they would take necessary |

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| | disciplinary action. The interview with the staff responsible for monitoring indicated when he monitors he watches the individuals behavior, meaning he monitors if the person is up at the control desk more frequently, if they are going to a different bathroom, if they are staying in their room more or any other change to normal behavior. The staff indicated when probed that reviewing housing changes, job changes and discipline would be part of changes in their normal behavior. The staff stated he monitors the individual the whole time they are at the facility. It should be noted that the facility program is typically 90 days but residents can stay in the program longer if needed.<br><br>115.267 (d): PREA-107 states in the case of offenders, such monitoring shall also include periodic status checks. The auditor requested documentation related to monitoring for retaliation. The staff indicated they conduct monitoring but it is informal and they do not document it. The interview with the staff responsible for monitoring indicated that he conducts informal periodic status checks, usually through the Residential Officers.<br><br>115.267 (e): PREA-107 states if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated that the same protective measures would be provided as indicated under provision (b). The interview with the Director indicated that protective measures would be taken including facility transfers, and removal of the other individual. He confirmed that other measures could include housing change to a different wing, removal of staff abusers and emotional support services. The Director indicated that if retaliation was suspected they would inform the individual that retaliation is not tolerated and they would remove the individual (perpetrator if a resident) from the program. He stated if it was staff or a resident they would take necessary disciplinary action.<br><br>115.267(f): Auditor not required to audit this provision.<br><br>Based on a review of the PAQ, PREA-107, Investigative Reports, and interviews with the Agency Head, Director and staff responsible for monitoring for retaliation, this standard appears to require corrective action. The auditor requested documentation related to monitoring for retaliation. The staff indicated they conduct monitoring but it is informal and they do not document it. The interview with the staff responsible for monitoring indicated when he monitors he watches the individuals behavior, meaning he monitors if the person is up at the control desk more frequently, if they are going to a different bathroom, if they are staying in their room more or any other change to normal behavior. The staff indicated when probed that reviewing housing changes, job changes and discipline would be part of changes in their normal behavior.<br><br>The interview with the staff responsible for monitoring indicated that he conducts |

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| | informal periodic status checks, usually through the Residential Officers.<br><br>Corrective Action<br><br>The facility will need to develop a process for monitoring for retaliation as required under this standard. The process will need to include a way to document it, including the periodic in-person status checks and the required checks of discipline, housing, work and program changes. Appropriate staff will need to be trained on the process. A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and the associated monitoring for retaliation documents. If not allegations are reported, the facility will need to conduct a mock sexual abuse allegation with associated monitoring documents.<br><br>Verification of Corrective Action Since the Interim Audit Report<br><br>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.<br><br>Additional Documents:<br><br>1. Monitoring for Retaliation Form<br><br>2. Staff Training<br><br>3. Monitoring for Retaliation Form Example<br><br>The facility created a form to be utilized for monitoring for retaliation. The form had sections for necessary checks (discipline, housing, job, etc.) as well as in-person status checks. The monitoring staff was provided training on use of the form and in-person status checks. The facility did not have any allegations of sexual abuse during the corrective action period, however the other agency residential facility did and the facility utilized this to illustrate the use of the monitoring for retaliation form.<br><br>Based on the documentation provided the auditor determined this standard has been corrected through training. |

| 115.271 | Criminal and administrative agency investigations |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-108 PREA: PREA Investigations<br><br>3. Investigative Reports<br><br>4. Investigator Training Records<br><br>Interviews:<br><br>1. Interview with Investigative Staff<br><br>2. Interview with the Director<br><br>3. Interview with the PREA Coordinator<br><br>Findings (By Provision):<br><br>115.271 (a): The PAQ stated that the agency/facility has a policy related to criminal and administrative agency investigations. PREA-108 states when the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. A review of the four investigative reports confirmed that two were completed within 30 days and two were completed within 60 days. All four were thorough and objective and included interviews (or attempted interviews if no longer at the facility) with the alleged victim, alleged perpetrator and/or witnesses, if applicable. One allegation involved the review of video monitoring technology and one involved requesting video monitoring evidence from the transit authority (they declined to provide). The interview with the agency investigator indicated an investigation is initiated within 24-48 hours. He confirmed that third party and anonymously reported allegations would not be investigated any differently and that all allegations are looked into the same initially.<br><br>115.271 (b): PREA-108 states where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations |

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| | pursuant to § 115.234. 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 agency staff competed specialized investigator training. The interview with the agency investigator confirmed that the required topics were covered in the training.<br><br>115.271 (c): PREA-108 states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of the four investigative reports confirmed that two were completed within 30 days and two were completed within 60 days. All four were thorough and objective and included interviews (or attempted interviews if no longer at the facility) with the alleged victim, alleged perpetrator and/or witnesses, if applicable. One allegation involved the review of video monitoring technology and one involved requesting video monitoring evidence from the transit authority (they declined to provide). None of the investigations included information on a review of prior complaints. The interview with the agency investigator indicated his initial steps would depend on what information was provided. He sated he would always make sure the individuals are separated, but that this is typically already taken care of when he arrives. He stated he would then get in touch with the alleged victim and any witnesses to conduct interviews. The investigator stated he would then use other ways to validate statements, including video, physical evidence and any other evidence. He stated they always offer the victim a victim advocate. Further he stated he would use the information to determine a finding and discuss it with the supervisor. He would then complete notification letters, incident summaries and update the PREA database. The investigator stated that he would be responsible for gathering evidence such as physical evidence, statements, video and stuff like that. He indicated he sometimes review the database for prior complaints.<br><br>115.271 (d): PREA-108 states when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of investigative reports indicated that none of the four reported allegations were criminal in nature and none involved any compelled interviews. The interview with the agency investigator indicated he would probably consult with prosecutors prior to conducting any compelled |

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| | interviews. He stated if it involved possible criminal charges it would be referred to local law enforcement and they would typically be the ones dealing with compelled interviews.<br><br>115.271 (e): PREA-108 states 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 offender or staff. No Department shall require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interview with the agency investigator confirmed that he would not require a resident victim to take a polygraph or truth telling device test. He further stated that all individuals would be considered credible unless information/evidence dictates otherwise. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.271 (f): PREA-108 states administrative investigations: shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. A review of investigative reports indicated that all four allegations were documented in a written report with a summary of the allegation, a description of the interviews/statements, a description of any evidence reviewed/collected and investigative facts and findings. None of the four documented any actions or inaction by staff that contributed to the sexual abuse or sexual harassment. The interview with the agency investigator confirmed that administrative investigations are documented in written reports and include the initial allegation, who it was reported by, when the case was assigned, who investigated it, who was interviewed during the investigation, a summary of the interviews, documentation of evidence, criteria utilized to determine a finding and the finding itself. He further indicated that during the investigation he reviews whether staff took appropriate action, if they were completing their regular work duties and if there were things that could have been avoided to determine if staff action or failure to act contributed to the abuse. He stated they review anything that comes up and address the issues afterward with the staff and supervisor.<br><br>115.271 (g): PREA-108 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. A review of investigative reports indicated that none of the allegations were criminal in nature and as such no criminal investigations were completed. The interview with the agency investigator indicated that local law enforcement conduct criminal investigations and they did not typically get a copy of the report, just information on findings and charges. |

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| | 115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution and that there were zero substantiated allegation of conduct that was referred for prosecution since the last PREA audit. PREA-108 states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. There were no criminal investigations completed within the previous twelve months. One sexual harassment investigation was deemed substantiated however it did not involve a criminal element and as such was not referred for prosecution. The interview with the agency investigator indicated that they refer cases for prosecution if someone experienced sexual assault, if someone requests to speak to law enforcement, if staff are involved or if it involves a violation of law.<br><br>115.271 (i): The PAQ stated 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-108 states the Department shall retain all written reports referenced in paragraphs (6) and (7) of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years. A review of historical investigative reports indicate that information is retained by the agency.<br><br>115.271 (j): PREA-108 states the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. The agency investigator confirmed that an investigation would be completed regardless of the departures of the staff member or resident.<br><br>115.271 (k): The auditor is not required to audit this provision.<br><br>115.271 (l): PREA-108 stats when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The MOU outlines procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction and coordination of efforts and assets between the Eighth Judicial District Depart of Corrections and the Ottumwa Police Department. The MOU states that OPD, when appropriate, shall conduct joint investigations with Department of Corrections Division of Investigative Services, for incident of sexual assault/abuse. The MOU also states that OPD shall comply with the Prison Rape Elimination Act (PREA) standards, as is legally required. The interview with the PC |

indicated that the agency has a close relationship with local law enforcement and they remained informed through that relationship. The interview with the Director indicated that when outside law enforcement conduct an investigation they keep in touch with them. He stated the outside agency will let them know if they need any assistance or if they need any information from the facility. The agency investigator stated he assists with any resources, requests or information needed from the outside agency.

Based on a review of the PAQ, PREA-108, Investigator Training Records, Investigative Reports and information from interviews with the Director, PREA Coordinator and the agency investigator this standard appears to require corrective action. None of the investigations included information on a review of prior complaints. The investigator stated that he would be responsible for gathering evidence such as physical evidence, statements, video and stuff like that. He indicated he sometimes review the database for prior complaints.

Corrective Action

The facility will need to train investigators on the requirement of reviewing prior complaints. A copy of the training will need to be provided. The facility will need to provide investigative reports during the corrective action period that illustrate the review of prior complaints.

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. Investigator Training Email
2. Investigative Report with Appropriate Information

The facility provided a training email that was sent to investigators that indicated that prior complaints are required to be reviewed during sexual abuse

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| | investigations. The email also advises that this information should be documented in the investigative report.<br><br>The facility did not have an allegation of sexual abuse or sexual harassment during the corrective action period, however the agency's other residential facility did have an allegation. Because all investigators can conduct investigations at both facilities the facility provided the investigative report. The auditor confirmed that the report included the information on a review of prior complaints.<br><br>Based on the documentation provided the auditor determined this standard has been corrected. |

| **115.272** | **Evidentiary standard for administrative investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-108 PREA: PREA Investigations<br><br>3. Investigative Reports<br><br>Interviews:<br><br>1. Interview with Investigative Staff<br><br>Findings (By Provision):<br><br>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. PREA-108 states the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of investigative reports indicated that three were unsubstantiated and one was substantiated. The review confirmed |

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| | that investigative outcomes were based on the evidence and the investigators utilized a preponderance of the evidence. The interview with the agency investigator indicated that the standard of evidence to substantiate an administrative investigation is a preponderance of the evidence or 51% of the evidence to support the substantiated finding.<br><br>Based on a review of the PAQ, PREA-108, investigative reports and information from the interview with the agency investigator indicates that this standard appears to be compliant. |

| **115.273** | **Reporting to residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-108 PREA: PREA Investigations<br><br>3. Investigative Reports<br><br>Interviews:<br><br>1. Interview with the Director<br><br>2. Interview with Investigative Staff<br><br>Findings (By Provision):<br><br>115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. PREA-108 states following an investigation into an offender’s allegation of sexual abuse suffered in a Department facility, the Department shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. A review of investigative reports indicated there were two sexual abuse allegations reported |

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| | during the previous twelve months. One resident was not at the facility at the time of the report (Warden to Warden notification) and as such was not notified. The second resident was at the facility, the staff advised they provide verbal notification, however there was no documentation related to the completed notification. The interviews with the Director and investigator confirmed that residents are notified of the outcome of the investigation into their allegation. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.273 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency does not request the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PAQ stated that none of the investigations were conducted by an outside agency. Further communication with the PC indicated this was incorrectly marked and they would request information from OPD on the investigative outcome. PREA-108 states ff the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of documentation confirmed both reported sexual abuse allegations were investigated at the agency level and as such there were no outside agency investigations completed.<br><br>115.273 (c): The PAQ indicated that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. PREA-108 states following an offender's allegation that a staff member has committed sexual abuse against the offender, the Department shall subsequently inform the offender (unless the Department has determined that the allegation is unfounded) whenever: the staff member is no longer in the offender's facility; the staff member is no longer employed at the facility; the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there has not been a substantiated or unsubstantiated allegation of sexual abuse committed by a staff member against a resident in the previous twelve months. A review of investigative reports indicated there was one unsubstantiated sexual abuse allegation against a staff member in the previous twelve months. There were no notifications required under this provision. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. |

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| | 115.273 (d): The PAQ indicates that following a resident's allegation that he or she has been sexually abused by another resident, 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-108 states following an offender's allegation that he or she has been sexually abused by another offender, the Department shall subsequently inform the alleged victim whenever: the Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there was one resident-on-resident sexual abuse allegation reported during the previous twelve months. The investigation was deemed unsubstantiated and as such no notifications under this provision were required. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.273 (e): The PAQ indicated that the agency has a policy that all notifications to residents described under this standard are documented. PREA-108 states all such notifications or attempted notifications shall be documented. The PAQ stated that there was one notification made pursuant to this standard that was documented. A review of investigative reports indicated there were two sexual abuse allegations reported during the previous twelve months. One resident was not at the facility at the time of the report (Warden to Warden notification) and as such was not notified. The second resident was at the facility, the staff advised they provide verbal notification, however there was no documentation related to the completed notification.<br><br>(f): This provision is not required to be audited.<br><br>Based on a review of the PAQ, PREA-108, Investigative Reports and information from interviews with the Director and agency investigator this standard appears to require corrective action. A review of investigative reports indicated there were two sexual abuse allegations reported during the previous twelve months. One resident was not at the facility at the time of the report (Warden to Warden notification) and as such was not notified. The second resident was at the facility, the staff advised they provide verbal notification, however there was no documentation related to the completed notification. |

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| | Corrective Action<br><br>The facility will need to ensure all appropriate notifications under this standard are provided to residents. The notifications will need to be documented. The facility will need to develop a process to document the notifications. Appropriate staff will need to be trained on the process. A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated victim notifications. If no allegations are reported, the facility will need to conduct a mock investigation with appropriate documented notifications.<br><br>Verification of Corrective Action Since the Interim Audit Report<br><br>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.<br><br>Additional Documents:<br><br>1. Victim Notification Letter<br><br>2. Staff Training<br><br>The facility created a notification letter to provide to residents at the conclusion of the investigation. The facility sent a training email to investigators that advised that resident victims are required to be notified in writing of the outcome of the investigation via the letter. The auditor was provided an example of a letter that was provided to a resident victim at the agency's other residential facility. The facility did not have any allegations of sexual abuse during the corrective action period.<br><br>Based on the documentation provided the auditor determined this standard has been corrected. |

| **115.276** | **Disciplinary sanctions for staff** |
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| | **Auditor Overall Determination:** Meets Standard |

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| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-109 PREA: PREA Discipline<br><br>3. Investigative Reports<br><br>Findings (By Provision):<br><br>115.276 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. PREA-109 states staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.<br><br>115.276 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies over the previous twelve months and zero staff who were terminated for violating agency sexual abuse or sexual harassment policies. PREA-109 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. A review of investigative reports confirmed there was one staff on resident sexual abuse allegation during the previous twelve months. The investigation was deemed unsubstantiated.<br><br>115.276 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. PREA-109 states disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there was one staff on resident sexual abuse allegation during the previous twelve months. The investigation was deemed unsubstantiated. |

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| | 115.276 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. PREA-109 states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff members were reported to law enforcement or relevant licensing bodies.<br><br>Based on a review of the PAQ, PREA-109 and investigative reports indicates that this standard appears to be compliant. |

| **115.277** | **Corrective action for contractors and volunteers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-109 PREA: PREA Discipline<br><br>3. Investigative Reports<br><br>Interviews:<br><br>1. Interview with the Director<br><br>Findings (By Provision):<br><br>115.277 (a): The PAQ stated that the 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. |

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| | Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. PREA-109 states any contractor or volunteer 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. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated there were no reported sexual abuse allegations against a volunteer or contractor and as such discipline was not required.<br><br>115.277 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. PREA-109 states the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the Director indicated they have not had a contractor in ten years but that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in an investigation. He stated if the investigation determined it occurred they would terminate the contract/contact and possibly contact local law enforcement.<br><br>Based on a review of the PAQ, PREA-109, investigative reports and information from the interview with the Director, this standard appears to be compliant. |

| **115.278** | **Disciplinary sanctions for residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-109 PREA: PREA Discipline<br><br>3. Investigative Reports<br><br>4. Disciplinary Records |

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| | Interviews:<br><br>1. Interview with the Director<br><br>2. Interview with Medical and Mental Health Staff<br><br>Findings (By Provision):<br><br>115.278 (a): The PAQ stated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. PREA-109 states offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The PAQ indicated there has been three administrative finding of guilt for resident-on-resident sexual abuse within the previous twelve months and one criminal findings of guilt for resident-on-resident sexual abuse. Further communication with the PC indicated there was one substantiated incident but the incident was resident-on-resident sexual harassment. A review of investigative reports indicated there were three resident on resident allegations (one sexual abuse and two sexual harassment) during the previous twelve months. One sexual harassment allegation was determined to be substantiated. The auditor confirmed that the resident perpetrator of sexual harassment was disciplined, exceeding the requirement of this standards (sexual abuse required – not sexual harassment).<br><br>115.278 (b): PREA-109 states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. The interview with the Director indicated that any violation of the sexual abuse or sexual harassment policies would result in the resident being taken to court and revoked back to prison. He confirmed there is a disciplinary process that would be followed. He indicated that disciplinary sanctions would be consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents. A review of investigative reports indicated there were three resident on resident allegations (one sexual abuse and two sexual harassment) during the previous twelve months. One sexual harassment allegation was determined to be substantiated. The auditor confirmed that the resident perpetrator of sexual harassment was disciplined, exceeding the requirement of this standards (sexual abuse required – not sexual harassment). |

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| | 115.278 (c): PREA-109 states the disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The interview with the Director confirmed that a residents' mental disability or mental illness would be considered in the disciplinary process.<br><br>115.278 (d): The PAQ stated that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending resident to participate in these interventions as a condition of access to programming and other benefits. PREA-109 states if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. The facility does not employ medical or mental health care staff, however they do have a social worker who is able to provide crisis intervention services. She stated that the facility is able to offer sex offender program services through referrals in the community. She indicated the perpetrator would only be required to participate in the services if it was part of their treatment plan.<br><br>115.278 (e): The PAQ stated that the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. PREA-109 state the Department may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.<br><br>115.278 (f): The PAQ stated 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. PREA-109 states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.<br><br>115.278 (g): The PAQ indicates that the agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. PREA-109 state the Department may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity. The Department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. |

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| | Based on a review of the PAQ, PREA-109, investigative reports, disciplinary records and information from the interview with the Director, this standard appears to be compliant. |

| 115.282 | Access to emergency medical and mental health services |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br>1. Pre-Audit Questionnaire<br>2. PREA-110 PREA: Access to Medical and Mental Health Services<br>3. Memorandum of Understanding with Ottumwa Regional Health Center<br>4. Memorandum of Understanding with Family Crisis Center<br>5. PREA Training<br>6. Investigative Reports<br><br>Interviews:<br>1. Interview with First Responders<br><br>Findings (By Provision):<br><br>115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. PREA-110 states offender victims of sexual abuse shall 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. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that |

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| | Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available. The MOU with Family Crisis Center indicates that FCC provides an advocate for the client/victim and provides the client/ victim with information about options and resources to help assist them. A review of the two sexual abuse investigations confirmed one victim was not at the facility when the allegation was reported and the second involved voyeurism which did not require emergency medical treatment or crisis intervention services. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is conducted in the community. The facility does not employ medical or mental health care staff, however they do have a social worker that is able to provide crisis intervention services. She indicated that residents are provided timely and unimpeded access to emergency medical treatment and crisis intervention services. She stated they would be offered services immediately and they would also be provided community mental health referrals the same day. She further confirmed that the nature and scope of services would be based on her professional judgement. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.282 (b): The interview with the security first responder (Residential Officer – all staff are technically non-security) indicated that he would separate the two individuals, determine if the victim needed immediate medical attention, secure the area and keep the victim and alleged perpetrator from destroying any evidence on their body. The non-security first responder stated she would separate the two individuals and report the information to the Residential Office. A review of the PREA training confirms that it outlines first responder duties and advises staff that in community corrections the individual should be sent to the community medical provider in the same clothes they were wearing during the assault. A review of documentation indicated neither of the sexual abuse allegations involved the need for emergency medical treatment and crisis intervention services.<br><br>115.282 (c): The PAQ states that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. PREA-110 states offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not |

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| | yet signed the MOU) confirms that Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. A review of the two sexual abuse investigations confirmed one victim was not at the facility when the allegation was reported and the second involved voyeurism which does not necessitate emergency contraception or sexually transmitted infection prophylaxis under this provision. The facility does not employ medical or mental health care staff, however they do have a social worker who can provide crisis intervention services. She stated that residents would be provide timely information and access to emergency contraception and sexually transmitted infection prophylaxis at the local hospital. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.282 (d): The PAQ indicated that treatment and 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. PREA-110 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available.<br><br>Based on a review of the PAQ, PREA-110, MOU with Ottumwa Regional Health Center, MOU with Family Crisis Center, PREA Training, Investigative Reports and information from interviews with first responders the facility appears to meet this standard. |

| **115.283** | **Ongoing medical and mental health care for sexual abuse victims and abusers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

Documents:

1. Pre-Audit Questionnaire
2. PREA-110 PREA: Access to Medical and Mental Health Services
3. Memorandum of Understanding with Ottumwa Regional Health Center
4. Memorandum of Understanding with Family Crisis Center
5. Investigative Reports

Findings (By Provision):

115.283 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. PREA-110 states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. A review of the two sexual abuse investigations confirmed one victim was not at the facility when the allegation was reported and the second involved voyeurism which did not require medical and mental health services. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is conducted in the community. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available. The MOU with Family Crisis Center indicates that FCC provides an advocate for the client/victim and provides the client/victim with information about options and resources to help assist them.

115.283 (b): PREA-110 states the evaluation and treatment of such victims 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 unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that Ottumwa Regional Health Center

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| | agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available. The MOU with Family Crisis Center indicates that FCC provides an advocate for the client/victim and provides the client/victim with information about options and resources to help assist them. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community. The facility does not employ medical or mental health care staff, however they do have a social worker who is able to provide crisis intervention services. She stated she is not a mental health staff member so the services she would provide would include motivational interviewing and talking it through. She stated she would assist with making referrals in the community for therapy, crisis intervention and medication management. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.283 (c): PREA-110 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. All routine and emergency medical and mental health care are conducted in the community. Medical and mental health services are provided in the community and the community organizations maintain medical and mental health documentation. The facility does not employ medical or mental health care staff, however they do have a social worker who is able to provide crisis intervention services. She advised that all medical and mental health services are provided in the community so the standard of care is the community level standard.<br><br>115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. PREA-110 states offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available. The MOU with Family Crisis Center indicates that FCC provides an advocate for the client/victim and provides the client/victim with information about options and resources to help assist them. A review of investigations indicated none involved sexually abusive vaginal penetration There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no |

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| | interviews were conducted.<br><br>115.283 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. PREA-110 states if pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available. The MOU with Family Crisis Center indicates that FCC provides an advocate for the client/victim and provides the client/victim with information about options and resources to help assist them. A review of investigations indicated none involved sexually abusive vaginal penetration. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. The facility does not employ medical or mental health care staff, however they do have a social worker who is able to provide crisis intervention services. She advised that female victims of vaginal penetration would be offered pregnancy tests through a referral in the community. She indicated they would refer them for services in the community to include information and access to all lawful pregnancy-related medical services as soon as it was determined the resident was pregnant.<br><br>115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. PREA-110 state offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available. The MOU with Family Crisis Center indicates that FCC provides an advocate for the client/victim and provides the client/victim with information about options and resources to help assist them. A review of the two sexual abuse investigations confirmed one victim was not at the facility when the allegation was reported and the second involved |

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| | voyeurism which does not necessitate testing under this provision. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.283 (g): PREA-110 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A review of the unexecuted MOU (Ottumwa Regional Health Center emails illustrate they are willing to provide the services they just have not yet signed the MOU) confirms that Ottumwa Regional Health Center agrees to perform forensic medical examinations, provide testing for sexually transmitted infections, provide comprehensive information and access to all lawful pregnancy related medical services and offer emergency contraception and sexually transmitted infection prophylaxis. The MOU outlines that costs associated with possible sexual assaults are covered by the District if no other payment means are available. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.<br><br>115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. PREA-110 state the facility shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There were no substantiated resident-on-resident sexual abuse allegations reported and as such there were no known resident-on-resident abusers that were required to be evaluated by mental health. The facility does not employ medical or mental health care staff, however they do have a social worker who can provide crisis intervention services. She stated the same day they are advised of the perpetrator she meets with them and she also refers them to community services as well.<br><br>Based on a review of the PAQ, PREA-110, MOU with Ottumwa Regional Health Center, MOU with Family Crisis Center, Investigative Reports and observations made during the tour this standard appears to be compliant. |

| **115.286** | **Sexual abuse incident reviews** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

Documents:

1. Pre-Audit Questionnaire
2. PREA-111 PREA: PREA Data Collection
3. Investigative Reports
4. Sexual Abuse Incident Reviews

Interviews:

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

Findings (By Provision):

115.286 (a): The PAQ stated 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-111 state the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PAQ indicated there were three criminal and/or administrative investigation of alleged sexual abuse completed at the facility, excluding those that are unfounded. A review of documentation indicated there were two sexual abuse allegations reported during the previous twelve months, both required a sexual abuse incident review. The facility completed a sexual abuse incident review for both incidents as well as completed two sexual abuse incident reviews for the two sexual harassment allegations as well.

115.286 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. PREA-111 state such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated there were four sexual abuse incident review completed within 30 day of the conclusion of the investigation. A review of documentation indicated there were two sexual abuse allegations reported during the previous twelve months, both required a sexual abuse incident review. The facility completed a sexual abuse incident review for both incidents as well as completed two sexual abuse incident reviews for the two

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| | sexual harassment allegations as well. All four were completed within 30 days of the conclusion of the investigation.<br><br>115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. PREA-111 state the review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. A review of the sexual abuse incident reviews confirmed the four reviews included the PC (Assistant Director), the facility Director, an investigator and supervisors/upper level management. The facility does not employ medical or mental health care staff and as such these staff were not part of the sexual abuse incident reviews. The interview with the Director confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors and investigators. He stated medical and mental health care are not included because the facility does not have these staff.<br><br>115.286 (d): The PAQ stated 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 an any recommendations for improvement, and submits each report to the facility head and PCM. PREA-111 states 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 abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels 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, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a) through (4)(d) of this section, and any recommendations for improvement, and submit such report to the District Director and PREA Coordinator. A review of the sexual abuse incident reviews indicated they included information on the victim and perpetrator and included a short narrative of the case. The sexual abuse incident reviews has sections for each element under this provision where a checkbox was included as well as a section for information related to the section. In two of the sexual abuse incident reviews, one sexual harassment and one sexual abuse, there was no information related to the elements under this provision. One occurred on a bus and the other was unknown whether to have occurred while the alleged victim was in custody. The other two included notes related to the area where it occurred and video monitoring technology One included information related to characteristics the incident may have been motivated by. It should be noted that |

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| | the facility did not include narrative for each element if they felt it did not apply to the incident. Interviews with the Director, PCM and incident review team member confirmed that these the facility conducts sexual abuse incident reviews and they include the required elements under this standard. The sexual abuse incident review team member stated they review whether there have been any issues with the individuals before and if staff observed any potential issues. She stated they go look at the area where it occurred and they review staffing and video monitoring technology. The Director stated they utilize the information from the sexual abuse incident reviews to determine if there is a need for changes in staffing or cameras. He stated they use it to determine if more rounds are necessary or if there are other adjustments that are needed. The Director stated they try to find the cause and the underlying reason(s) for the incident as well. The PC stated that the facility completes an informal review of the incident and then a formal sexual abuse incident review. He stated he is part of the team and that he has noticed that staff investigations have increased over the years (staff on resident allegations). He stated they have added more PREA questions to the interview process as well as included more training for staff on this topic during on-boarding. The PC indicated once the sexual abuse incident review is completed he would follow up on any modifications or recommendations that were addressed to alleviate any issues.<br><br>115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. PREA-111 states the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. A review of the sexual abuse incident reviews indicated that recommendation are documented under the appropriate sections. One sexual abuse incident review included a recommendation of changing the angle of a camera. The documentation indicated IT was advised to adjust the camera.<br><br>Based on a review of the PAQ, PREA-111, Investigative Reports, Sexual Abuse Incident Reviews and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.<br><br>Recommendation<br><br>The auditor highly recommends that the facility utilize additional narrative in all sections of the sexual abuse incident review form so that it reads like a report. |

| **115.287** | **Data collection** |
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-111 PREA: PREA Data Collection
3. PREA Database
4. PREA Annual Report

Findings (By Provision):

115.287 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument and set of definitions. PREA-111 state the Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. A review of aggregated data confirms that the PREA Annual Report encompasses information and data on all allegations, including allegation type and investigative outcome at both facilities. Additionally, the PREA Database is utilized to track allegations and collect data.

115.287 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. PREA-111 state the Department shall aggregate the incident-based sexual abuse data at least annually. A review of the PREA Annual Reports confirmed that each report includes aggregated data for the two agency facilities.

115.287 (c): The PAQ indicated that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). PREA-111 state the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. A review of aggregated data and PREA Database confirms that they encompasses information and data on all allegations, including allegation type and investigative outcome at both agency facilities.

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| | 115.287 (d): The PAQ stated 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-111 state the Department shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.<br><br>115.287 (e): The PAQ indicated this provision does not apply. The agency does not contract for the confinement of its residents.<br><br>115.287 (f): The PAQ indicated that this provision is not applicable as the Department of Justice has not requested agency data. Upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.<br><br>Based on a review of the PAQ, PREA-11, PREA Annual Report and the PREA Database, this standard appears to be compliant. |

| **115.288** | **Data review for corrective action** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-111 PREA: PREA Data Collection<br><br>3. PREA Annual Reports<br><br>Interviews:<br><br>1. Interview with the Agency Head<br><br>2. Interview with the PREA Coordinator<br><br>Findings (By Provision): |

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| | 115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. PREA-111 states the Department shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions. A review of the PREA Annual Reports indicates that reports include allegation data for both facilities. The data is broken down by incident type and includes investigative outcomes. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas, corrective action and the agency's progress in addressing sexual abuse. The interview with the Agency Head confirmed that he reviews and approves the annual report. He stated they utilize data to look for correlation of said behaviors and physical locations and they look at the data to determine how they can do things better. He further stated the annual report provides a better idea of who is where and moving around the building and how staff and video monitoring is assisting. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated they take all the information and review and analyze it. He stated they allocate money based on the data to make upgrades, such as to cameras systems. He further confirmed that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review.<br><br>115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. PREA-111 states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of PREA Annual Report indicates that reports include allegation data for both facilities. The data is broken down by incident type and includes investigative outcomes. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas, corrective action and the agency's progress in addressing sexual abuse.<br><br>115.288 (c): The PAQ indicated that the agency makes its annual report readily |

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| | available to the public at least annually through its website and that the annual reports are approved by the Agency Head. PREA-111 states the Department's report shall be approved by the District Director and made readily available to the public through its Web. The interview with the Agency Head confirmed that the report is completed annually and he approves the report. The report is published online at http://www.8thjdcbc.com/offenderservices.html.<br><br>115.288 (d): The PAQ indicated 2hen 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 the agency indicates the nature of material redacted. PREA-111 states the Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the PREA Annual Reports confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that the annual reports do not contain personal identifiers and/or medical information belonging to residents or staff and as such information is not redacted. He stated if there was sensitive information in there it would be redacted.<br><br>Based on a review of the PAQ, PREA-111, PREA Annual Reports, the website and information obtained from interviews with the Agency Head and PC this standard appears to be compliant. |

| **115.289** | **Data storage, publication, and destruction** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire<br><br>2. PREA-111 PREA: PREA Data Collection<br><br>3. PREA Annual Reports<br><br>Interviews:<br><br>1. Interview with the PREA Coordinator |

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| | Findings (By Provision):<br><br>115.289 (a): The PAQ stated that the agency ensures that incident based data and aggregated data is securely retained. PREA-111 state the Department shall ensure that data collected pursuant to § 115.287 are securely retained. The interview with the PREA Coordinator confirmed that data collected pursuant to 115.287 is securely retained through a secure drive/server.<br><br>115.289 (b): The PAQ states that the agency will 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 through other means. PREA-111 state the Department shall 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 Web site. A review of the website: http://www.8thjdcbc.com/offenderservices.html. confirmed that the current PREA Annual Report, which includes aggregated data, is available to the public online.<br><br>115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PAQ further stated that the agency maintains sexual abuse data collected pursuant to 115.287 for at least ten years after the date of initial collection, unless federal, state, or local law requires otherwise. PREA-111 states before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers. A review of the PREA Annual Report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.<br><br>115.289 (d): PREA-111 state the Department shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise. A review of historical PREA Annual Reports indicated that aggregated data is available from 2013 to present.<br><br>Based on a review of the PAQ, PREA-111, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant. |

| 115.401 | Frequency and scope of audits |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Findings (By Provision):<br><br>115.401 (a): The facility is part of the 8th Judicial District Department of Corrections. The agency has two facilities. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year (one facility in the first year of the audit cycle and the second facility in the second year of the audit cycle). It should be noted on July 1, 2023 the facility merged with the Iowa Department of Corrections. A review of the IDOC website confirmed that all facilities have been audited during the three year audit cycle.<br><br>115.401 (b): The facility is part of the 8th Judicial District Department of Corrections. The agency has two facilities. The facility is being audited in the first year of the three-year cycle.<br><br>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from residents.<br><br>115.401 (n): The auditor did not observe the audit announcement posted in the facility. The auditor did observe a sentence at the bottom of one of the PREA Posters that advised the auditor would be conducting an audit at the facility on the on-site audit dates. The PREA Poster did not have the auditor's mailing address or any other information as sent by the auditor six weeks prior to the audit. The auditor advised the facility that they would need to post the audit announcements at the facility and leave them up for six weeks post on-site to ensure residents are able to communicate with the auditor related to any concerns related to the PREA audit. Prior to the auditors departure from the facility staff placed the English and Spanish versions of the audit announcement around the facility. |

| 115.403 | Audit contents and findings |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

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| | Findings (By Provision):<br><br>115.403 (f): The facility is part of the 8th Judicial District 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. |

| Appendix: Provision Findings | | |
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| **115.211 (a)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| **115.211 (b)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities? | yes |
| **115.212 (a)** | **Contracting with other entities for the confinement of residents** | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| **115.212 (b)** | **Contracting with other entities for the confinement of residents** | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| **115.212 (c)** | **Contracting with other entities for the confinement of residents** | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in | na |

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| | emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | |
| | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| **115.213 (a)** | **Supervision and monitoring** | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| **115.213 (b)** | **Supervision and monitoring** | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | yes |
| **115.213 (c)** | **Supervision and monitoring** | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing | yes |

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| | staffing patterns? | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| **115.215 (a)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| **115.215 (b)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| **115.215 (c)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female residents? | yes |
| **115.215 (d)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enable residents to shower, | yes |

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| | perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |
| **115.215 (e)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| **115.215 (f)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| **115.216 (a)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |

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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| **115.216 (b)** | **Residents with disabilities and residents who are limited English proficient** | |

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| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| **115.216 (c)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| **115.217 (a)** | **Hiring and promotion decisions** | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of | yes |

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| | force, or coercion, or if the victim did not consent or was unable to consent or refuse? | |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| **115.217 (b)** | **Hiring and promotion decisions** | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| **115.217 (c)** | **Hiring and promotion decisions** | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| **115.217 (d)** | **Hiring and promotion decisions** | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| **115.217 (e)** | **Hiring and promotion decisions** | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| **115.217** | **Hiring and promotion decisions** | |

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| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| **115.217 (g)** | **Hiring and promotion decisions** | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| **115.217 (h)** | **Hiring and promotion decisions** | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| **115.218 (a)** | **Upgrades to facilities and technology** | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | na |
| **115.218 (b)** | **Upgrades to facilities and technology** | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the | yes |

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| | agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | |
| **115.221 (a)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| **115.221 (b)** | **Evidence protocol and forensic medical examinations** | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| **115.221 (c)** | **Evidence protocol and forensic medical examinations** | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| **115.221 (d)** | **Evidence protocol and forensic medical examinations** | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| **115.221 (e)** | **Evidence protocol and forensic medical examinations** | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| **115.221 (f)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| **115.221 (h)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | yes |

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| **115.222 (a)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| **115.222 (b)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| **115.222 (c)** | **Policies to ensure referrals of allegations for investigations** | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| **115.231 (a)** | **Employee training** | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with | yes |

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| | residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| **115.231 (b)** | **Employee training** | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| **115.231 (c)** | **Employee training** | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, | yes |

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| | does the agency provide refresher information on current sexual abuse and sexual harassment policies? | |
| **115.231 (d)** | **Employee training** | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| **115.232 (a)** | **Volunteer and contractor training** | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| **115.232 (b)** | **Volunteer and contractor training** | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| **115.232 (c)** | **Volunteer and contractor training** | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| **115.233 (a)** | **Resident education** | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |

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| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| **115.233 (b)** | **Resident education** | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |
| **115.233 (c)** | **Resident education** | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| **115.233 (d)** | **Resident education** | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| **115.233 (e)** | **Resident education** | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| **115.234 (a)** | **Specialized training: Investigations** | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent | yes |

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| | the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | |
| **115.234 (b)** | **Specialized training: Investigations** | |
| | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| **115.234 (c)** | **Specialized training: Investigations** | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).) | yes |
| **115.235 (a)** | **Specialized training: Medical and mental health care** | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| | 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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.235 (b)** | **Specialized training: Medical and mental health care** | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | na |
| **115.235 (c)** | **Specialized training: Medical and mental health care** | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.235 (d)** | **Specialized training: Medical and mental health care** | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| | Do medical and mental health care practitioners contracted by | na |

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| | and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | |
| **115.241 (a)** | **Screening for risk of victimization and abusiveness** | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| **115.241 (b)** | **Screening for risk of victimization and abusiveness** | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| **115.241 (c)** | **Screening for risk of victimization and abusiveness** | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| **115.241 (d)** | **Screening for risk of victimization and abusiveness** | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: | yes |

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| | Whether the resident's criminal history is exclusively nonviolent? | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| **115.241 (e)** | **Screening for risk of victimization and abusiveness** | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| **115.241 (f)** | **Screening for risk of victimization and abusiveness** | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

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| **115.241 (g)** | **Screening for risk of victimization and abusiveness** | |
| | Does the facility reassess a resident’s risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident’s risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness? | yes |
| **115.241 (h)** | **Screening for risk of victimization and abusiveness** | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| **115.241 (i)** | **Screening for risk of victimization and abusiveness** | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? | yes |
| **115.242 (a)** | **Use of screening information** | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |

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| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| **115.242 (b)** | **Use of screening information** | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| **115.242 (c)** | **Use of screening information** | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems? | yes |
| **115.242 (d)** | **Use of screening information** | |
| | Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| **115.242 (e)** | **Use of screening information** | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| **115.242** | **Use of screening information** | |

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| **(f)** | | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| **115.251 (a)** | **Resident reporting** | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| **115.251 (b)** | **Resident reporting** | |

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| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| **115.251 (c)** | **Resident reporting** | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| **115.251 (d)** | **Resident reporting** | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| **115.252 (a)** | **Exhaustion of administrative remedies** | |
| | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| **115.252 (b)** | **Exhaustion of administrative remedies** | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve | yes |

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| | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | |
| **115.252 (c)** | **Exhaustion of administrative remedies** | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| **115.252 (d)** | **Exhaustion of administrative remedies** | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| **115.252 (e)** | **Exhaustion of administrative remedies** | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf | yes |

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| | of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| **115.252 (f)** | **Exhaustion of administrative remedies** | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| **115.252 (g)** | **Exhaustion of administrative remedies** | |
| | If the agency disciplines a resident for filing a grievance related to | yes |

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| | alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | |
| **115.253 (a)** | **Resident access to outside confidential support services** | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| **115.253 (b)** | **Resident access to outside confidential support services** | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| **115.253 (c)** | **Resident access to outside confidential support services** | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| **115.254 (a)** | **Third party reporting** | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| **115.261 (a)** | **Staff and agency reporting duties** | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

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| | information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| **115.261 (b)** | **Staff and agency reporting duties** | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| **115.261 (c)** | **Staff and agency reporting duties** | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| **115.261 (d)** | **Staff and agency reporting duties** | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| **115.261 (e)** | **Staff and agency reporting duties** | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? | yes |

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| **115.262 (a)** | **Agency protection duties** | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| **115.263 (a)** | **Reporting to other confinement facilities** | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| **115.263 (b)** | **Reporting to other confinement facilities** | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| **115.263 (c)** | **Reporting to other confinement facilities** | |
| | Does the agency document that it has provided such notification? | yes |
| **115.263 (d)** | **Reporting to other confinement facilities** | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| **115.264 (a)** | **Staff first responder duties** | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, | yes |

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| | washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| **115.264 (b)** | **Staff first responder duties** | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| **115.265 (a)** | **Coordinated response** | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| **115.266 (a)** | **Preservation of ability to protect residents from contact with abusers** | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| **115.267 (a)** | **Agency protection against retaliation** | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |

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| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| **115.267 (b)** | **Agency protection against retaliation** | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| **115.267 (c)** | **Agency protection against retaliation** | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |

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| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| **115.267 (d)** | **Agency protection against retaliation** | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| **115.267 (e)** | **Agency protection against retaliation** | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| **115.271 (a)** | **Criminal and administrative agency investigations** | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) | yes |
| **115.271 (b)** | **Criminal and administrative agency investigations** | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |
| **115.271 (c)** | **Criminal and administrative agency investigations** | |
| | Do investigators gather and preserve direct and circumstantial | yes |

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| **115.271 (d)** | **Criminal and administrative agency investigations** | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| **115.271 (e)** | **Criminal and administrative agency investigations** | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| **115.271 (f)** | **Criminal and administrative agency investigations** | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| **115.271 (g)** | **Criminal and administrative agency investigations** | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| **115.271** | **Criminal and administrative agency investigations** | |

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| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| **115.271 (i)** | **Criminal and administrative agency investigations** | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| **115.271 (j)** | **Criminal and administrative agency investigations** | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| **115.271 (l)** | **Criminal and administrative agency investigations** | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| **115.272 (a)** | **Evidentiary standard for administrative investigations** | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| **115.273 (a)** | **Reporting to residents** | |
| | Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| **115.273 (b)** | **Reporting to residents** | |
| | If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency | yes |

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| | request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | |
| **115.273 (c)** | **Reporting to residents** | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.273 (d)** | **Reporting to residents** | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform | yes |

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| | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | |
| **115.273 (e)** | **Reporting to residents** | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| **115.276 (a)** | **Disciplinary sanctions for staff** | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| **115.276 (b)** | **Disciplinary sanctions for staff** | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| **115.276 (c)** | **Disciplinary sanctions for staff** | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| **115.276 (d)** | **Disciplinary sanctions for staff** | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| **115.277 (a)** | **Corrective action for contractors and volunteers** | |

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| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| **115.277 (b)** | **Corrective action for contractors and volunteers** | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| **115.278 (a)** | **Disciplinary sanctions for residents** | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| **115.278 (b)** | **Disciplinary sanctions for residents** | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| **115.278 (c)** | **Disciplinary sanctions for residents** | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior? | yes |
| **115.278 (d)** | **Disciplinary sanctions for residents** | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a | yes |

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| | condition of access to programming and other benefits? | |
| **115.278 (e)** | **Disciplinary sanctions for residents** | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| **115.278 (f)** | **Disciplinary sanctions for residents** | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| **115.278 (g)** | **Disciplinary sanctions for residents** | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| **115.282 (a)** | **Access to emergency medical and mental health services** | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| **115.282 (b)** | **Access to emergency medical and mental health services** | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| **115.282 (c)** | **Access to emergency medical and mental health services** | |
| | Are resident victims of sexual abuse offered timely information | yes |

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| | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | |
| **115.282 (d)** | **Access to emergency medical and mental health services** | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| **115.283 (a)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| **115.283 (b)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| **115.283 (c)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| **115.283 (d)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| **115.283 (e)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive | yes |

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| | information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | |
| **115.283 (f)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| **115.283 (g)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| **115.283 (h)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| **115.286 (a)** | **Sexual abuse incident reviews** | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| **115.286 (b)** | **Sexual abuse incident reviews** | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| **115.286 (c)** | **Sexual abuse incident reviews** | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| **115.286 (d)** | **Sexual abuse incident reviews** | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| **115.286 (e)** | **Sexual abuse incident reviews** | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| **115.287 (a)** | **Data collection** | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| **115.287 (b)** | **Data collection** | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| **115.287** | **Data collection** | |

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| **(c)** | | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| **115.287 (d)** | **Data collection** | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| **115.287 (e)** | **Data collection** | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| **115.287 (f)** | **Data collection** | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| **115.288 (a)** | **Data review for corrective action** | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

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| **115.288 (b)** | **Data review for corrective action** | |
| | Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? | yes |
| **115.288 (c)** | **Data review for corrective action** | |
| | Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| **115.288 (d)** | **Data review for corrective action** | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| **115.289 (a)** | **Data storage, publication, and destruction** | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |
| **115.289 (b)** | **Data storage, publication, and destruction** | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| **115.289 (c)** | **Data storage, publication, and destruction** | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| **115.289 (d)** | **Data storage, publication, and destruction** | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |

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| **115.401 (a)** | **Frequency and scope of audits** | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| **115.401 (b)** | **Frequency and scope of audits** | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | 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 |
| **115.401 (h)** | **Frequency and scope of audits** | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| **115.401 (i)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| **115.401 (m)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| **115.401 (n)** | **Frequency and scope of audits** | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the | yes |

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| | same manner as if they were communicating with legal counsel? | |
| **115.403 (f)** | **Audit contents and findings** | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |