

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

Interim Final

Date of Interim Audit Report: April 23, 2021

Date of Final Audit Report: May 16, 2021

Auditor Information

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#236

City, State, Zip: Lansing, MI 48910

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Date of Facility Visit: April 2, 2021

Agency Information

Name of Agency: Sioux City Treatment Facilities North and South

Governing Authority or Parent Agency (If Applicable): 3rd Judicial Dept. Of Correctional Services

Physical Address: 515 Water St.

City, State, Zip: Sioux City, IA 51103

Mailing Address: same as above

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

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <http://thirddcs.com/index.php/prea/>

Agency Chief Executive Officer

Name: Maureen Hansen, Director

Email: maureen.hansen@iowa.gov

Telephone: 712 224-6844

Agency-Wide PREA Coordinator

Name: Kelsey Callens, Residential Manager

Email: kelsey.callens@iowa.gov

Telephone: 712 224-6814

PREA Coordinator Reports to:

Maureen Hansen, Director

Number of Compliance Managers who report to the PREA Coordinator:

1

Facility Information

Name of Facility: Sioux City Residential Facilities- North & South

Physical Address: 515 Water St.

City, State, Zip: Sioux City, IA 51103

Mailing Address (if different from above):

Click or tap here to enter text.

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <http://thirddcs.com/index.php/prea/>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: State of Iowa Department of Corrections)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
State of Iowa completes audits they refer to as accreditation.

Facility Director

Name: Kelsey Callens (South-see info above) & Nick O'Brien (North)

Email: nick.obrien@iowa.gov

Telephone: 712 224-6850

Facility PREA Compliance Manager

Name: Nick O'Brien

Email: nick.obrien@iowa.gov

Telephone: 712 224-6850

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: nick.obrien@iowa.gov

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

North 57, South 42

Current Population of Facility:

North 46, South 31

Average daily population for the past 12 months:

43.14 (North) 32.28 (South)

Has the facility been over capacity at any point in the past 12 months?

Yes No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-62 (North-males only) 21-60 (South-co-ed)
Average length of stay or time under supervision	4.0 months (North) 3.8 months (South)
Facility security levels/resident custody levels	minimum
Number of residents admitted to facility during the past 12 months	149 (North) 110 (South)
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	147 (North) 108 (South)
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	132 (North) 82 (South)
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider6 <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	26 (13 North 13 South)
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	28 North 21 South
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

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

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative

On April 2, 2021 an audit was conducted at the Sioux City Residential Facility, North and South to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility from 6:15am to 4:30pm. The facility was previously audited in June 2018 and found to be in compliance with all standards. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to the Request for Proposal for the State of Iowa, Iowa Department of Corrections and being awarded the bid.

Audit Methodology:

The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire, sent by Sioux City Residential Facility; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process. The established 12-month review period is January 1, 2020 to December 31, 2020. Any events relative to the standards occurring beyond that period were discussed during the on-site audit.

Pre-audit:

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on February 17, 2021 identifying the auditor and providing the auditor's address in English and Spanish. Photographs were also sent to the auditor for further verification. They were observed by the auditor throughout the facility during the tour. The posters indicated that any correspondence sent to the auditor would be confidential and not disclosed unless required by law. The exceptions in the law were noted. No confidential correspondence letter was received in response to the posters announcing the audit. Documentation was provided to the auditor via Google Docs on March 3, 2021. Documentation was provided for each standard and subpart for the auditor to review prior to the on-site audit. The Pre-Audit Questionnaire and corresponding documentation was reviewed prior to the on-site audit and found to be complete.

The Facility website was reviewed. The prior PREA Audit report (June 2018) was available, the video PREA: What you need to know (used to train offenders and staff), was available and the notice of the upcoming PREA audit with the auditor's name and contact information was posted. The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the State of Iowa prior to the audit.

The auditor researched the Internet and found neither evidence of Department of Justice involvement, nor any concerning information. Contact was made with Just Detention International, a health and human rights organization that seeks to end sexual abuse in all forms of detention. They confirmed they had not received any concerns regarding this facility.

Contact was made with the Ombudsman office for Iowa. It was confirmed that they would accept reports, forward them immediately to the Supervisor of the Inspector General Office, Iowa Department of Corrections. Contact was made with the Executive Director and Sexual Abuse Response Team Coordinator for Centers Against Sexual Abuse and Sexual Assault (CAASA). She confirmed that her organization provides advocacy services for residents of this facility.

A tentative schedule was sent to the facility five days prior to the audit. In addition, the facility was provided specific requests for documentation of a random nature which assisted the auditor in determining compliance.

On-site audit:

A brief formal meeting was held with the Executive Team and the auditor the morning of the first day of the audit. The following items were reviewed: purpose of audit, goals and expectations. Tentative schedules were developed regarding the tour, interviews and review of additional documentation. It had been arranged for interviews to be conducted in a private setting. Rosters of staff and residents were provided; a list of specialized, random and targeted interviews was developed.

A complete tour of the facility was conducted on April 2, 2021. The following areas and operations were visited and observed: resident living areas, dayrooms, laundry facilities, dining area/food storage and staff supervision stations. All areas of the facility were visited that have resident access. Supervision practices, blind spots, bathroom facilities, and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditor entering the living units. Posters announcing the audit and information regarding how to report sexual abuse and sexual harassment were observed throughout the facility.

Formal interviews were conducted with the following:

Director
PREA Coordinator
PREA Compliance Manager
Random staff – thirteen total
Investigative staff – administrative investigations, criminal investigations
Staff on the sexual abuse incident team
Designated staff charged with monitoring retaliation
Intake staff- ten total
Staff who complete the risk assessment – two total
Grievance staff
Training staff
Volunteer Coordinator
Human Resource staff (who hire/fire staff)

A total of seventeen residents were selected to be interviewed. There are no youthful offenders housed at this facility. No letters were received from residents in response to the audit postings. A list of residents for both North and South side was provided. Residents with targeted issues were identified, residents were randomly selected. Targeted resident interviews included the following:

- 2 self-admitted as homosexual/bi-sexual
- 0 self-identified as transgender
- 0 who initiated a sexual harassment complaint
- 4 who self-reported as having prior victimization
- 0 residents who required assistive devices for mobility (wheelchair and cane)
- 0 hard of hearing resident
- 0 legally blind resident
- 1 cognitively impaired resident (interview was attempted)
- 1 with Limited English

Resident interviews were held in the private interview rooms.

Administrative investigations can be conducted by four staff who have received the training regarding sexual abuse investigations. Criminal investigations are conducted by the local police. It was reported that there have been no sexual abuse, sexual harassment or retaliation allegations received from residents since January 2020. The auditor found no reason to dispute this during the audit process.

The auditor was allowed free access to all areas of the facility, access to interview residents and staff selected randomly and intentionally, and to see any documentation requested.

Post-Audit Phase: One standard required corrective action. The documentation supporting correction was provided, reviewed, analyzed and deemed sufficient to meet the requirements of the standard. The Final Report was completed.

Facility Characteristics

The Sioux City Residential Facilities (SCRTF) are designed to provide monitored, live-in supervision for high-risk residents in need of structure and stability (housing, budgeting, employment), assistance in re-entry from prison, or as an alternative for incarceration in prison or jail. There is a facility for males only and a facility for both males and females located at the same site. Residents progress through a phase system by obtaining and maintaining full-time employment, attending treatment as ordered or deemed appropriate through assessments, meeting financial responsibilities, refraining from drug and alcohol abuse, and displaying pro-social behavior in the facility and community. The goal of both Sioux City residential facilities is to support residents as they work their way toward becoming productive, law-abiding members of the community.

The Third Judicial District (TDJ), Department of Correctional Services, is one of eight judicial district correctional programs currently existing within the State of Iowa. The Third Judicial District operates its programs as mandated by Chapter 905 of the Code of Iowa. Additionally, a Board of Directors with established By-Laws governs the District. The Board of Directors is comprised of a county supervisor from each county in the district, a judicial appointee and two citizen advisory representatives. The facility is located in downtown Sioux City, Iowa. The Sioux City Residential Treatment Facility, operated by the TJD, is a single-level structure which began serving Residents in 1992 and was expanded in 2012. The program provides housing and around-the-clock supervision for residents demonstrating an inability or unwillingness to function under less restrictive supervision.

Residents can be placed in the SCRTF as a condition of probation or parole (special sentence or driving under the influence, e.g.) or as a transfer from the Iowa Department of Corrections (IDOC). Residents are expected to secure employment in the local community. Residents participate in programming to address the re-entry needs of each individual. Residents do not typically have physical disabilities as they are required to gain employment. The Director and PREA Coordinator both confirmed that a resident under the age of 18 would not reside at these facilities.

Programming opportunities include the following: HiSET (high school diploma) testing preparation, mental health counseling, substance abuse treatment, sex abuse treatment, employment skills training, anger and stress management techniques instruction and life-skills training. Additional services include individual assessment programs, employment assistance and housing placement assistance. Residents receive services at the facility and in the community. Meals are served at the facility. Living areas consist of multiple occupancy rooms (two to five occupants) laundry facilities with shared showers and bathrooms. There are three rooms on the South facility that can house males or females when the need occurs. They are located near the Resident Officer station. There are recreational activities at the facility; religious programs are only available in the community. The facility also has a classroom, leisure activity areas, a TV viewing area and a Visiting Room. Phone calls are available to the residents through a pay phone, house phone (used with permission of staff) and cell phones when they are out of the facility and have earned the privilege.

Count on the day of the audit was 34 South, 46 north residents. The North side houses males only, the South side houses both males and females, on separate hallways, separate dayroom, separate times for use of other occupied rooms. The facility on the day of the audit has the following categories based on the risk assessment conducted:

Aggressor incarcerated: 0 N, 0 S

Aggressor potential: 17 N, 1 S

Victim incarcerated: 1 N, 0 S
Victim potential: 9 N, 16 S
No score: 19 N, 17 S
Sexual Predator: 0 N, 0 S

Currently, there are twenty-six staff who work at the facility. Staff work three shifts a day. Two staff were assigned to each operation, per shift (North and South). The facility does not use contractual staff to provide any services. Currently, due to the coronavirus pandemic, there are no volunteers utilized to come into the facility and provide services. Residents are provided passes to attend outside services, as approved.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #100, Introduction and Definitions
- POLICY AND PROCEDURE PREA #108 Discipline
- POLICY AND PROCEDURE PREA #101 Prevention Planning
- Organization chart
- Interview with the PREA Coordinator and PREA Manager
- FAQ

(a) POLICY AND PROCEDURE PREA #100, Introduction and Definitions states, *The Department of Corrections has zero tolerance relating to the sexual assault/rape of offenders and recognizes these offenders as crime victims. The Department will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action, and refer for investigation and prosecution those who perpetrate such conduct.*

PURPOSE - *To provide guidelines for the prevention, education, detection, response, investigation, and tracking of sexual assaults in the Department. This policy will establish a zero-tolerance standard for sexual misconduct of any kind within the Department.*

POLICY - *It is the policy of the Department to provide a safe, humane and secure environment, free from the threat of sexual assault for all offenders, by maintaining a program of education, prevention, detection, response, investigation and tracking. The potential abuse of power inherent in staff-offender relationships is at the core of staff sexual misconduct. The inherent difference in power between staff and offenders makes any consensual relationship between staff and offenders impossible. All offenders alleged to have been sexually assaulted while under supervision of the Department of Corrections (Staff-Offender or Offender-Offender) shall be referred to treatment, Health Services, and referred to investigation, in addition to a forensic examination if necessary. This may include referral to an outside rape advocacy center. This policy shall be available to all staff and offenders and shall be reviewed and updated as required.*

It includes the following: list of definitions, characteristics of victims, characteristics of perpetrators, and best practices to reduce the risk.

POLICY AND PROCEDURE PREA #108 Discipline states, *Discharge shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.*

(b) POLICY AND PROCEDURE PREA #101 Prevention Planning includes, *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. A PREA coordinator and shall oversee Department efforts to comply with the PREA standards.*

The facility Organization Chart reflects that the PREA Coordinator and PREA Compliance Manager report directly to the Director.

Interviews with the PREA Coordinator and PREA Compliance Manger (PCM) both support they have time and authority to complete all activities to ensure prevention, detection and response to sexual abuse and sexual harassment. This was confirmed with the interview from the Director and observations during the on-site audit.

Policy, interviews and observations as summarized above, provided the auditor with sufficient evidence to support a finding of compliance with the requirements of this standard.

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

The Third Judicial District Department of Correctional Services does not contract for the confinement of residents (nor has the Department entered into or renewed any contracts since August 20, 2012). The auditor found no reason to dispute this during the audit process. Therefore, this standard does not apply to this facility; the facility is compliant with the standard.

Standard 115.213: Supervision and monitoring

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #101 Prevention Planning
- Summary review of the staffing plan, North side and South side.
- Annual staffing plan inspection and report
- Staff schedules North and South randomly requested (6th day for the last 6 months).
- Sexual abuse incident report
- Yearly safety committee report (including PREA review)
- Facility diagram
- PAQ
- Camera placement diagram
- Observations during the tour
- Interview with the Director

The PAQ indicates that the staffing plan is predicated on the capacity of the facility, 57 North, 42 South.

POLICY AND PROCEDURE PREA #101 Prevention Planning states,

C. *Supervision and monitoring § 115.213*

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:

- a. *The physical layout of each facility;*
- b. *The composition of the offender population;*
- c. *The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
- d. *Any other relevant factors.*

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

- 3. *Whenever necessary, but at least once a year, the facility shall assess, determine, and document whether adjustments are needed to:*
 - a. *The staffing plan established pursuant to paragraph (1) of this section;*
 - b. *Prevailing staffing patterns;*
 - c. *The facility's deployment of video monitoring systems and other monitoring technologies; and*
 - d. *The resources the facility has available to commit to ensure adequate staffing levels.*

The auditor was present on all three shifts and observed two Residential Officers assigned to North and two assigned to South on each shift.

The interview with the Director confirmed that staffing is consistent, utilizing staff from the Probation Office who were prior Resident Officers, when needed. She indicated that staffing had not dropped to below the plan numbers with the exception of a few days during the coronavirus pandemic. The staffing plan indicates that at least one female should work each shift. If, on the rare occasion, that is not possible, supervisors are called to address the situation. Additionally, there are staff hired to work as "float" officers to fill in when needed.

The auditor requested and received staffing schedules for the last 6 months, the 6th day (randomly request. Review of the staffing schedules (day of the audit and randomly requested), staffing plan review, summary of staffing analysis, sexual abuse incident report, and yearly safety committee provided evidence of the following: staffing is consistent at two Resident Officers per side per shift.

Several cameras have been installed to assist the resident officers with monitoring. The facility reports that all internal cameras were added since the previous audit. Monitors were in the resident officer stations. Also observed during the tour were mirrors to help view of blind spots in the physical plant.

Policy, review of camera operations and mirrors, review of the staffing plan documentation, interviews with the PREA Coordinator, Director and staff on site provided the auditor sufficient evidence to support a finding of compliance with the requirements of this standard. The facility's staffing plan addresses adequate staffing and video monitoring after evaluating the physical layout, the composition of the resident population, and incidents of sexual abuse yearly. As resources allow, the facility indicated they will secure more video monitoring to ensure resident and staff safety.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #101 Prevention Planning
- Observations:
- Interviews Random staff
- Interviews Random residents
- Training curriculum on searches, including transgender
- Staff training log
- PAQ
- FAQ

The PAQ indicates that no cross-gender strip searches occurred during the 12-month audit review period that involved exigent circumstance. The PAQ indicates that there was no cross-gender strip or cross-gender visual body cavity searches occurred that did not involve exigent circumstances. The auditor found no reason to dispute this during the audit process.

The PAQ indicates that 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

*POLICY AND PROCEDURE PREA #101 Prevention Planning states,
D. Limits to cross-gender viewing and searches § 115.215*

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.

2. *The facility 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.*
3. *The facility 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.*
4. *Offenders may shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine 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.*
5. *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 practitioner.*
6. *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.*

(a) Policy supports the requirement of this standard.

(b) Policy does not permit cross-gender pat-down search of female residents, absent exigent circumstances. The interview with the Director and PREA Coordinator confirmed that they interview and hire based on gender needs of staff, in accordance with civil rights allowances (bona-fide occupational quota – BFOQ). It was further confirmed that strip searches are rarely conducted. Interviews with residents and staff confirmed that cross gender searches are not, have not occurred. Additionally, female residents confirmed that programs are not hindered based on gender of staff present. Observations made during the tour confirm this to be factual to the auditor.

(c) Policy supports this requirement to 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. There were no examples or reported occurrences to review.

(d) The facilities policies and procedures support that all residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Observations during the tour of bathroom/shower areas demonstrated that showers have curtains, are behind a door, as are the toilets/urinals. The auditor was informed that staff knock and announce opposite gender presence before entering resident rooms or resident bathrooms; rooms have solid doors. All random resident interviews and random staff interviews confirmed this. Policy requires opposite gender staff to announce their presence. This was evident during the tour of the facility. All resident and random staff interviews confirmed this is occurring. Camera monitors were viewed. There were no cameras showing a resident in the bathroom, shower or in the room. Monitors are viewed at the Resident Officer's stations.

(e) Policy supports this requirement of the standard. All random interviews confirmed that they absolutely know that policy forbids the search of or physical exam of a transgender or intersex resident for the sole purpose of determining the resident's genital status. Policy confirms that if the resident's genital status is unknown, it may be determined 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.

(f) The auditor reviewed the training video available through the PREA Resource Center (PRC) on how to conduct searches of transgender offenders. All staff confirmed they have had this training. Training records were provided that support these statements. Per interviews with staff, this facility allows transgender/intersex residents the option to designate the gender of the staff who can perform pat down, or strip searches consistent with the gender identity of the resident/inmate.

To summarize, the policy, responses by the staff and residents and interview with the program manager, in addition to the search training video and training records, all provided the auditor with ample evidence to support a finding of compliance.

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

115.216 (a)

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

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

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.216 (c)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #101 Prevention Planning
- Observations During the tour
- Interview Agency Head
- Residents LEP
- Random staff
- Lists of qualified court interpreters
- Written materials used for effective communication
- PAQ

The PAQ indicates there have no instances where another offender was used to interpret for a LEP offender. The auditor found no reason to dispute this during the audit process. One offender was interviewed who knew English as a second language and was able to complete the interview without interpretation.

POLICY AND PROCEDURE PREA #101 Prevention Planning states,

E. Offenders with disabilities and offenders who are limited English proficient § 115.216

1. *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. Staff will document in ICON all disability accommodation requests and results.

2. *The Department shall take reasonable steps to ensure meaningful access to all aspects of the Departments 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.*
3. *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.*

(a) It is unlikely that the facility will house residents with disabilities as all residents are required to work in the community to qualify for this placement. The auditor has no residents with disabilities available to interview. During the tour, no residents with disabilities were observed. The facility maintains Intelligence Quotient (IQ) levels of residents from IDOC and are aware when additional cognitive deficiencies may exist.

(b) The auditor observed during the tour and the audit that very few residents are LEP. As stated, the facility maintains a list of approved interpreters for use. PREA materials and posters are available in English and Spanish (including the audit announcement posters). The facility does maintain a list of interpreters, state-wide, approved for use with the court system as a resource (list provided to the auditor). This list included staff who can interpret American Sign Language (ASL). The PREA video has closed caption capabilities (in English and in Spanish).

(c) Policy supports that the agency shall not rely 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 § 115.64, or the investigation of the resident's allegations. The PAQ indicates the facility has not used another resident for these situations. Random staff interviews supported that this has not occurred.

Observations made during the on-site visit, policy, resources for communicating with LEP residents, interviews with staff and residents provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

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

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PERS# 2
- POLICY AND PROCEDURE PERS# 3 NEW EMPLOYEE ORIENTATION
- POLICY AND PROCEDURE PERS# 4
- CONDUCT CODE PERS #6
- Reference check Form
- Annual evaluation form
- Application
- List of new employees July 2019 to present
- Interview with hiring authority (Program Managers)
- Documents from personnel files last two recent hires
- 3rd Judicial District Individual Performance Plan and Evaluation
- PAQ
- Documentation of background check for construction workers in the previous year
- Documentation of background check every 5 years – five examples.

The PAQ indicates there have been six new staff hired in the last twelve months. The interview with the Director and PREA Coordinator both confirmed that there are no contractual staff who work at this facility. The auditor found no reason to dispute this during the audit process. The interview with the PREA Coordinator and PREA Compliance Manager (Program Managers) confirmed that they conduct all the hiring and firing of staff, perform the background checks, and conduct reference checks before hiring potential candidates.

In addition to POLICY AND PROCEDURE PREA #101, Prevention Planning, the following policies support the requirements of the standard.

POLICY AND PROCEDURE PERS# 2

An interview file is prepared consisting of an Interview Time Sheet, Application for Employment, Applicant Resumes, EEO information, benefit information, job description, reference check document, PREA screening question(s), and interview questions.

Applicants with residential client contact will be informed of the Prison Rape Elimination Act (PREA) and will be asked about any incidents of criminal, civil, or administrative convictions or investigations related to sexual assault, sexual harassment, or sexual abuse.

In accordance with PREA guidelines, references checks must be made to a minimum of two references including at least one former/current supervisor. Best efforts should also be made to contact all prior institutional employers. Former supervisors and institutional employers should be asked specifically for information regarding the applicant and investigations of sexual abuse, sexual assault, or sexual harassment.

POLICY AND PROCEDURE PERS# 3 NEW EMPLOYEE ORIENTATION

PROCEDURE:

1. New Employee Orientation Checklists:

A. It is the responsibility of the Administrative Office to prepare and present items included on the checklists to the new employee or appropriate supervisor.

B. The checklists are to be included in the personnel file as a permanent record.

C. The checklists are to be signed and dated by the new employee and the Administrative Office prior to placement in the personnel file as a permanent record.

It is the responsibility of the supervisor to comply with orientation and training items on the Orientation Checklists with the new employee within the appropriate time frames as stated.

PREA (Prison Rape Elimination Act): At the time of orientation, the new employee will be given a copy of the pamphlet entitled "Sexual Misconduct With Offenders-A guide for staff, contractors, and volunteers of the Iowa Department of Corrections." Additionally, new staff will be trained on Learning Center PREA prior to having any contact with Residents. Documentation of the provision of this pamphlet will be made on the New Employee Orientation Checklist, which is kept as a permanent record in the employee's personnel file.

*The Department shall not hire or promote anyone who may have contact with Residents, and shall not enlist 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);
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 (1)(b) of this section.*

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.

Before hiring new employees who may have contact with Residents, 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 Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with Residents.

Department shall also ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (1) 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.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for discharge.

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.

POLICY AND PROCEDURE PERS# 4

Criminal background checks for the purpose of PREA compliance will be conducted at a minimum, every five years. Results of the criminal background checks will be kept in the employee's personnel file.

CONDUCT CODE PERS #6

Inform their supervisor immediately if under investigation, arrested, charged, convicted, or required to appear in court for any criminal offense including moving violations and/or administrative actions that would result in loss of driving privileges. A written report shall be provided to the District Director within 24 hours of occurrence.

Report any conviction for sexual assault or sexual abuse of an incarcerated individual/client in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or if they have 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 if they have been civilly or administratively adjudicated to have engaged in such conduct. Material omissions or the provision of materially false information regarding sexual assault or sexual abuse of an incarcerated individual/client as described above shall be grounds for termination.

(a) Policy supports the requirements of this provision. The hiring authority (PREA Coordinator) interview confirmed compliance. The application, reference process and background check support that this facility will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) 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);

(2) 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

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Additionally, these questions are addressed on the Annual Employee Evaluation form. The background check includes a NCIC check, which would reveal criminal behavior on a national level.

(b) The interview with the PREA Coordinator confirmed that candidates are asked directly during the interview if there have been past issues with sexual harassment complaints against them. Therefore, incidents of sexual harassment are considered when deciding whether to in determining whether to hire or promote anyone who may have contact with residents.

(c) The provision requires the following: Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and (2) 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 auditor randomly requested and received the documents for the last two new staff hired - application, reference checks, background checks, acknowledge of PREA questions required in provision (a). The last promotions for the last two years were not to this facility, but staff who promoted to other operations in the probation/parole or court system. This was confirmed by a list of staff who promoted in the past two years. The PREA Coordinator and PCM conduct the hiring and firing of staff at this facility. The interview with the PREA Coordinator confirmed that they inquire about these questions in addition to sexual harassment history during the interview.

(d) Although the facility does not have contractual staff, evidence of background checks conducted for construction workers was provided to the auditor to support that this occurs before temporary service staff have incidental contact with residents.

(e) The interview with the PREA Coordinator confirmed that background checks are conducted at least every five years, examples of these checks were provided to the auditor for five staff. It was also stated that a background check would be conducted on any employee if there was probable cause.

(f) (g)

The application states the following: I hereby authorize the Third Judicial District Department of Correctional Services and its employees and/or agents to check into my background to determine suitability for employment as a Department employee. Included herein is the gathering of information relative to violation(s) of law that have resulted in conviction(s). In addition, my signature hereon will release other agencies, employers, and schools, their employees and/or agents from liability for supplying background information to this Department. I realize that if I do not allow this release of information, this refusal shall be grounds for denying employment. This application contains no willful misrepresentation and the information given by me, is true and complete to the best of my knowledge. The Department has a zero-tolerance policy pertaining to any type of sexual misconduct pertaining to employees, volunteers, interns, contractor or vendors. The Department will conduct an employment background investigation to identify past behaviors of violence, sexual abuse, domestic batter, or any other indicators of inappropriate behavior. Applicants are informed of the Department's policies regarding sexual misconduct.

(h) The interview with the PREA Coordinator, in addition to policy support that the facility is compliant with the requirement to 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.

As outlined above, the auditor randomly requested documentation regarding the hiring and promotional process and background checks which all demonstrated compliance. Policy supports the requirements of the standard. Staff are sked the questions in provision (a) upon hiring, promotion and annual reviews. Interviews with staff who hire and fire support that they would, with proper releases, provide information on former employees regarding substantiated allegations of sexual abuse. Therefore, the standard is deemed to be compliant.

Standard 115.218: Upgrades to facilities and technologies

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- First floor cameras
- Observations during the tour
- Interview with the PREA Coordinator
- PAQ
- Interview with the Director

POLICY AND PROCEDURE PREA #101, Prevention Planning, states

G. *Upgrades to facilities and technologies § 115.218*

1. *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 modification upon the agency's ability to protect offenders from sexual abuse.*

2. *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.*

The PAQ indicates there have been no substantial expansion or modification of existing facilities; however, during the tour, it was pointed out to the auditor that a door to the female day room location was changed to better accommodate control of resident traffic in and out of that room. There has been installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology. This was reviewed with the auditor by the PREA Coordinator and PCM during the on-site visit. Additionally, the auditor viewed the monitors and placement of cameras during the tour. The interview with the District Director confirmed that when and if cameras are added and if modifications would be made, or technology added, the Department would consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect offenders from sexual abuse. Based on the information above, the standard is deemed to be compliant at this facility.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY: 102 Responsive Planning
- CAASA Brochure
- First Responder checklist
- Iowa Sexual Assault Examination Protocol
- MOU with CAASA
- MOU with Woodbury County Attorney's Office
- National Protocol for sexual assault Medical and forensic examinations
- Offender on Offender Assault Allegation flow sheet
- Staff on Offender Assault Allegation flow sheet
- Sexual Assault Response checklist
- PREA Incident form review
- Observations
- Interviews SANE/SAFE staff
- PREA Compliance Manager
- PAQ
- Investigator training curriculum
- Iowa code Section 915.20

The PAQ indicates there have been no SANE/SAFE exams, no forensic medical examinations or examinations conducted by a qualified medical practitioner in response to a sexual abuse allegation. The auditor found no reason to dispute this during the audit process.

POLICY: 102 Responsive Planning states,

A. *Evidence protocol and forensic medical examinations § 115.221*

1. *To the extent the Department is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.*
2. *The protocol shall be adapted from or otherwise based on comprehensive and authoritative protocols developed after 2011.*
3. *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 agency shall document its efforts to provide SAFEs or SANEs.*
4. *The Department shall attempt to make available to the victim a victim advocate from a rape crisis center. Department shall document efforts to secure services from rape crisis centers.*
5. *As requested by the victim, the victim advocate, 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.*
6. *To the extent the Department itself is not responsible for investigating allegations of sexual abuse; the Department shall request that the investigating agency follow the requirements of paragraphs (1) through (5) of this section.*
7. *The requirements of paragraphs (1) through (6) of this section shall also apply to:*

- a. *Any State entity outside of the Department that is responsible for investigating allegations of sexual abuse;*
And
- b. *Any Department of Justice component that is responsible for investigating allegations of sexual abuse.*

(a) The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination established the evidence protocol for sexual assault exams. The training given to investigators support the process in which to collect evidence to ensure uniform collection.

(b) The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination states, "Child Sexual Assault Victims, The Iowa Code states that minors (under 18 years) who are victims of sexual assault can receive immediate medical and mental health services without prior consent of a parent or guardian. In addition, minors can consent to STI testing, treatment, and prevention (vaccination) without parental consent. The Iowa Codes specifies definitions of sexual abuse, mandatory reporting situations and age guidelines regarding sexual assault of a minor. In Iowa, those aged 16 and older are of legal age to give consent to have sex. If a sexual assault victim is under 12 years of age, it is a mandatory report to law enforcement or DHS (refer to Appendix A). Depending on the institutional policies and the sexual maturation of the victim, some victims may be referred to the closest Child Protection Center (CPC) for evaluation (refer to Appendix F). The CPCs have multi-disciplinary staffs that are uniquely trained to provide services to children and their families. Forensic physical examinations and histories of children are uniquely different than adults. Children are not small adults either physiologically or emotionally." This protocol is used specifically for adults 18 yrs. and older. This facility does not housed residents under the age of 18 yrs. old.

(c) Policy supports all aspects of this provision.

(d) (e) In additional to policy, The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination states, "Iowa law states that a victim advocate cannot be denied access to a sexual assault victim if the victim has specifically requested an advocate be present." Iowa code Section 915.20 additionally states, " You have the right to request the presence of a victim counselor at any proceeding related to the offense. This includes but is not limited to, medical examination, law enforcement investigations, pretrial court hearings, trial and sentencing proceedings "The MOU with CAASA indicates this organization will provide a trained Sexual Abuse Advocate at no cost to the victim. It provides the following services, if requested: 24-hour crisis line, medical and legal advocacy, bi-lingual advocacy, support groups, safety planning, and crisis intervention. Subsequent dialogue with the Director and SART Coordinator confirmed that victim advocates receive training as required by the State of Iowa. The SART Coordinator is currently working to ensure there is a consistent response in her counties that would ensure the availability of a SANE examiner.

(f) The MOU with the Woodbury county Attorney's Office confirms that if an outside agency conducts the investigation, the Attorney's Office, who handles prosecution and oversight of ongoing investigations, would follow the requirements of the provisions of this standard.

(g) Auditor is not required to audit this provision.

(h) This facility provides a qualified victim advocate from a rape crisis center.

To summarize the information above, policy supports all aspects of the requirement of this standard. MOU's with CAASA and the County Attorney and the Iowa Code ensure that the alleged victim would receive a SANE exam in accordance with Adult Forensic and Medical Examination established protocols. Additionally, the victim will have a trained victim advocate present, if requested, to support

them through all aspects of the process. This is supported by state law. The auditor finds there is ample evidence to support a finding of compliance.

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY: 102 Responsive Planning
- Offender on Offender Assault Allegation flow sheet
- Staff on Offender Assault Allegation flow sheet
- Sexual Assault Response checklist
- POLICY AND PROCEDURE PREA #108 Discipline
- PAQ
- Observations
- Interviews Agency Head
- Interview with Investigative Staff
- MOU County Attorney

The PAQ indicates there have been no allegations of sexual abuse or sexual harassment during the previous twelve months, therefore no referrals for criminal investigation. The auditor found no reason to dispute this during the audit process.

POLICY: 102 Responsive Planning states,

B. Policies to ensure referrals of allegations for investigations § 115.222

- 1. An administrative and/or criminal investigation will be completed for all allegations of sexual abuse and/or sexual harassment.*
- 2. Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its Web site. All referrals for investigation will be documented and tracked.*
- 3. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the Department and the investigating entity.*
- 4. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.*

POLICY AND PROCEDURE PREA #108 Discipline states,

PROCEDURES:

A. Disciplinary Sanctions for Staff § 115.276

- 1. Staff are subject to disciplinary sanctions up to and including discharge for violating agency sexual abuse or sexual harassment policies.*
- 2. Discharge shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.*
- 4. All discharges for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been discharged 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.*

B. Corrective Action for Contractors and Volunteers § 115.277

- 1. 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.*

C. Disciplinary Sanctions for Offenders § 115.278

- 1. 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.*

(a) Policy and all interviews with staff confirmed knowledge of this requirement that all allegations of sexual abuse or sexual harassment are investigated, and if an allegation/or suspicion is made

assurance that an investigation will be initiated. There is a statewide data base; staff reported that this data base holds all information related to the initiation and conducting of investigations.

(b) (c)

As confirmed by policy and interviews, there are five staff who have received training to conduct sexual abuse investigations. In the interview with two investigators, it was confirmed that the local police department or state authority would be asked to investigate. The MOU with the County Attorney confirms that the local police will ensure the requirements of the law are met. A copy of the MOU is available upon request.

(d) Auditor is not required to audit this provision.

(e) Auditor is not required to audit this provision

It was confirmed to the auditor by all staff interviewed that all allegations, even suspicions would be investigated. The Department wide data base supports that it would document even suspicions. The MOU with the County Attorney confirmed to the auditor that if local police were required to conduct the investigation, it would follow the requirements of this law. Therefore, the auditor found ample evidence to support a finding of compliance with this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #103 Training and Education
- POLICY AND PROCEDURE PERS# 3 NEW EMPLOYEE ORIENTATION
- Staff brochure
- Training resource materials -Staff boundaries in Corrections, Red Flags and Downing the Duck
- PREA training videos
- POLICY AND PROCEDURE PERS# 6 Conduct Code
- PREA Training for staff – Power Point

- PREA training – power point
- POLICY AND PROCEDURE PERS# 3 NEW EMPLOYEE ORIENTATION
- Training records with passing score
- FAQ
- eLearning training curriculum.

POLICY AND PROCEDURE PREA #103 Training and Education states,
PROCEDURES:

A. *Employee training § 115.231*

1. *All employees who may have contact with offenders shall be trained on:*

a. *The zero-tolerance policy for sexual abuse and sexual harassment;*

b. *How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*

c. *Offenders' right to be free from sexual abuse and sexual harassment;*

d. *The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*

e. *The dynamics of sexual abuse and sexual harassment in confinement;*

f. *The common reactions of sexual abuse and sexual harassment victims;*

g. *How to detect and respond to signs of threatened and actual sexual abuse;*

h. *How to avoid inappropriate relationships with offenders;*

i. *How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and*

j. *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*

2. *The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.*

3. *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 agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.*

4. *The Department shall document, through employee signature or electronic verification that employees understand the training they have received.*

POLICY AND PROCEDURE PERS# 3 NEW EMPLOYEE ORIENTATION

PREA (Prison Rape Elimination Act): At the time of orientation, the new employee will be given a copy of the pamphlet entitled "Sexual Misconduct With Offenders-A guide for staff, contractors, and volunteers of the Iowa Department of Corrections." Additionally, new staff will be trained on Learning Center PREA prior to having any contact with Residents. Documentation of the provision of this pamphlet will be made on the New Employee Orientation Checklist, which is kept as a permanent record in the employee's personnel file. New staff will also be trained on the following, utilizing DOC E-Learning, NIC, the PREA Resource Center and Department information:

The Department's zero-tolerance policy for sexual abuse and sexual harassment.

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

Client's right to be free from sexual abuse and sexual harassment.

The right of Residents 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 Residents.
How to communicate effectively and professionally with Residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming Residents.
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*

POLICY AND PROCEDURE PERS# 3 NEW EMPLOYEE ORIENTATION, states

Mandatory Training: *Certain training areas are considered mandatory by the Department:*

2. *PREA ("Prison Rape Elimination Act"): This training is required for all new RTF employees, and is provided by staff certified as PREA trainers. PREA refresher training is required every two years. The Department shall document, through employee signature or electronic verification that employees understand the training they have received.*

POLICY AND PROCEDURE PERS# 6 Conduct Code, states

K. *PREA*

The Department has a zero tolerance policy toward all forms of sexual abuse and sexual harassment. The Department outlines its approach to preventing, detecting and responding to such conduct in the Prison Rape Elimination Act polices which all staff shall adhere to. (PREA).

If a client (field services or residential) makes an allegation of sexual misconduct regarding an employee of one of the state's institutional facilities, such allegation shall immediately be directly reported to the District Director of the Third Judicial District Department of Correctional Services who will then communicate said allegation to the appropriate Warden or other appropriate management staff of the institution.

If a client (field services or residential) makes an allegation of sexual misconduct regarding an employee, contractor, or volunteer of the judicial district, the staff member to whom the allegation was reported shall in turn immediately report the allegation to the District Director (or designee) who will then initiate a formal investigation.

If a client (residential) makes an allegation of sexual misconduct regarding another resident, the staff member whom the allegation was reported to shall immediately follow PREA protocol to ensure safety of the victim and security of evidence. In addition, the staff member shall immediately report the allegation to their Supervisor and document all actions taken. The District Director will be notified and will then designate who will initiate a formal investigation.

Any staff person who is investigated for possible misconduct or is questioned regarding another staff person who is under investigation shall cooperate fully with investigators. Staff who fail to cooperate shall be subject to disciplinary action up to and including termination from employment.

(a) Staff view the video shown to the residents in addition to reviewing a power point which addresses the following: An overview of all requirements of PREA Definitions related to PREA, myths about sexual abuse in confinement, employee misconduct, professional boundaries, red flags, investigations, reporting requirements, cross-gender and transgender searches, in addition to communication with transgender/intersex residents. The auditor reviewed the eLearning training module. It addressed the following topics in nine modules: Introduction (video of a survivor talking), IDOC policy, definitions related to PREA, Incarcerated Individuals rights, red flags, all staff responsibilities (prevent, detect, respond), professional boundaries, communication (including gender non-conforming individuals) and a summary. A brochure designed for staff has been developed and issued to staff to help define and avoid inappropriate behavior with residents.

(b) All staff interviewed confirmed they have received this training, at least annually. The power point presentation addresses characteristics of male survivors of abuse in addition to characteristics of female survivors of abuse.

(c) Records were provided demonstrating that all employees have received this training. It is included in the new employee orientation and annually thereafter.

(d) The facility also trains staff through the eLearning module that is provided by the Iowa Department of Corrections. Employees have to pass a quiz in order for the training to be considered completed. This represents understanding of the training received. Training records were provided that demonstrated the passing score.

The auditor made a determination of compliance based on the following illustrated above: Policy, review of training curriculum, review of training records, and interviews with staff.

Standard 115.232: Volunteer and contractor training

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #103 Training and Education
- Documentation showing volunteer completed training, 27 total
- Staff brochure
- Vendor/Volunteer agreement

- PREA Guide for Staff, Contractors, Vendors and Volunteers
- POLICY AND PROCEDURE STUDENT PLACEMENTS (INTERNS and VOLUNTEERS)
- PREA Training for volunteers and contractors is on the website for the facility
- Observations:
- Review volunteer/contractor training records
- PAQ

The PAQ indicates that there are currently five volunteers who may have contact with residents have been trained in policy and procedures regarding sexual abuse/harassment prevention, detection and response used at the facility. However, they have not been allowed in the facility for numerous months. Staff reported this is due to the coronavirus pandemic. Documentation and records for previous volunteers were provided to the auditor to demonstrate compliance and understanding of the requirements when these resumes.

POLICY AND PROCEDURE PREA #103 Training and Education states,
PROCEDURES:

B. Volunteer and contractor training § 115.232

The agency shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The 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 agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

3. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

(a) (c) The following is required of Volunteers for this facility:

Third Judicial District Commitment to Professional Code of Ethics & PREA

Vendor/Volunteer Unaccompanied by RTF Staff

Initial by each item:

I understand the Zero Tolerance policy regarding sexual abuse and it has been explained to me.

I understand how to report sexual abuse and have been given the names of staff of the 3rd District staff to whom a report shall be made.

I understand my responsibilities under the Third Judicial District Department of Correctional Services Sexual Misconduct policies and procedures and PREA standards.

POLICY AND PROCEDURE STUDENT PLACEMENTS (INTERNS and VOLUNTEERS) states,
All interns/volunteers will be trained and monitored while providing services. Training will include PREA policy and procedures, which will be acknowledged in writing, that they understand said policy and procedures. Any volunteers/interns placed in a residential facility will complete the DOCWEB PREA E-learning course prior to contact with residents.

(b) Policy supports the requirements of this provision to ensure that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contract they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed how to report such incidents.

Although volunteers were not present during the onsite audit, the auditor found sufficient evidence to support a finding of compliance – policy, interviews with the PREA Coordinator, and documentation of volunteer training which demonstrated compliance with the provisions of the standard.

Standard 115.233: Resident education

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #103 Training and Education states, PROCEDURES:
- PREA Staying Safe brochure English, Spanish,
- End the Silence posters, English Spanish
- List of court approved interpreters
- Centers Against Abuse and Sexual Assault brochure, Hope Line
- 3rd District Reporting contacts
- Shine a Light on Sexual Violence
- Rape, Abuse, Incest National Network (RAINN) Steps You can Take After Sexual Assault
- Victim Services Brochure
- North and South rule packet
- State of Iowa, Department of Corrections, Policy & Procedure Chapter 11 Prison Rape Elimination Act (PREA) Incarcerated Individual PREA information
- Policy and Procedure Supervision Resident Intake
- Random staff interviews
- Random Resident interviews
- Intake Staff interviews
- Observation
- Posters, other information
- Handbook
- Documentation of resident participation in education sessions

The PAQ indicates that 149 North residents and 110 South residents were admitted to the program and were given resident education at intake.

POLICY AND PROCEDURE PREA #103 Training and Education states,
PROCEDURES:

C. *Offender Education § 115.233*

1. *During the intake process, offenders 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.*
2. *Refresher information shall be provided whenever an offender is transferred to a different facility.*

3. Offender education shall be provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as offenders who have limited reading skills.
4. Documentation of offender participation in these education sessions shall be maintained.
5. In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks or other written formats.

Policy and Procedure Supervision Resident Intake includes the following:

Residential Officer initiates a chronological entry in ICON under "Generic Notes" with a Note Category of "PREA Orientation". The note indicates the date and time of arrival, where the resident came from, any belongings they have (including money, ID, SSC, linens), and any unusual or relevant information. It should also note that the resident received the "Staying Safe" PREA guide and that the new admit watched the PREA video. This entry should also include the resident's status (probation, OWI, SWR, etc) as well as notes that a breathalyzer, and urine sample were taken, date of last reported substance use, along with the resident's assigned room number.

(a) (e) (f) Resident Officers conduct intake. It was reported that each resident arriving receives a three-page document, "Staying Safe A Guide for Offender Conduct". It includes that the mission is to keep residents safe, resident rights in response to unwanted sexual misconduct, their right to be free from retaliation for reporting this behavior, a list of phone numbers to the Ombudsman, CAASA, Iowa Victim Service and the National Sexual Assault Hotline. Resident's sign acknowledging receipt. The auditor requested random evidence to support this process (signed copies of the first five residents to arrive in February 2021). Copies were provided supporting compliance with the standard. Additionally, when during interviews residents indicated, they didn't remember getting the information, the signed copy was quickly provided to the auditor for verification that they did. Posters were visible throughout the facility educating residents of their right to be free from sexual abuse and harassment, retaliation and the option to report anonymously and third party.

(b) Shortly thereafter, residents are given the rule book, End the Silence brochure, CAASA brochure, which provides additional information, and are shown a video regarding their rights to be free of sexual abuse and sexual harassment and the numerous options available to report sexual abuse or sexual harassment. This was confirmed by all resident interviews.

(c) The PAQ reports that all residents have received this education. The auditor found this credible after examining the process to ensure residents are educated on PREA.

(d) It was reported by staff and one resident that the video has closed captioning and can be shown in Spanish closed captioning also. See comments to 115.216.

The auditor concluded that the facility ensures that the resident population has been educated on their right to be free from sexual abuse and sexual harassment and all the required information to promote an environment free from sexual abuse and sexual harassment. Observations of posters with information about PREA, phone numbers by the resident telephones, interviews with the residents, supporting documentation randomly requested all provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.234: Specialized training: Investigations

115.234 (a)

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

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #103 Training and Education
- Training curriculum
- Training certificates
- Interview with Investigators

- Documentation demonstrating general PREA training received.
- Statewide investigators meeting
- RAINN Tips for Interviewing Survivors
- Neurobiology of Trauma

The PAQ indicates that this facility has four staff qualified to conduct sexual abuse in confinement investigations.

POLICY AND PROCEDURE PREA #103 Training and Education states,
PROCEDURES:

D. Specialized training: Investigations § 115.234

1. In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings to 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.

2. The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(a) (c)

Certificates of completion were provided for five staff demonstrating completion of the Training for Correctional Investigators: Investigations Incidents of Sexual Abuse, authored by the Moss Group, Inc., and Iowa Department of Corrections. Interviews and training records provided reflected that the trained investigators have also received the general PREA training annually.

(b) A review of the curriculum for the PREA Investigator Iowa Department of Corrections confirmed that it addresses the following:

- Identify techniques for interviewing individuals during investigations of sexual abuse in confinement settings.
- Describe the dynamics of sexual abuse and sexual harassment in confinement settings.
- Identify best practice and policy requirements on first response procedures.
- Identify best practice and policy requirements on evidence collection in confinement settings, per the requirements of 115.(3)34.
- Understand what a final investigative report should contain.
- Identify techniques for writing the final report to ensure accuracy
- Explain criteria required for administrative action and prosecutorial referral, per requirements of PREA standard 115.(3)34.
- Identify techniques for writing the final report to ensure accuracy and clarity.
- Explain criteria required for administrative action and prosecutorial referral, per requirements of PREA standard 115. (3)34.
- Apply your understanding to increase prosecutions of cases that are substantiated and criminal in nature.

Miranda v Arizona is addressed throughout the training module. Garrity warnings is also addressed. Weingarten Rights are reviewed.

(d) This is not applicable to this operation.

Policy, training curriculum, training records and interview with one of the qualified trainers all provide the auditor with sufficient evidence to support a finding of compliance with all provisions of the standard. For this level of operation, there are sufficient staff who have received the required training

who would be readily available in the event that an allegation of sexual abuse was made that would be handled at the facility level.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

According to the PAQ, the facility does not employ medical or mental health staff. The auditor found this credible.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #104 Screening for Risk of Sexual Victimization and Abusiveness
- POLICY AND PROCEDURE Supervision 06 Residential SUP-RTF-02 Resident Intake
- POLICY AND PROCEDURE Supervision 06 Residential SUP-RTF-02 Resident Room Assignments
- PREA Staying Safe brochure, English and Spanish
- SVP Scoring Guide (Objective screening instrument) - Confidential
- PAQ
- Randomly requested SVP forms, initial and 30-day review
- Observations
- Interviews staff who perform risk screens
- Interview random residents
- Interview PREA Coordinator
- Interview PREA Manager
- Risk screening forms
- FAQ

The PAQ indicates that 147 (North) and 108 (South) residents entered the facility in the twelve month review period that were screening within 72 hours for risk of victimization and/or sexual abusiveness

towards other residents 132 (North) and 82 (South) stayed 30 days and were reassessed for their risk of victimization and/or sexual abusiveness towards other residents.

POLICY AND PROCEDURE PREA #104 Screening for Risk of Sexual Victimization and Abusiveness, states

PROCEDURES:

A. Screening for Risk of Victimization and Abusiveness § 115.241

- 1. All offenders shall be assessed using an objective screening instrument Sexual Violence Propensity (SVP) during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.*
- 2. Intake screening shall ordinarily take place within 72 hours of arrival at the facility.*
- 3. 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.*
- 4. Within 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.*
- 5. 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.*
- 6. Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked through the SVP or intake questionnaire.*
- 7. 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.*

POLICY AND PROCEDURE Supervision 06 Residential SUP-RTF-02 Resident Intake states,

POLICY: *Newly admitted residents are provided a comprehensive orientation to the program.*

PROCEDURE:

- 1. The Residential Manager or designee coordinates all placements. Work Release, OWI, and probation/parole residents are admitted pursuant to Admissions Procedure (Res Policy 1)*
- 2. Staff perform the following security functions immediately following the resident's arrival:*
 - A. Take photo;*
 - B. Alco-sensor*
 - C. Strip search (see search policy for specific strip search guidelines);*
 - D. Obtain/test urine sample;*
 - E. Personal property search;*
 - F. Confiscate and classify any medications according to Residential Medication policy (Res #5);*
 - G. PREA review - If the resident identifies as transgender or intersex, Residential Officers immediately notify the Residential Manager or designee before assigning them to a bed.*
 - H. Residential staff completes the PREA orientation with the new admit in a private setting, including having the resident watch the PREA video and complete the PREA Intake Questionnaire which is documented by staff and resident signature.*
 - I. Complete Sexual Violence Propensity (SVP) Assessment in ICON prior to assigning room.*
 - J. Create Cardex*
- 3. Upon the resident entering the residential facility they are provided an overview of the following by a Residential Officer:*
 - A. Facility Tour (including evacuation routes);*
 - B. Facility Details;*
 - C. Medication Times;*
 - D. Smoking Times;*

- E. *Room Assignment;*
Resident room assignments will be based upon SVP Classification, Security Threat Group Affiliation, and room availability
- F. *Distribution of locker key, linens, and hygiene items (as necessary)*
- 4. *An intake by Residential Officer and facility Probation /Parole Officer is completed with new residents prior to their being allowed to leave the facility.*
 - A. *Facility Rule Packet*
 - B. *Rules governing conduct (OWI/WR Release Plan or Resident Agreement) (2503F);*
 - C. *Sex Offender Treatment expectations*
 - D. *Discipline (Process, Major Violations, Sanctions);*
 - E. *Resident rights and communication privileges;*
 - F. *Grievance and appeal procedure;*
 - G. *Job-seeking expectations;*
 - H. *Emergency Plan;*
 - I. *Finances/Resident Fiscal Management*
 - J. *Sign all necessary forms and releases.*
- 5. *Residential Officer initiates a chronological entry in ICON under "Generic Notes" with a Note Category of "PREA Orientation". The note indicates the date and time of arrival, where the resident came from, any belongings they have (including money, ID, SSC, linens), and any unusual or relevant information. It should also note that the resident received the "Staying Safe" PREA guide and that the new admit watched the PREA video. This entry should also include the resident's status (probation, OWI, SWR, etc) as well as notes that a breathalyzer, and urine sample were taken, date of last reported substance use, along with the resident's assigned room number.*
- 6. *Residential Counselor (Residential PPO) enters a Generic Note in ICON detailing the meeting. The record should include basic information about the resident, specific information addressed during Intake B, tentative needs, and other pertinent information obtained at the time of intake.*
- 7. *If the resident arrives with medication, staff determines if the medication is resident or facility secured as determined by facility rules. Staff also ensures that a Medication Log is completed for all required medication according to facility rules and procedures.*
- 8. *Staff updates the resident's address information, completes the transfer instance, assigns housing, and opens the appropriate rule package in ICON.*
- 9. *Staff takes photos of any tattoos/body markings not already listed in ICON.*

POLICY AND PROCEDURE Supervision 06 Residential SUP-RTF-02 Resident Room Assignments states,

PROCEDURE:

1. *Upon entering the program, the Residential Manager or designee will assign a room based upon:*
 - A. *SVP Classification*
 - B. *Strategic Threat Group affiliation*
 - C. *Room availability*
2. *All residents coming into the facility will have a SVP assessment completed prior to assigning housing. The SVP will also be updated within 30 days of arrival.*
3. *Resident room changes will only be made with authorization of facility manager/designee. Consideration will be made for work/treatment schedules and on-going conflicts/resident safety.*

Sexual Violence Propensity (SVP) Assessment Scoring Guide for Offenders is used for direction when completing the risk assessment. It is the same assessment used by the Iowa Department of Corrections. It states, *the assessment shall be utilized for assigning housing units, cells, rooms, and beds for offenders at all custody levels. It should also be utilized in determining programming and work assignments when constant or frequent sight and sound supervision is not possible. An offender's*

custody level shall not be changed, determined, or affected solely on the basis of the offender's SVP-R assessment code. D. Offenders may not be disciplined for refusing to answer questions or not disclosing complete information.

The propensity assessment distributes offenders into seven categories with designations of: A. VP (Victim Potential): Offenders designated by the assessment as having characteristics of a person with a higher-than-normal likelihood to be sexually assaulted inside a correctional facility. B. VI (Victim Incarcerated): Offenders who have already been victims of sexual assault inside a correctional facility. C. AP (Aggressor Potential): Offenders designated by the assessment as having characteristics of a person with a higher than normal likelihood to be sexually aggressive towards other offenders inside a correctional facility. D. AI (Aggressor Incarcerated): Offenders identified in the assessment who have sexually assaulted an offender in a correctional setting. The finding is based on a preponderance of the evidence. E. NS (No Score): Offenders who did not score with victim or aggressor characteristics. F. Mixed Codes: Offenders designated by the assessment as having characteristics of persons with a higher than normal likelihood to be both sexually aggressive and sexually assaulted. Contact the SVP-R Master Trainer at your correctional facility to review the case and make a determination of the correct assessment code for the offender.

(a) (b) This facility conducts a screen called a Sexual Violence Propensity Assessment Scoring Guide for Offenders (SVP-R) during the intake screening, 30 days of admission or transfer, annually and upon transfer to another facility. It is the same assessment used by the Iowa Department of Corrections. Instructions for completing this assessment are in the Sexual Violence Propensity Assessment Scoring Guide for Offenders (confidential document). Per facility procedure, *All residents coming into the facility will have a SVP assessment completed prior to assigning housing. The SVP will also be updated within 30 days of arrival.* The screening occurs immediately upon arrival. Random interviews of Resident Officers from all three shifts confirmed that they complete the SVP and have been trained on how to complete the assessment. The staff indicated that it is completed individually and privately with the resident, and the questions are asked verbally. Additionally, resident interviews confirmed that they were screen upon arrival.

(c) Sexual Violence Propensity Assessment Scoring Guide for Offenders is a 29-page guide on how to complete the assessment. As indicated, it was reported by staff that they have been trained in conducting the assessments and one staff is designated as the master trainer. There are seventeen items assessed based on records available, resident responses and scorer interpretation.

(d)The auditor reviewed and analyzed the assessment tool. The risk assessment includes the following in addition to other questions:

- (1) Whether the resident has a mental, physical, or developmental disability;
- (2) The age of the resident;
- (3) The physical build of the resident;
- (4) Whether the resident has previously been incarcerated;
- (5) Whether the resident's criminal history is exclusively nonviolent;
- (6) Whether the resident has prior convictions for sex offenses against an adult or child;
- (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the resident has previously experienced sexual victimization;
- (9) The resident's own perception of vulnerability;

(e) The initial screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency,

in assessing residents for risk of being sexually abusive. Other assessment questions relate to non-sexual predatory violence, aggressive behavior demonstrating an intimidating attitude, experience or familiarity with prison culture or “street wise” behavior and possible gang involvement.

(f) Per facility procedure, all residents coming into the facility will have a SVP assessment completed prior to assigning housing. The SVP will also be updated within 30 days of arrival. During the audit, the auditor discovered that the reassessment does not involve a face-to-face encounter with the resident as required/clarified by the FAQ. A plan was implemented which involved changing policy to state, “Within a set time period, not to exceed 30 days from the resident’s arrival at the facility, the residential PPO will reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.” A screening form was developed and presented to the auditor for review and approval. The change in policy and the updated form now provide a process which demonstrates compliance with the requirements of the standard and FAQ clarification.

(g) Policy and the Sexual Violence Propensity Assessment Scoring Guide for Offenders both require that a resident’s risk level will 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. It requires transgender residents to be reassessed every six months and all other residents to be reassessed annually. It was reported to the auditor that no resident has been at the facility for one year, nor has a transgender/intersex resident been at the facility for six months. Therefore, there was no documentation that could be reviewed to support compliance. The auditor found this credible based on the mission and operations of the residential facility.

(h) Policy, Sexual Violence Propensity Assessment Scoring Guide for Offenders, interviews with staff who complete the assessment and resident interviews all confirmed that residents would not be 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.

(i) During the audit, the auditor confirmed that all staff have access to the information that led to the score. The auditor finds this is appropriate controls on the dissemination within the facility, due to the small size of the facility and that resident officers are trained and complete the risk assessment upon arrival.

Finding of compliance is based on the following: Updated policy, updated form to complete the 30-day review in accordance with the FAQ and the responses from the residents and staff all provide sufficient evidence for the auditor to find this facility compliant with the requirements of this standard.

Standard 115.242: Use of screening information

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #104 Screening for Risk of Sexual Victimization and Abusiveness
- Observations facility tour – housing/living conditions
- Interviews PREA Compliance Manager/ PREA Coordinator
- Interview with staff who conduct Risk screens
- Sexual Violence Propensity Assessment Scoring Guide for Offenders

POLICY AND PROCEDURE PREA #104 Screening for Risk of Sexual Victimization and Abusiveness, states

PROCEDURES:

B. Use of Screening Information § 115.242

1. *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.*
2. *The Department shall make individualized determinations about how to ensure the safety of each offender.*
3. *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.*
4. *A transgender or intersex offender’s own view with respect to his or her own safety shall be given serious consideration.*
5. *Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.*

6. *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) (b) The Sexual Violence Propensity Assessment Scoring Guide for Offenders give specific directions on how residents are to be housed based on the outcome of the assessment. Based on the operation of the facility and that residents are leaving to go to work assignments/programming, the auditor concluded that this provides sufficient guidance on keeping residents safe by making informed decision on housing, per facility procedure.

(c) (d) (e) (f) No transgender residents were housed at the facility at the time of the audit. It was confirmed in policy and interviews that a transgender or intersex resident's own view with respect to his or her own safety will be given serious consideration. Anecdotal information provided to the auditor during the tour regarding prior residents who identified as transgender confirmed to the auditor that the facility considers on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Additionally, policy and interviews confirmed that a transgender and intersex resident would be given the opportunity to shower separately from other residents. As stated, transgender residents are re-assessed every six months.

(g) The auditor concludes that the agency, nor this facility places lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. There is no consent decree, legal settlement, or legal judgment in place requiring this. This is based on agency policy, facility policy and observations of three prisons and three residential facilities.

Based on the policy, the SVP guide, interview with the staff who is a master trainer, anecdotal information provided regarding how transgender/intersex residents have been housed, review of resident rosters with SVP score, staff knowledge of the score and its use, and the interview with the Program Managers all provided ample evidence for the auditor to find the facility in compliance with the requirements of this standard.

REPORTING

Standard 115.251: Resident reporting

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #105 Reporting
- Interviews random residents
- Interview random staff
- FAQ

POLICY AND PROCEDURE PREA #105 Reporting states, PROCEDURES:

- A. *Offender Reporting § 115.251*
1. *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.*
 2. *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.*
 3. *Staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.*
 4. *The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.*

(a) (b) At intake, the residents are provided with the “Staying Safe A Guide for Offender Conduct” Brochure which includes a list of PREA reporting options which includes the Director and Residential Managers’ phone numbers, address and phone number to Victim Services, the Iowa Office of Citizens’ Aide/Ombudsman address, and four other staff who work in the District, therefore providing multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Additionally, the Iowa Office of Citizens’ Aide/Ombudsman is a public entity that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The auditor verified this through email exchange with this office.

(c) Policy supports the requirements of this provision which includes that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. All random staff interviews confirmed to the auditor that staff are aware of these requirements regarding reporting as well. Residents are able to mail letters directly through the post office when in the community and do not have to rely on staff for processing mail.

(d) All random staff interviews confirmed to the auditor that they have numerous options for reporting privately and provided the auditor specific examples of how they would accomplish this.

The auditor concluded that the facility is compliant with the standard based on the following: interviews with the residents, interviews with the staff, review of the resident information, observations of the posters and announcements in the facility.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

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

thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #105 Reporting
- Observations
- Interviews PREA Coordinator
- Resident rulebook
- Grievances
- PAQ

The PAQ indicated the following:
zero grievances regarding sexual abuse
zero of emergency grievances
zero grievances written in bad faith
zero third party grievances.

POLICY AND PROCEDURE PREA #105 Reporting states,
PROCEDURES:

- B. *Exhaustion of Administrative Remedies § 115.252*
1. *The Department shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse.*
 2. *The Department may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.*
 3. *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.*
 4. *Nothing in this section shall restrict the Department's ability to defend against a lawsuit filed by an offender on the ground that the applicable statute of limitations has expired.*
 5. *The Department shall ensure that—*
 - a. *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*
 - b. *Such grievance is not referred to a staff member who is the subject of the complaint.*
 6. *The Department shall 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.*
 7. *Computation of the 90-day time period shall not include time consumed by offenders in preparing any administrative appeal.*
 8. *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.*
 9. *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.*
 10. *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.*
 11. *If a third party files such a request on behalf of an offender, the Department 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.*
 12. *If the offender declines to have the request processed on his or her behalf, the Department shall document the offender's decision.*
 13. *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. RTF Policy #20 Grievances, and RTF Rule Packet.*
 14. *After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department 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.*
 15. *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.*

(a) (b) (c)(d) (e) (f) (g) Policy supports the requirements of this standard. It was reported by the PREA Coordinator that formal grievances are extremely rare. The PREA Coordinator shared with the auditor

the two formal grievances received since January 2020; neither were concerning sexual abuse or sexual harassment. The resident rulebook provides brief directions regarding how to file a grievance.

For the reasons stated above, the auditor found the facility to be compliant with the requirements of this standard.

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #105 Reporting
- Observations
- Interviews Random residents
- Resident rulebook
- MOU with CAASA
- CAASA brochure

- Email exchange with the Executive Director for CAASA.

POLICY AND PROCEDURE PREA #105 Reporting states, PROCEDURES:

C. Offender Access to Outside Confidential Support Services § 115.253

- 1. The Department 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.*
- 2. The Department 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.*
- 3. 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 documentation showing attempts to enter into such agreements.*

(a) The auditor reviewed the Resident Rule book regarding the use of Facility Phones/Pay Phones and Cell phones once the privilege is earned. Residents have the option inside the facility to use the facility phone with permission of staff (RTF phone) to make calls. There is a pay phone available for residents to use in calling family or friends. On the “Staying Safe A Guide for Offender Conduct” are four toll free numbers – Center Against Abuse & Sexual Assault, Family Crisis Center, Iowa Victim Service and National Sexual Assault Hotline. Resident interviews confirmed they know about the phone numbers as they are posted by the phone.

One of the toll-free numbers provided is for the Center Against Abuse & Sexual Assault – CAASA. This organization serves nineteen counties in western Iowa. Services provided include a 24-hour crisis line for “anyone at any time, regardless of when the abuse occurred”. It includes a toll-free option. The auditor confirmed that the organization cannot provide a mailing address to protect the confidentiality of the survivors that may be meeting with them at their location. As this is a residential facility, the auditor found that not providing the mailing address was acceptable as they have freedom to call the organization in numerous ways.

(b) Resident interviews confirmed to the auditor that they are aware of a number available, posted by the phones. They believe the call is free and confidential. The auditor confirmed that payphones are not recorded.

(c) The facility has a signed MOU with CAASA. Agreements include the following:

- Forwarding any PREA related reports made by a third party with a signed release
- Provide an advocate to be available to the resident-victim at no cost
- Allow CASSA to visit a resident victim at any time and provide a room to meet privately (PREA training to be provided to CAASA staff and volunteers)
- Provide residents with the 24-hour number for CAASA

The auditor communicated with the Executive Director and confirmed this information.

Review of policy, the MOU with CAASA, dialogue with the Executive Director, and resident interviews all provided the auditor with sufficient evidence to support that the facility is compliant with all provisions of the standard.

Standard 115.254: Third-party reporting

115.254 (a)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #105 Reporting
- PAQ
- Interviews random residents
- Interviews with random staff
- Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents
- Family packet - information

The PAQ indicates that information regarding how to file a third party complaint is posted in the lobby, family packet and website.

*POLICY AND PROCEDURE PREA #105 Reporting states,
PROCEDURES:*

D. Third-party Reporting § 115.254

- 1. 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.*

The family packet information provides the following regarding PREA:

PREA

The Iowa Department of Corrections and Third Judicial District Department of Correctional Services has zero tolerance relating to the sexual assault/rape/harassment of Residents and recognizes these Residents as crime victims. The Department will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action, and refer for prosecution those who perpetrate such conduct. Reports may be made directly, anonymously, or by a third party. Reporting can be done through a variety of means: contact the facility manager or case manager as listed below Maureen Hansen, 712-224-6844; Mary Roche, Victim and Restorative Justice Director 515/725-5742 or 1/800-778-1182; Office of Citizen's Aide/Ombudsman's Office at 515/ 281-3592 or 1-888-426-6283 Iowa Sexual Assault Hotline 1/800-942-0333; and Centers Against Assault and Sexual Abuse 877-362-4612.

The facility website provides information on who the PREA Coordinator and PREA Manager are – names, and phones numbers.

Based on the family packet, review of the website, interviews with staff and residents and policy, the auditor finds the standard to be in compliance at this operation.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

115.261 (a)

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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report
- Interviews Random staff
- Interview with the Director
- Interview with the investigator

POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report

PROCEDURES:

A. § 115.261 *Staff and agency reporting duties.*

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

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, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

(a) All random staff interviews confirmed to the auditor that staff are aware they are required to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, 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 as required in policy.

(b) Staff interviews confirmed that they are aware they are to maintain confidentiality after making a report as required to make treatment, investigation, and other security and management decisions.

(c) This does not apply to this agency; they do not employ medical or mental health professionals.

(d) The facility reports there are no documents of reports to designated State agency in accordance with mandatory reporting for under 18 or those considered a vulnerable adult. The interview with the Director confirmed that the investigator/PREA Coordinator would ensure that if an allegation was regarding an elder as defined by state law, a report would be forwarded to the Elder Abuse hotline number by the PREA Coordinator. The Director and the PREA Coordinator confirmed that the facility does not allow for residents under the age of 18 to be housed at this program. The auditor found no reason to dispute this during the audit process.

(e) All random staff confirmed their knowledge of who completes investigations. The investigator confirmed that all investigations, or potential investigations (knowledge, suspicion, retaliation, staff neglect) have been immediately reported to the person assigned to conduct the investigation.

Policy supports the requirements of the standard. Resident and staff interviews all confirmed to the auditor that if an allegation or suspicion is received, it will be immediately forwarded to the supervisor. Staff all confirmed they are aware of the requirement to maintain confidentiality. The PREA Coordinator/investigator confirmed that mandatory reporting to other agencies would occur. Therefore, this standard is deemed to be in compliance.

Standard 115.262: Agency protection duties

115.262 (a)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report
- Interviews Director
- Interviews with Program Managers
- Interviews with random staff

The PAQ indicates there have been no instances in which a resident was subject to substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.

POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report

B. § 115.262 Agency protection duties.

1) When the Department learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Interviews with the Director, Program Managers and all random staff confirmed that intervention would occur if a staff believed a resident was at imminent risk of sexual abuse, and supported by supervisors, management and administration.

Therefore, policy, interviews with staff, the PAQ and observations provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report
- Interviews Director
- Interviews with Program Managers (PREA Coordinator and PCM)

The PAQ indicates there were no allegations received that resident was abused while confined at another facility, no allegations received from another facility. The auditor found this statistic credible.

POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report

C. § 115.263 Reporting to other confinement facilities.

(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c) The Department shall document that it has provided such notification.

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

(a), (b) (c) (d) Interviews with the Director and Program Managers affirmed to the auditor that action would be taken immediately (within 72 hours), from the head of the facility to the head of the other facility, if allegations were received at their facility about abuse that occurred at another facility; an investigation would commence upon receiving information from another facility regarding abuse that allegedly occurred at this facility.

Policy supports compliance with the standard. Interviews with staff, the PAQ and observations provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.264: Staff first responder duties

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report
- Observations
- Interviews with Random staff
- Interviews with the Director

The PAQ indicates there were no instances where a resident was sexually abused allowing for the collection of evidence. The auditor found this credible.

POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report

D. § 115.264 Staff first responder duties.

(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(b) The first staff responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

(a), (b) (c) (d) Resident officers and all other staff interviewed (counselors) confirmed that they are knowledgeable regarding the first responder duties should they be the first employee to become aware of allegations of sexual abuse.

Review of the Coordinator Response Plan, policy and staff interviews provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.265: Coordinated response

115.265 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report
- First Responder Flow Chart Offender on Offender, Staff on Offender Sexual Assault
- First Responder Pocket information
- Sexual abuse Response checklist
- Third Judicial District Department of Correctional Services Sexual Assault Response Checklist
- Observations
- Interviews with Random staff
- Interview with the Director

POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report

E. § 115.265 Coordinated response, states

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

In addition to the flow charts, First Responder Pocket Information, and Sexual Abuse Response checklist, the facility has a fifteen page detailed "Official Response Following a Resident Report" which provides clear information, definitions and outlines responsibilities for anyone who may be involved in or received a report of sexual abuse.

Review of policy the response plan, flow charts for Offender on Offender Sexual Abuse and Staff on Offender Sexual Abuse, and staff interviews confirmed that the facility has provided sufficient evidence to support a finding of compliance with the requirements of this standard.

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report
- AFSCME 2019-2021
- Interview with the Director

POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report

F, § 115.266 Preservation of ability to protect residents from contact with abusers

(a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Review of the contract, interview with the Director and the PREA Coordinator/Program Manager confirmed that this union has no power or authority to interfere with changing staff assignments ending an investigation. Policy supports the requirements of the standard. Therefore, the facility is deemed to be in compliance.

Standard 115.267: Agency protection against retaliation

115.267 (a)

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

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report
- Observations:
- Interview with the Director
- Interview with the Designated staff member charged with monitoring for retaliation (PREA Coordinator and PCM)
- PAQ

The PAQ indicates there have been no instances of retaliation; there have been no instances of reported sexual abuse or sexual harassment. The auditor found no reason to dispute this during the audit process.

POLICY AND PROCEDURE PREA #106 Official Response Following a Resident Report

G. § 115.267 Agency protection against retaliation.

(a) The Department has 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 and shall designate which staff members or departments are charged with monitoring retaliation.

(b) The Department employs 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.

(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) In the case of residents, such monitoring shall also include periodic status checks.

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The interview with the Director confirms a strong commitment to ensuring that no one experiences retaliation for reporting sexual abuse, sexual harassment, retaliation or staff neglect that may have led to sexual abuse or sexual harassment.

The interview with the Director, PREA Coordinator and PCM all confirmed that they are aware of the requirements of the standard and will monitor for retaliation using the IDOC data base upon report of an allegation. Policy supports the requirements of the standard. Therefore, the auditor deems this to be compliant.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #107 Investigations
- Interviews Investigative staff
- PAQ

- Review of the agency wide data base
- Investigator checklist
- Interview with the Director

The PAQ indicates there have been no substantiated allegations referred for criminal prosecution since last PREA audit. The auditor found no reason to dispute this during the audit process.

POLICY AND PROCEDURE PREA #107 Investigations, states
PROCEDURES:

A. *Criminal and Administrative Investigations § 115.271*

1. *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.*
2. *Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.*
3. *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.*
4. *When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with County Attorney as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.*
5. *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.*
6. *Administrative investigations:*
 - a. *Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and*
 - b. *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.*
7. *Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.*
8. *The Department shall retain all written reports referenced in paragraphs (6) of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.*
9. *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.*
10. *When outside agencies investigate sexual abuse, the Department shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.*

(a)(b)(c)(d) (e) (f) (g)(h)(i)(j) The policy supports the requirements of all provisions of the standard. The interviews with the investigators/PREA Coordinator and the Director indicate that they are aware of the requirements and would ensure they are met. There have been no investigations for the auditor to review. The facility reported that they would use the IDOC data base for initiating and tracking investigations, including suspicions.

(k) Auditor not required to audit this provision.

The policy requires that all provisions of the standard be addressed. The interview with the investigator confirmed that all provisions of the standard would be part of any investigation initiated. Further support from the Director provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.272: Evidentiary standard for administrative investigations

115.272 (a)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #107 Investigations
- Interview Investigative staff

POLICY AND PROCEDURE PREA #107 Investigations, states
PROCEDURES:

B. Evidentiary Standard for Administrative Investigations § 115.272

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.

Policy and the interview with investigators/PREA Coordinator confirm that this is the standard to substantiate an administrative hearing. Therefore, the standard is deemed compliant.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

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

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #107 Investigations
- Interviews Investigative staff

- Interview with the Director
- PAQ
- MOU with County Attorney

The PAQ indicates the following:

Zero investigations of alleged sexual abuse completed

Zero investigations of alleged sexual abuse completed where resident was notified of the results (verbally or in writing)

Zero sexual abuse investigations completed by an outside agency

Zero notifications of the results of an investigation completed by an outside agency

Zero substantiated cases of staff sexual abuse

Zero notifications made pursuant to those

Zero notifications provide to residents

Zero of those that are documented

POLICY AND PROCEDURE PREA #107 Investigations, states PROCEDURES:

C. Reporting to Offenders § 115.273

- 1. 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.*
- 2. 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:*
 - a. The staff member is no longer in the offender's Department;*
 - b. The staff member is no longer employed at the Department;*
 - c. The Department learns that the staff member has been indicted on a charge related to sexual abuse; or*
 - d. The Department learns that the staff member has been convicted on a charge related to sexual abuse.*
- 3. 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:*
 - a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse; or*
 - b. The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse.*
- 4. All such notifications or attempted notifications shall be documented.*
- 5. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's supervision.*

(a) (b)(c)(d) (e) The facility's policy supports the requirements of the standard. The facility has reported it has no investigations during the reporting time frame, the auditor did not find evidence or suspicion to dispute this statement. The investigator(s)/PREA Coordinator and Director confirmed that notices are required and would be sent within 72 hours from the Director to the facility head at the facility where the alleged abuse occurred. The MOU with the County Attorney confirm that the facility will be kept informed of the progress of the investigation and notified of the conclusion of the investigation.

Policy, MOU with the County Attorney and interviews with the Director and investigator all confirmed to the auditor that there is sufficient evidence to support a finding of compliance.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #108 Discipline
- Interview with the PREA Coordinator
- Interview with the Director
- PAQ

The PAQ indicates there have been zero of staff who have been disciplined for violation of agency sexual abuse or sexual harassment policies, zero staff who have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies. The auditor found no reason to dispute this during the audit process.

POLICY AND PROCEDURE PREA #108 Discipline states,
PROCEDURES:

A. Disciplinary Sanctions for Staff § 115.276

1. *Staff are subject to disciplinary sanctions up to and including discharge for violating agency sexual abuse or sexual harassment policies.*
2. *Discharge shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.*
3. *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.*
4. *All discharges for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been discharged 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.*

(a) (b) (c)(d)

Policy supports the requirements of the standard. The PREA Coordinator and Director confirmed that these provisions would be followed in the event that a staff person is the subject of a sexual abuse investigation, which is substantiated.

Based on above, the auditor found sufficient evidence to support a finding of compliance with the requirements of the standard.

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #108 Discipline
- Interviews PREA Coordinator/Program Manager
- PAQ
- Interview with the Director

The PAQ indicates there have been no contractors or volunteers who have been reported to law enforcement and/or relevant licensing bodies. The auditor found no reason to dispute this during the audit process.

POLICY AND PROCEDURE PREA #108 Discipline states,
PROCEDURES:

B. Corrective Action for Contractors and Volunteers § 115.277

1. *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.*
2. *The Department shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.*

(a) (b) Policy supports the requirements of the standard. The PREA Coordinator confirmed that these provisions would be followed in the event that a volunteer/contractor is the subject of a sexual abuse investigation, which is substantiated. She confirmed that she has the authority and would prohibit the volunteer or contractor from contact with offenders pending the outcome of the investigation.

Based on above, the auditor found sufficient evidence to support a finding of compliance with the requirements of the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #108 Discipline
- Interviews Director/PREA Coordinator
- Document showing sanctions commensurate
- State of Iowa Department of Corrections Chapter 8 Work Release/OWI Programs Community Based Programs Rule Violations, Disciplinary Process, time loss and Appeals

The PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period.

POLICY AND PROCEDURE PREA #108 Discipline states,
PROCEDURES:

C. *Disciplinary Sanctions for Offenders § 115.278*

1. *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.*

2. *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.*

3. *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.*
4. *If the Department offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Department shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.*
5. *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.*
6. *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.*
7. *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.*

(a) (b) (g)

State of Iowa Department of Corrections Chapter 8 Work Release/OWI Programs Community Based Programs Rule Violations, Disciplinary Process, time loss and Appeals is a 24-page policy that applies to community programs that dictates all the requirements for the disciplinary process including a formal hearing, the sanctioning process and confirms that sanctions are commensurate with the nature and circumstances of the abuse, disciplinary sanctions are progressive.

Resident rule book has the following excerpts.

Discipline Policy

It is the philosophy of the Residential Treatment Facility that residents will be held accountable for all rule violations. Any staff member having knowledge of a resident committing any infraction shall take the necessary disciplinary action. The resident will be informed of the alleged violation and the staff member will promptly prepare the necessary report.

House Restriction. If staff suspects that a resident has violated an RTF rule, the resident will be placed on house restriction until: a). the disciplinary process has been completed or b). it has been determined that the resident was not involved in a rule violation.

FORMAL DISCIPLINARY REPORTS

Residents shall be notified within 24 hours (if physically possible) of the alleged violation(s) and shall receive 24-hour notice of the disciplinary hearing. However, the resident may waive this notice period. Residents will be placed on facility restriction (except for employment and scheduled appointments) until the Discipline Hearing Committee (two or more staff members not involved in the charging of the violation(s) or completing section III of the DH report) meets to review the alleged violation(s) and, if necessary, determine the appropriate disciplinary action. The Disciplinary Committee will attempt to meet within seventy-two (72) hours of receiving a report for an alleged infraction, unless continued for cause. The resident has the right to provide evidence and witness statements, appear before the Committee, and/or present a written version to the Committee. The Committee shall review all pertinent evidence presented and residents are encouraged to be cooperative and honest with the Committee. Confidential information will not be reviewed with the resident. Residents must be present for the hearings except in the case where the resident becomes disruptive or refuses to cooperate or waives his/her right to appear at the hearing. Residents waiving their right to appear also waive their right to appeal. Any resident whose whereabouts are unknown for two hours or more and/or is out of place of

INFORMAL DISCIPLINARY REPORT- *Informal discipline issues will be noted in the weekly progress review for each resident and will adversely affect points earned that week:*

Staff Wake up

VIOLATIONS DEFINED Major, Medium and Minor Violations:

Any violation of the following rules or special condition(s) may be a MAJOR OR MEDIUM OR MINOR violation depending on the seriousness of the violation.

Illegal behavior: When an offender plans, participates, assists, condones, or encourages others to violate a local, state or federal law, whether the offense is committed inside or outside the residential facility and whether the offense actually occurs.

Verbal Abuse: When the offender subjects another person to abusive or defamatory, insolent, or disrespectful language or remarks whether written or oral, or abusive, defamatory, insolent, or disrespectful gestures

Threats/Intimidation: When the offender communicates a determination or intent to injure another person or to commit a crime of violence or an unlawful act dangerous to human life, and the probable consequence of such threat or threats (whether or not such consequence, in fact, occurs) is:

To place another person in fear of bodily injury; or

To cause damage to property; or

To take place in the future after released from confinement.

Sexual misconduct: When an offender proposes or engages in sexual contact with another offender at any time; or any other person on residential facility property (or premises) or engages in sexual contact at any location with a person who is also a resident of a correctional residential facility. Indecent exposure also constitutes sexual misconduct. This includes, but is not limited to, offensive exposure of the genitals or pubic area in a manner to be seen by another person; gesture of a sexual nature to cause embarrassment or to be offensive to another person. Sexual misconduct may be written as well as verbal communication. Offenders are not allowed to have sexual contact with each other while participating in the program. This includes while on pass or furlough.

(c) (d) (e) (f) Policy supports that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. 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 resident to participate in such interventions as a condition of access to programming or other benefits. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact and 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. Interview with the PREA Coordinator confirmed that mental disabilities or mental illness is considered before sanctions are assessed. The auditor concluded after discussion with the PREA Coordinator that a resident's mental disabilities or mental illness is considered prior to giving sanctions.

Finding of compliance is based on the following: Facility policy directs that all requirements of the standard be enforced. The interview with the Director and PREA Coordinator provided further assurance that the provisions of the standard would be followed. Therefore, the standard is deemed compliant.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #109 Medical and Mental Care
- Iowa Domestic Abuse Comprehensive Program - map of locations
- Iowa SAE Protocol
- MOU CAASA
- National Protocol for sexual assault medical forensic examinations
- Interview with the PREA Coordinator

POLICY AND PROCEDURE PREA #109 Medical and Mental Care, states
PROCEDURES:

- A. *Access to Emergency Medical and Mental Health Services § 115.282*
1. *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.*

2. 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.
3. 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)(b)(c) Policy and interview with the PREA Coordinator support the requirements of the standard. The Iowa SAE Protocols, and MOU with CAASA ensures that the resident would receive unimpeded access to emergency medical treatment and crisis intervention. The law additionally ensures that timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. See additional information in § 115.83.

(d) Iowa SAE Protocol states, APPENDIX C - PAYMENT FOR SEXUAL ASSAULT EXAMS
The State of Iowa pays for a sexual assault examination regardless of whether the victim reports the crime to law enforcement.

All resident medical treatment is provided in a community setting. Based on this and the documentation provided, the auditor finds that the requirements of the standard are required to be met if a sexual abuse incident occurred at this facility.

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #109 Medical and Mental Care
- VINE Victim Services
- Iowa SAE appendix

POLICY AND PROCEDURE PREA #109 Medical and Mental Care, states

PROCEDURES:

B. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers § 115.283

1. *The Department 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.*
2. *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.*
3. *The Department shall provide such victims with medical and mental health services consistent with the community level of care.*
4. *Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.*

5. *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.*
6. *Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.*
7. *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.*
8. *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.*

(a) (b) (c) (d) (e) (f)

The facility provided information regarding the following resources that would be available to sexual abuse victims while residing at this facility:

SAE Iowa Protocol provides the following information regarding resources for follow up care which can be used by the residents of this facility and continued onto release:

Sexually Transmitted Infections For current treatment guidelines: Centers for Disease Control & Prevention Sexually Transmitted Diseases Treatment Guidelines 2015:

<http://www.cdc.gov/std/tg2015/tg-2015-print.pdf> or, the Pocket Guide can be downloaded at:

<http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf>). For information on HIV prophylaxis in

adults/adolescents, see: Centers for Disease Control & Prevention, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines.

<http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf> See also Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States.

MMWR, January 21, 2005 / 54(RR02); 1-20. Centers for Disease Control & Prevention homepage:

<http://www.cdc.gov/> New York Health Department HIV Clinical Resources:

<http://www.hivguidelines.org/clinicalguidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupationalexposure-including-sexual-assault/> National Clinician’s HIV/AIDS Consultation Center for

warm/hot lines: <http://www.nccc.ucsf.edu/> For STD clinic sites in Iowa see the Iowa STD Clinics

website: <http://yourstdhelp.com/iowa.html> For Iowa STD program information/statistics:

<http://idph.iowa.gov/hivstdhlep/std/resources> For information on HIV testing and treatment sites and HIV/AIDS information/stats in Iowa see Iowa Department of Public Health website:

<http://idph.iowa.gov/hivstdhlep/hiv> Emergency Contraception The Emergency Contraception Website.

Operated by Princeton University and the Association of Reproductive Health Professionals (it has no connection with pharmaceutical companies). <http://ec.princeton.edu/>. Iowa Adult Sexual Assault

Protocol Appendix C APPENDIX C - PAYMENT FOR SEXUAL ASSAULT EXAMS The State of Iowa

pays for a sexual assault examination regardless of whether the victim reports the crime to law enforcement. This is done to ensure that prosecutors and law enforcement officers will have evidence

efficiently and effectively collected if the victim later reports that crime. Funds for the Sexual Abuse Examination Payment Program come from the Crime Victim Compensation Fund. That fund is

comprised entirely of fines and penalties paid by convicted criminals. Iowa Code 709§10, states that “The cost of a medical examination for the purpose of gathering evidence and the cost of treatment for

the purpose of preventing venereal disease shall be paid from the fund established in section 915.94.” Hospitals, physicians and other medical providers who collect and process evidence of sexual abuse

submit bills directly to the Sexual Abuse Examination Payment Program. In the event that a victim is erroneously billed and pays for the cost of the evidence collection, the program will reimburse that

victim. Bills should be sent to: Sexual Assault Examination Program Iowa Attorney General’s Office Lucas Building, Ground Floor 321 E. 12th St. Des Moines IA 50319 For questions, contact (515) 281-

5044 or Toll Free: (800) 373-5044 See also the Iowa Attorney General’s Office website, “Sexual Assault Examination Payment Program:” (<https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examinationpayment-program/>) For more information regarding how to apply for

payment for sexual assault exams in your institution, see the Iowa Administrative Rules website, section 61-9.82(915), “Application for Sexual Abuse Examination Payment.” In some cases, particularly

when the victim does choose to report the crime to law enforcement, additional expenses for medical treatment, counseling, lost wages due to the crime, or reimbursement for clothing may be covered by the Iowa Crime Victim Compensation Program. For more information, go to:

<https://www.iowaattorneygeneral.gov/for-crimevictims/crime-victim-comp>. Additionally, the facility also provided the following resources in the State of Iowa that would be afforded to residents of the facility and continued into the community: Crime Victim Compensation Program and Iowa Protective Order Notification for Domestic Abuse Program (IPONDA).

(h) It is highly unlikely that a known resident-on-resident abuser would be allowed to remain at the residential center, therefore, attempts 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 would be conducted at the receiving prison. The auditor reviewed policy when conducting audits at the prisons and found this provision to be compliant.

Finding of compliance is based on the following: Policy supports the requirements of the standard. Medical and mental health care for residents is through community providers therefore services would be consistent with community standards of care. Additionally, the State of Iowa offers numerous resources that would be afforded to the residents as they are in the community to get follow up care as required by this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #110 Data Collection and Review
- Iowa Department of Corrections Investigation Data base
- Interview with the Director
- Interviews PREA Coordinator /Incident Review Team Member
- Review of the Sexual Abuse Incident Review form
- PAQ
- IDOC data base

The PAQ indicates there have been zero criminal/administrative investigations completed found to be substantiated or unsubstantiated so therefore zero completed sexual abuse incident reviews that occurred within 30 days. The auditor found no reason to dispute this during the audit process.

POLICY AND PROCEDURE PREA #110 Data Collection and Review PROCEDURES:

- A. *PREA Incident Reviews § 115.286*
 1. *The Department 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.*
 2. *Such review shall ordinarily occur within 30 days of the conclusion of the investigation.*
 3. *The review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners.*
 4. *The review team shall:*

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b. 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;
 - c. If the incident happened in a facility assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staffing levels;
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a) through (4)(e) of this section, and any recommendations for improvement, and submit such report to the District Director and PREA compliance manager.
5. The Department shall implement the recommendations for improvement or shall document its reasons for not doing so.

(a)(b)(c)(d)(e)

Policy supports all aspects of the standard provisions. The interview with the Director and the PREA Coordinator (staff both involved on the incident review team) confirm that all aspects of the requirements in the standard would be addressed. This information is recorded in the IDOC database; the auditor reviewed the data base and confirmed that it would require a response for all provisions of the standard. For these reasons, the auditor found sufficient evidence to support a finding of compliance with all provisions of the standard.

Standard 115.287: Data collection

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Interview - Facility PREA Coordinator
- Definitions used for collecting data
- Annual report of findings
- POLICY AND PROCEDURE PREA #110 Data Collection and Review
- POLICY AND PROCEDURE PREA #100, Introduction and Definitions

POLICY AND PROCEDURE PREA #110 Data Collection and Review states
PROCEDURES:

B. Data Collection § 115.287

1. *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.*
2. *The Department shall aggregate the incident-based sexual abuse data at least annually. This data will be forwarded to the Department of Corrections, Division of Investigative Services.*
3. *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.*
4. *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.*
6. *Upon request, the Department of Correction, Division of Investigative Services shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.*

POLICY AND PROCEDURE PREA #100, Introduction and Definitions includes the following:

DEFINITIONS

Agency means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

Agency head means the principal official of an agency.

Aggressor: An offender committing a sexual assault against another offender.

Allegation: Any event that is said to have happened, but which has not yet been verified. These events include rumor and “offender talk.”

Alleged: Any event that is said to have happened but which has not yet been verified.

Community confinement facility – For the purpose of this definition, all Residential Treatment Facilities operated in the Third Judicial District qualify as a community confinement facility.

Complaint: Any report, allegation, or information indicating misconduct by another person. A complaint may be verbal or in writing.

Contractor means a person who provides services on a recurring basis pursuant to a contractual agreement with the agency. Direct staff supervision means that security staff members are in the same room with, and within reasonable hearing distance of, the resident or inmate.

Employee means a person who works directly for the agency or facility.

Exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility means a place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.

Facility head means the principal official of a facility.

Full compliance means compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender nonconforming means a person whose appearance or manner does not conform to traditional societal gender expectations.

Hostile Work Environment: Harassment, speech or conduct that is based on the judgment of a reasonable person, severe or pervasive enough to create a hostile or abusive work environment, based on race, religion, gender, national origin, age, disability, veteran status, or in some jurisdictions, sexual orientation, political affiliation, citizenship status, marital status or personal appearance.

Inmate means any person incarcerated or detained in a prison or jail or other. Residential Treatment Facility qualifies as “other”.

Intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Invasion of Privacy: Intentionally observing, attempting to observe, or interfering in an offender’s activities, which involves hygiene or personal care, without a sound job related reason. Any act by any staff that is considered to be reasonable and a necessary part of official duties and responsibilities shall not be regarded as an invasion of privacy.

Investigation: A formal investigation conducted by designated staff.

Medical practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her

professional practice. A “qualified mental health practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down search means a running of the hands over the clothed body of an inmate, detainee, or resident by an employee to determine whether the individual possesses contraband.

Prison means an institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

Resident means any person confined or detained in a residential facility.

Offender: Any person committed to the supervision, care or custody of the correctional organization by any court or through judicial sanction. This definition includes offenders assigned to programs such as probation, parole, electronic monitoring, pre-trial release, alternatives to incarceration, work or educational release, or in any capacity where employees are supervising the individual.

Prohibited Behaviors: The following list are prohibited behaviors between employees, employees and offenders, employees and collateral contacts (family, friends of offenders, etc.) contractors and offenders, offenders and volunteers, and includes discussion addressing the following, but is not limited to: Touching, hugging, kissing, sexual assault, penetration, fondling, inappropriate viewing, sexual conduct, sexual harassment, sexual abuse, sexual gratification, romantic relationships, relationships between staff/offenders.

Retaliation: An act of vengeance, covert or overt action or threat of action, taken against the complainant in response to the complainant’s allegation of sexual misconduct or cooperation in the reporting or investigation of sexual misconduct, regardless of the merits or the disposition of the complaint. Examples of acts of retaliation, including but are not limited to: unnecessary discipline, intimidation, unnecessary changes in work or program assignments, unjustified transfers or placements, or unjustified denials of privileges or services.

Safe Cell: A designated area within the Department for placement of offenders alleged to have been sexually assaulted.

Security staff means employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.

Sexual Activity: Intentional contact of an inappropriate nature, either directly or through clothing, such as touching of the genitalia, anus, groin, breasts, inner thighs, or buttocks of any person. This includes all touching unrelated to the necessary performance of job duties.

Sexual abuse includes—

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and*
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.*

Sexual abuse of an offender by another offender includes, but is not limited to, acts with another offender without consent, if coerced into acts by overt or implied threats, or is unable to consent or refuse to any of the following sexual acts:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) Contact between the mouth and the penis, vulva, or anus;*
- (3) Contact between the mouth and any body part where the other offender has the intent to abuse, arouse, or gratify sexual desire;*
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument,*

(5) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes, but is not limited to, subjecting another person to any sexual act

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment Includes, but is not limited to, all of the following, whether by employees, volunteers, contractors, other agency representatives, or offenders: sexual advances, sexually offensive language, comments or gestures, influencing, promising or threatening any offender's or employee's safety, supervision status, conditions of supervision, custody status, or privacy, in exchange for personal gain or favor of a sexual nature; creating or encouraging an atmosphere of intimidation, hostility or offensiveness as perceived by any individual who observes the sexually offensive behavior or language includes—

- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Misconduct includes-

Any behavior or act of a sexual nature directed toward:

A person under the care, custody, or supervision of the department

Any collateral contact of the above, including but not limited to: family members, employers, friends, and other close associates who have official contact with the Department on behalf of the person under the care, custody or supervision of the Department.

This includes, but is not limited to, acts or attempts to commit such acts defined in sexual abuse and voyeurism as well as:

Any action designed for sexual gratification of and/or by an offender or staff, i.e., such as masturbating in front of an offender.

Making obscene or sexual advances, gestures, comments, or exposing one's self, to an offender or being receptive to any such advances, gestures, or comments made by an offender toward a staff member.

Touching of self in a sexually provocative way to solicit a response from an offender.

Viewing offenders in a manner which is not related to normal job duties and interfering with an offender's personal business without a reasonable need to do so for the immediate safety and security of the offender, employee, or others within the institution. This includes, but is not limited to, excessive staring.

Initiating or responding to any form or type of communication of a sexual nature with an offender, unless specifically associated with treatment for a sex-related offense, health or case management.

Receiving any form or type of communication of a sexual nature from an offender and failing to report the communication immediately as designated by Department policy (unless this communication is specifically associated with treatment for a sex-related offense, health or case management).

Influencing or making promises regarding, but not limited to, an offender's safety, custody, legal status, privacy, housing, privileges, work assignment, or program status in exchange for sexual favors or because an offender refused to submit to a sexual advance. This includes an exchange of anything of value between staff and an offender, i.e., putting money into or promising to put money into an offender's account or bringing in or promising to bring in contraband for an offender in exchange for sexual favors.

Sexualized Work Environment: means a work environment in which the behaviors, dress, and/or speech of employees and/or offenders create a sexually charged workplace. Sexually explicit talk, inappropriate e-mails, posted cartoons, inappropriate or sexual jokes, or unprofessional dress characterizes a sexualized work environment. In a sexualized environment, often employee off-duty behaviors, dating and other activities intrude into the everyday work environment. In a sexualized work environment talk or actions have sexual overtones. A sexualized work environment severely erodes professionalism and professional boundaries.

Staff: Refers to an employee, contractor, vendor, volunteer or agent of the Third Judicial District Department of Correctional Services.

Strip search means a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Substantiated Allegation: The allegation was investigated and determined to have occurred.

Transgender means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Unfounded Allegation: The allegation was determined not to have occurred.

Unsubstantiated Allegation: The evidence was insufficient to make a final determination that the event occurred, and the evidence was insufficient to make a final determination that the event did not occur.

Victim Counselor: A person associated with a crime victim center, as a contractor or employee, is certified as a victim counselor by a crime victim center, and is under the control of a direct services supervisor of a crime victim center, with the primary purpose to render advice, counseling and assistance.

Violation of Privacy Rights of Offenders: This includes, but is not limited to, the act of the attempted act of observing or interfering with an offender's personal affairs without a reasonable need to do so for the

immediate safety and security of the offender, employees or others within the agency. Acts that may also be included consist of: reading personal mail or written materials of an offender when not required for supervision, safety and agency security, office or persons therein; searches of the offender not required to ensure compliance with the conditions of supervision and the safety of employees and other clients and offenders.

Volunteer means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

Zero Tolerance: The Department is committed to making it unacceptable for any employee, volunteer, intern, contractor or vendor to engage in any action that the Department defines as sexual misconduct.

- (a) Policy defines the behavior relevant to a PREA violation. It is consistent with the standard.
- (b) An annual report has been completed which aggregates the incident-based sexual abuse data at least annually.
- (c) The data can provide information consistent with the questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.
- (d) All data, including investigation summaries and sexual abuse incident reviews would be stored in the Department of Corrections (Iowa) data base and therefore is securely stored.
- (e) This facility does not contract with private facilities.
- (f) Not applicable

The auditor found the standard to be in compliance for the following reasons: Policy supports the requirements including using standardized definitions of behavior, the auditor reviewed the annual report and found it has Uniform data from all sexual harassment, sexual misconduct, or sexual abuse allegations, which occurred in 3rd District DCS Residential Facilities.

Standard 115.288: Data review for corrective action

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #110 Data Collection and Review
- Interviews PREA Coordinator & PREA Compliance Manager
- Annual report
- Facility website

POLICY AND PROCEDURE PREA #110 Data Collection and Review states

PROCEDURES:

C. Data Review for Corrective Action § 115.288

1. 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:
 - a. Identifying problem areas;
 - b. Taking corrective action on an ongoing basis; and
 - c. Preparing an annual report of its findings and corrective actions.
2. 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.
3. The Department's report shall be approved by the District Director and made readily available to the public through its Web site or, if it does not have one, through other means.
4. The Department may redact specific material from the reports when publication would present a clear and specific threat to safety and security but must indicate the nature of the material redacted.

(a) Upon review of the annual report for 2020, dated February 2021, there is data aggregated to help assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report has sections for the following:

(1) Identifying problem areas.

(2) Taking corrective action on an ongoing basis; it addressed training for staff, extra rounds by staff, staff turnover and review of monitoring equipment.

(b) The report additionally includes a comparison of the current year's data and corrective actions with those from prior years and a review of the decreased allegations that have occurred, concluding this to represent progress in achieving the goal of eliminating sexual abuse and sexual harassment.

(c) The report is approved by the District Director. This was confirmed with the interview with the Director and review of the report. The auditor found the report on the facility webpage. It is typically included with the Annual Report of all areas for the facility.

(d) The auditor reviewed the most current Annual report. No redactions were required on the Corrective Action Plan.

Policy, review of the Annual Report, and interview with the Director provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.289: Data storage, publication, and destruction

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

- POLICY AND PROCEDURE PREA #110 Data Collection and Review

- Interviews PREA Coordinator & PREA Compliance Manager
- Annual report
- Facility website

POLICY AND PROCEDURE PREA #110 Data Collection and Review states
PROCEDURES:

D. Data storage, Publication and Destruction § 115.289

- 1. The Department shall ensure that data collected pursuant to § 115.287 are securely retained.*
- 2. The Department shall make all aggregated sexual abuse data readily available to the public at least annually through its Annual Report (or Web site if available).*
- 3. Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.*
- 4. 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) (b) (c) (d) Facility policy ensures that data collected pursuant to § 115.87 are securely retained. Review of the report supports that it includes data from all residential operations in the 8th district. The facility does not contract with private facilities. The auditor checked the facility webpage and found the reports for 2020. The report is on the facility webpage at <http://thirdcdcs.com/index.php/prea/>. Review of the reports concluded that no personal identifiers need to be removed. Policy supports that the data collected will be retained for at least ten years. The interview with the PREA Coordinator confirmed compliance with the requirements of the data collection standards.

Based on above, the auditor finds the requirements of the standard have been met.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Sioux City Residential Facility is the only facility contracted by the Iowa Department of Corrections in the 3rd district. It has been audited every three years.

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

No referral or recommendation has been made by the Department of Justice regarding this facility.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire, sent by Sioux City Residential Facility; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process.

(e) The agency shall bear the burden of demonstrating compliance with the standards. **Documentation used to support compliance was provided by the agency/facility.**

(f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type. **See comments in the report.**

(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. **See comments in the report.**

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities. **See comments in the report.**

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). **The auditor was not denied access to or copies of any documents requested.**

(j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. **The auditor has retained documents used to determine compliance.**

(k) The auditor shall interview a representative sample of residents, residents, and detainees, and of staff, supervisors, and administrators. **See report – methodology.**

(l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

The auditor was able to view and analyze video monitoring stations at the facility.

(m) The auditor shall be permitted to conduct private interviews with residents, residents, and detainees.

The auditor was allowed to conduct private interviews with residents, and staff.

(n) Residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Posters were visible during the audit. The auditor asked residents if they saw the posters and/or were aware of the audit. Most indicated yes but were not concerned about sexual abuse or sexual harassment. No confidential correspondence letter was received from staff or residents.

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. **See comments in the report.**

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review. – **noted in report**

(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards - **noted in report**

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. – **noted in report**

(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action. – **noted in report**

(e) Auditors shall redact any personally identifiable resident or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice. **No redactions required**

(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. **See policy and interview with Facility PREA Coordinator**

AUDITOR CERTIFICATION

I certify that:

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

Amy J. Fairbanks

May 16, 2021

Auditor Signature

Date