

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 5: OFFENDER PROGRAMS

Sub Chapter: SEX OFFENDER MANAGEMENT & PROGRAMS

Related DOC Policies: N/A

Administrative Code Reference: N/A

Subject: ELECTRONIC MONITORING

ACA Standards: N/A

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Authority:

1. PURPOSE

To provide guidelines for the use of electronic monitoring.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) that the Electronic Monitoring System (EMS) shall be used to enhance public safety. Appropriate levels of EMS should be used to verify the location and restrict the movement of those that are on supervision for a sex offense. Additionally, those clients who fall under **Iowa Code Chapter 692A.124** may be required to be monitored by EMS based upon a validated risk assessment, the client's criminal history, progress in treatment and supervision, and other relevant factors.

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3. DEFINITIONS

A. Electronic Monitoring System (EMS) – A term used collectively for technology that determines the location of clients who have restricted movement while being supervised in their respective community. These systems encompass the following technologies:

1. Radio Frequency (RF) – A home monitoring receiver unit with the client's phone attached, a phone cord to the phone jack and plugged into power. The client wears a waterproof ankle transmitter band that does alert the provider of strap tamper (strap or clip is cut and/or opened) and/or body tamper (unit is not against the skin). This unit monitors the client's arrivals and departures and curfew hours.
2. Global Positioning System (GPS) – This unit will report the time and date of arrivals and departures, the travel path and travel times, removal of or tampering with the ankle band and monitoring unit, and violations of exclusion zones (designated areas that the client is restricted from entering). The client also wears the Radio Frequency transmitter ankle band.

EMS also may incorporate the ability to conduct random substance abuse testing.

B. "Sex Offender" - A person who is convicted of a sexually motivated offense pursuant to **692A.126 and 708.15**.

C. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

A. Selection

1. Those on supervision for a sex offense currently on probation, parole, work release, special sentence, or any other type of conditional release for a sexually motivated crime, pursuant to **692A.126 and 708.15**, shall be placed on GPS immediately after assignment to supervision until all

completed risk assessments are completed.

2. GPS will remain on all individuals who are a Level 5 due to the Sex Offender Specific Risk Assessment Instruments. GPS may be removed when a client's level of supervision places them at Level 4 or below. Clients will remain on GPS for 90 days or until all required assessments are completed, whichever comes first.
3. EMS for clients who present with dynamic risk factors related to substance use is also available (e.g., SCRAM, VICAP, MEMS). This technology may be used in conjunction with, or instead of GPS or RF, if the treatment team determines these would more effectively reduce risk.
4. All clients participating in EMS shall sign a judicial district contract indicating acceptance and compliance with the program.

B. EMS Status and Modifications (Chart 1)

1. According to the principles of Evidence Based Practices, empirically validated risk assessments, as well as professional judgement, should assess a client's risk, need and responsivity when determining the level of EMS appropriate for each client. EMS should ensure the proper accountability, verification, and if needed, surveillance as dictated by the offender's risk level.
2. The client's EMS level should be outlined in the case management plan with rationale for the dosage, and how risk and/or needs are being addressed through this technology.
3. A client's EMS status is determined in part, by empirically validated sex offender risk assessments, which will include the Sex Offender Treatment Intervention and Progress Scale (SOTIPS), Static 99-R, and/or ISORA. Empirically validated measures of general risk may also be used in combination with the above mentioned, sex offender specific, risk tools (e.g., Iowa Risk-Revised).
4. GPS may be removed when the client's level of supervision falls below Level 4.

5. Should a client fail a polygraph or a truth verification exam, they may remain on GPS with supervisory approval.
6. RF may be used as a device to monitor curfew compliance for clients supervised at Level 4 or Level 3.
7. Status on EMS can be reviewed at any time, and the criteria may be overridden in unique situations with SOTP staff and Supervisory Approval.
8. All modifications and decisions regarding EMS must be documented in ICON.

Chart 1. EMS Selection & Modification

Supervision Level	EMS After 90 Days or Completion of All Required Assessments	Case Plan indicates need for curfew enforcement	Case Plan indicates need for alcohol monitoring
Level 5	*GPS	GPS	GPS and SCRAM, VICAP or MEMS
Level 4	No GPS Required	RF	SCRAM, VICAP or MEMS

*GPS is required for Sex Offenders whose sex offender specific risk assessments put them at a Level 5 (eg. STATIC 99R and SOTIPS combined scores create a Level 5 level of supervision would require GPS, however a client who is Level 5 based upon the combination of the IRR and SOTIPS would not be required to have GPS, but GPS would be an option)

C. Notification of Victims (Iowa Code 915.17A)

A Judicial District Department of Correctional Services shall notify a registered victim, regarding a person convicted of a sex offense against a minor who is under the supervision of a Judicial District Department of Correctional Services, of the following:

1. The beginning date for use of EMS and/or RF, and the type of electronic tracking and monitoring system used.
2. The date of any modification to the use of EMS and/or RF, and the nature of the change.

D. Placement of EMS Information on Iowa Corrections Offender Network (ICON)

Electronic monitoring information shall be entered into ICON as follows:

1. A "Specialty" shall be added to ICON, off the Supervision Status record. When the electronic monitoring device is removed from the client, an appropriate Reason for Change shall be entered on the Specialty record.
2. If a client moves from one type of electronic monitoring system to another on the EMS continuum, the "Specialty" shall be closed and a new "Specialty" added to reflect that movement.