

PREA Facility Audit Report: Final

Name of Facility: Iowa Medical and Classification Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/28/2023

Date Final Report Submitted: 10/03/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 10/03/ 2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	06/14/2023
End Date of On-Site Audit:	06/16/2023

FACILITY INFORMATION	
Facility name:	Iowa Medical and Classification Center
Facility physical address:	2700 Coral Ridge Avenue, Coralville, Iowa - 52241
Facility mailing address:	2700 Coral Ridge Ae, Coralville, Iowa - 52241

Primary Contact	
Name:	steve.koffron
Email Address:	steve.koffron@iowa.gov
Telephone Number:	3196264308

Warden/Jail Administrator/Sheriff/Director	
Name:	Mike Heinrich
Email Address:	mike.heinrich@iowa.gov
Telephone Number:	319-626-4201

Facility PREA Compliance Manager	
Name:	Steve Koffron
Email Address:	steve.koffron@iowa.gov
Telephone Number:	O: 3195586733319-626-43

Facility Health Service Administrator On-site	
Name:	Linda Bellinghausen
Email Address:	linda.bellinghausen@iowa.gov
Telephone Number:	319-626-2391 ext 710

Facility Characteristics	
Designed facility capacity:	718
Current population of facility:	848
Average daily population for the past 12 months:	775
Has the facility been over capacity at any point in the past 12 months?	Yes

Which population(s) does the facility hold?	Both females and males
Age range of population:	18-80
Facility security levels/inmate custody levels:	All custody levels (including Maximum)
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	478
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	24
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Ariana Denhartog	Email Address:	ariana.denhartog@iowa.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0	
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Number of standards met:

45	
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Number of standards not met:

0	
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-14
2. End date of the onsite portion of the audit:	2023-06-16

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	718
15. Average daily population for the past 12 months:	775
16. Number of inmate/resident/detainee housing units:	23
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	897
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	6
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	16
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	14
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	8

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>11</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>10</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>22</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>478</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	24
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	17
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample of inmates were selected for interview. 30 total inmates were interviewed including; one from A; one from B; one from C; two from D; one from E, one from F; one from H; one from M; one from N; one from O; one from P; two from Q; one from R; two from S; one from T; one from V; one from LUN; one from MHP; one from South; three from West; two from STA and one from the Infirmary.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>27 of the inmates interviewed were male, one was female and two were transgender female. Three were black, eighteen were white, five were Hispanic and four were another race/ethnicity. Three of the inmates interviewed were under eighteen; eight were eighteen to 25; eleven were 26-35; three were 36-45; two were 46-55 and three were over 56 years of age. Seventeen of the inmates have been at the facility for less than a year; four have been at the facility from one to four years; five have been at the facility for six to ten years; two have been at the facility from eleven to fifteen years and two have been at the facility longer than sixteen years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>3</p>
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed a physically disabled inmate and asked the additional questions but counted the interview under the random category.</p>

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing documentation for high risk inmates and those who reported sexual abuse.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor interviewed a second LGB inmate and a second LEP inmate and asked the supplemental questions, however the interviews were counted under the random interview section.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

13

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

Race, Gender and Ethnicity.

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

The facility has three shifts, five staff were interviewed from the 6am-2pm shift, five were interviewed from the 2pm-10pm shift and three were interviewed from the 10pm-6am shift. With regard to the demographics of the random staff interviewed; nine were male and four were female. Seven of the staff interviewed were white, two were black and four were Hispanic. The rank of the staff interviewed varied and consisted of nine Correctional Officers, two Sergeants and two Captains.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	27
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

The on-site portion of the audit was conducted on June 14-16, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on June 14, 2023. The tour included all areas associated with IMCC to include; the housing units, laundry, intake, warehouse, visitation, religious services, education, maintenance, food service, health services, recreation, administration and front entrance. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing areas and other factors as indicated in the appropriate standard findings.

The auditor observed a plethora of PREA information posted around the facility in each housing unit. Housing units had oversized PREA Posters that expressed zero tolerance and reporting information. These PREA Posters were observed in English and Spanish. Each housing unit also had a bulletin board of PREA specific information. The bulletin boards had the Staying Safe Poster, the Zero Tolerance Poster, the Ombudsman Poster, the Staying Safe A Guide for Incarcerated Individual Conduct and postings of opposite gender announcements/staff. The bulletin boards had information in both English and Spanish and most postings were on letter size paper with adequate size font. Most of the bulletins were at eye level, however a few were at a raised height and the auditor had a difficult time reading the information. Informal conversation with inmates indicated that the posted PREA information has been up for quite a while.

During the tour the auditor observed the PREA information in visitation and the front entrance. The areas included numerous PREA postings in English and Spanish, including the

PREA Third Party Poster. The PREA Third Party Poster was on letter size paper in English and Spanish and included the telephone number to the Warden and the agency website information.

During the tour the auditor confirmed that the facility follows the staffing plan. There appeared to be adequate staff for the inmate population. The auditor observed numerous staff completing rounds in the housing units and common areas. The auditor observed that once staff were inside the housing unit there was adequate lines of sight. The auditor did not observe any overcrowding. The auditor did not observed any blind spots. The auditor did observe a mirror in food service that needed reposition to cover a blind spot. The facility provided a photo confirming that the mirror was reposition during the interim report period. The auditor observed that the facility did have video monitoring in housing units and in work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Shift Supervisors, Administrative level staff, Housing Unit P and Q Control staff, Master Control staff and Powerhouse staff are able to view/monitor video monitoring technology.

During the tour the auditor observed that the facility provided privacy through doors with security windows, metal doors, shower curtains, raised half walls and enclosed public style restrooms. A review of video monitoring technology found cross gender viewing issues in eight suicide observation cells and one cell in the Youthful Inmate housing unit. Toilets were visible in each of the cells. Observation of the strip search areas confirmed that privacy was provided via various types of doors. During the tour the auditor observed the cross gender light and buzzer mechanism. Staff would flip a switch, which would make a buzzer like sound and a bright green light would come on. The light would remain on

while the auditor was in the housing unit and be shut off upon departure. The auditor observed this mechanism utilized in 90% of the housing units. Informal conversation with inmates and staff confirmed that the inmates have privacy when showering, using the restroom and changing their clothes. Additionally, both staff and inmates indicated the buzzer/light mechanisms is utilized for the opposite gender announcement.

Medical and mental health records are electronic in the ICON system. Medical and mental health records are only accessible to health care staff. The records staff confirmed that security staff do not have access to medical records. The auditor confirmed that security staff were not able to view medical and mental health records in ICON. Risk screening information is completed on paper and via the ICON system. Paper records are maintained in the inmate file. Files are maintained in the records room, which is staffed during business hours and is locked after hours. Records are only reviewed by those with a need to know. During the tour the auditor had a Correctional Officer attempt to access the risk screening information in ICON. The Correctional Officer was provided assistance in navigating to the risk screening section in ICON, and did not have access to the risk screening information. Investigations are maintained in an electronic database. The database is only accessible to IGO staff and the facility investigators.

During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the

security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and initial the regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to the Ombudsman's Office is treated like legal mail. The mailroom staff advised they had never seen mail to the rape crisis center, but they would treat it like legal mail. During the tour the auditor observed that mailboxes were in each housing unit for correspondence to be placed.

The auditor observed the intake process through a demonstration by staff. All incarcerated individuals are provided the Staying Safe A Guide for Incarcerated Individual Conduct, which includes information on PREA. A review of the Staying Safe A Guide for Incarcerated Individual Conduct confirms that it included information on the zero tolerance policy, ways to keep safe, definitions, rights under PREA, actions to take after an incident of sexual abuse, reporting mechanisms, possible outcomes of an investigation and recovering from sexual assault. The document is available in English and Spanish.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed one-on-one in the holding cell by the booking staff. The auditor confirmed that the holding cell area was separate from areas that other inmates and staff may be and provided adequate privacy. Staff complete a paper form where they ask about number of incarcerations, prior sexual offenses, gang affiliation, perception of safety/vulnerability, gender identity, sexual

preference and prior sexual victimization. The form is then placed in a basket (face down) for the Psychologist to pick up (done daily) and determine if a follow-up is needed. This form is then used by counselors to complete the 72 hour Sexual Violence Propensity screening in ICON. The counselor utilizes that information as well as information from a file review to complete the initial risk screening. The intake staff stated if the inmate is LEP they use the language line service through a cordless phone and if the inmate is disabled they would contact medical/mental health for assistance.

The auditor tested the internal reporting mechanisms during the tour. The auditor had an inmate assist with submitting a kiosk message to the PREA inbox on June 14, 2023. At the issuance of the interim report the auditor had not received confirmation the kiosk message was received.

Incarcerated individuals are able to contact the external reporting entity via phone or written correspondence. In order for the individual to call the Ombudsman's Office, the phone number has to be added to the individual's call list. The PC advised that the Ombudsman's Officer requested that individuals be charged for calls to reduce the amount of frivolous calls they were receiving. On May 10, 2023 the auditor called the Ombudsman's Office via personal cell phone. A receptionist took the auditors information and advised she would open a case and have someone return the call. On May 12, 2023 the auditor received a call from the Ombudsman's Office advising that they accept reports of sexual abuse and sexual harassment from incarcerated individuals. The staff advised that once the information is received they get in touch with or forward a message to the Deputy Secretary. The Ombudsman's Office staff confirmed that incarcerated individuals are able to remain anonymous upon request and they can also send a letter to the office

where they can remove the individual's contact information. The auditor further tested the written method of contacting the Ombudsman's Office. The auditor sent a letter from another IDOC facility on June 14, 2023. The auditor received confirmation via email on June 21, 2023 from a staff member at the Ombudsman's Office confirming that the letter was received.

During the tour the auditor asked a staff member to illustrate how they would document a verbal report of sexual abuse or sexual harassment. The staff advised that they would document it on the unit log and would put information in a generic note. The staff stated they would document that the inmate was reporting sexual assault. The staff further stated they would document the information in an offender report.

On May 10, 2023 the auditor sent an email to the PREA email address (found on the agency website) to test the functionality of the third party reporting mechanism. The auditor received a response on May 10, 2023 from the PC confirming the email was received and that if a report of sexual abuse or sexual harassment was sent it would be forwarded to the IGO to initiate an investigation.

The facility provides access to victim advocates through the Rape Victim Advocacy Program (RVAP). The auditor had an inmate assist with contacting RVAP from the inmate phone system. The inmate was advised that the call cost money and required RVAP to accept the call. The call went through but RVAP staff declined the call.

The auditor was provided a demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed during orientation in the housing unit. Inmates are provided the Staying Safe A Guide For Incarcerated Individual Conduct and watch the orientation video. The orientation

video includes the PREA What You Need to Know video. The video was played in English on two 32 inch televisions. The audio was observed to be difficult to hear as it was turned up loud and there was a great deal of background noise from staff and other inmates. Staff advised they did not believe the video was available in Spanish and they would utilize staff translators to assist with other languages. The staff indicated they ask the inmates if they have any questions after the video and they have them sign an acknowledgment form.

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

Documentation Sampling

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

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

Yes

No

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

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

Personnel and Training Files. The facility has 478 staff assigned. The auditor reviewed a random sample of 41 staff personnel and/or training records that included five staff hired within the previous twelve months, three staff promoted within the previous twelve months and three staff that were hired over five years ago. Additionally, personnel and/or training files for six contractors, four volunteers and nine medical and mental health care staff were reviewed.

Inmate Files. A total of 66 inmate files were reviewed. 50 were of inmates that arrived in the previous twelve months, six were of disabled inmates, four were of LEP inmates, three were of transgender inmates and 22 were of those who reported prior victimization or were identified with prior sexual abusiveness.

Medical and Mental Health Records. The auditor reviewed all available medical and mental health records related to a sample of eleven sexual abuse and sexual harassment investigations. Additionally, the auditor reviewed documentation for 22 inmates who disclosed prior sexual victimization or were identified with prior sexual abusiveness during the risk screening.

Grievances. The agency does not utilize the grievances process for sexual abuse and sexual harassment allegation. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance.

However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. The auditor reviewed the grievance log and selected a sample of eleven grievances to confirm there were zero sexual abuse or sexual harassment allegations reported via the grievance process.

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

Incident Reports. The facility does not complete incident reports. Information is documented via email. The supervisor completes an incident report in the investigative database related to the information. The auditor reviewed the investigative log and reports associated with the eleven sexual abuse and sexual harassment investigations sampled.

Investigation Files. During the previous twelve months there were 20 sexual abuse and sexual harassment allegations reported. All 20 had an administrative investigation initiated and eighteen were closed during the on-site portion of the audit. The auditor reviewed eleven sexual abuse and sexual harassment investigations.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	6	0	6	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	7	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	12	0	12	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	13	0	13	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	6	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	6	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	3	4	3
Staff-on-inmate sexual harassment	0	0	1	0
Total	2	3	5	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>8</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

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

Individual Sexual Violence or Retaliation

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

Interviews:

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

Findings (By Provision):

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

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

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

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

115.11 (c): The PAQ did not indicate the position of the PCM at the facility. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's table of organizational confirms that the PCM is the Administrative Correctional Supervisor who reports to the Warden. PREA-01 (page 5) and PREA-04 (page 6) state each IDOC institution shall designate a PREA Compliance Manager/PREA Coordinator with sufficient time and authority to coordinate the institutions efforts to comply with the PREA standards. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's efforts to comply with PREA. He stated that his role in ensuring compliance includes tracking monitoring for retaliation, making sure investigations are completed, making sure sexual abuse incident reviews are completed, touring the facility to check for any cross gender viewing issues, checking lighting and blind spots and making sure training is completed. The PCM stated if he identifies an issue complying with a PREA standard he alleviates the problem. He stated he would implement the corrective action and provide training to appropriate staff.

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

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. AD-GA-13 – Administration & Management
3. IS-CL-09 – Interstate Corrections Compact Transfer for Prison
4. Judicial District Contracts
5. Interstate Compact Agreements

Interviews:

1. Interview with the Agency’s Contract Administrator

Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed a contracts for the confinement of inmates since the last PREA audit and that the contracts require contractors to adopt and comply with PREA standards. The PAQ stated that there have been zero contracts entered into or renewed since the last PREA audit. Further communication indicated that the agency contracts with the Judicial Districts for community confinement and that all contracts require the contractor to adopt and comply with PREA standards. It should be noted that as of July 1, 2023 the Judicial Districts now fall under the IDOC. AD-GA-13 (page 3) and IS-CL-09 (page 9) state that when IDOC contracts for the confinement of IDOC offenders with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity’s obligation to adopt and comply with PREA standards. Policies further state that any new contract or contract renewal shall provide for IDOC contract monitoring to ensure the entity is complying with the PREA standards. A review of the Judicial District contracts confirm that they include a paragraph that requires the adopting and compliance with the Prison Rape Elimination Act Community Confinement Standards and that the contractor will provide a copy of the interim and final report from PREA audits. In addition to the Judicial Districts, the agency contracts with other states for confinement through interstate compact. The agency created an addendum for the state contracts that requires the state to adopt and comply with national standards to prevent, detect and respond to prison rape under PREA and to permit IDOC to monitor to ensure compliance with the PREA Standards.

115.12 (b): The PAQ indicated that the contracts do not require the agency to monitor the contractor’s compliance with PREA standards. AD-GA-13 (page 3) and IS-CL-09

(page 9) state that when IDOC contracts for the confinement of IDOC offenders with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with PREA standards. Policies further state that any new contract or contract renewal shall provide for IDOC contract monitoring to ensure the entity is complying with the PREA standards. A review of the Judicial District contracts confirm that they include a paragraph that requires the adopting and compliance with the Prison Rape Elimination Act Community Confinement Standards and that the contractor will provide a copy of the interim and final report from PREA audits. In addition to the Judicial Districts, the agency contracts with other states for confinement through interstate compact. The agency created an addendum for the state contracts that requires the state to adopt and comply with national standards to prevent, detect and respond to prison rape under PREA and to permit IDOC to monitor to ensure compliance with the PREA Standards. The interview with the Agency Contract Administrator indicated that the agency has language within their contracts that require other agencies/states to adopt and comply with the PREA standards. The Agency Contract Administrator advised that they have been updating contract language over the previous few years. She indicated they have 33 contractors for interstate compact but most of these contracts are from 1980. She did state they have one new agreement that was entered into in the last year. The Agency Contract Administrator stated that they do not monitor contracts or ask for any information from the other states related to PREA compliance/audits. During the interim report period the Agency Contract Administrator established a procedure for monitoring interstate compact agreements. She provided a document that outlined all the state contracts and email responses from each state confirming their compliance with PREA. She also indicated that they will check the PREA Resource Center website to monitor state compliance as well. The Agency Contract Administrator confirmed this would be the annual process moving forward.

Based on the review of the PAQ, AD-GA-13, IS-CL-09, documentation received during the interim report and information from the interview with the Agency Contract Administrator, this standard appears to have been corrected and compliant.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AD-PR-03 - Review of Staff Requirements

3. IO-SC-01 - Management of the Security Program
4. PREA Staffing Plan
5. PREA Staffing Plan Review
6. Daily Staffing Rosters
7. Documentation of Unannounced Rounds

Documents Received During the Interim Report Period:

1. Photos of Mirror Reposition

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. AD-PR-03, page 3 states IDOC shall ensure that each facility it operates develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect incarcerated individuals against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted detention and correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any

finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the incarcerated individual population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the staffing plan is predicated on 843 inmates. A review of the staffing plan indicates that it includes the facility staffing by unit/area as it relates to physical plant, inmate population, programs, education and other movement, video monitoring by area/unit and privacy considerations. The facility employs 478 staff. Security staff mainly make up three shifts; 6am-2pm, 2pm-10pm and 10pm-6am. A review of approved positions indicated that Correctional Officers are assigned to housing units as well as control, perimeter, circulation and watch. During the tour the auditor confirmed that the facility follows the staffing plan. There appeared to be adequate staff for the inmate population. The auditor observed numerous staff completing rounds in the housing units and common areas. The auditor observed that once staff were inside the housing unit there was adequate lines of sight. The auditor did not observe any overcrowding. The auditor did not observe any blind spots. The auditor did observe a mirror in food service that needed reposition to cover a blind spot. The facility provided a photo confirming that the mirror was repositioned during the interim report period. The auditor observed that the facility did have video monitoring in housing units and in work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Shift Supervisors, Administrative level staff, Housing Unit P and Q Control staff, Master Control staff and Powerhouse staff are able to view/monitor video monitoring technology. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse. He stated the most recent staffing plan was created in 2016 and there has been constant analysis of the plan. He stated the facility balances out the shifts to make sure everything is covered and they always balance based on needs. The Warden confirmed video monitoring technology is part of the staffing plan and that the staffing plan is documented. The interview indicated that the elements under this provision are considered in the development and review of the staffing plan. He stated the facility has areas that are able to view video monitoring of the facility and those areas are staffed 24 hour a day seven days a week. In areas that there isn't much activity, such as after 6pm in segregated housing, the staffing is decreased. He stated there are more staff in areas with traffic and movement as well as more staff on shifts with more traffic and movement. The Warden stated resources are shifted daily based on needs of that day. Weekends typically are staffed less as programs do not occur. The Warden stated that members of the executive level team are tasked with monitoring the staffing plan to ensure compliance. He indicated these staff review the areas and rosters to make sure the staffing plan is followed. The PCM confirmed that all required components under this provision are part of the development and review of the staffing plan. He stated day shift has a bulk of staff because of movement, programming and recreation. He stated they try to utilize cameras to supplement or replace staff. The PCM indicated custody level is factored into staffing as well as if activities have to occur inside or outside the housing units. Safety and security are what governs how units are staffed. He stated all shifts have

supervisor, typically at least two.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common reasons for deviations include: sick leave, family medical leave act, military leave, vacation, administrative leave and hospital trips. AD-PR-03, page 4 states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. These documented deviations and justifications shall be sent to the Deputy Director of Institution Operations for review. The interview with the Warden indicated that any deviations from the staffing plan would be documented. He stated that the facility does not deviate through as they cannot leave posts vacant. He stated they fill the posts through overtime. A review shift rosters indicated that the facility has a staffing plan that requires for posts to be filled daily and cannot be deviated. There are also posts that can be pulled. The form has a section to document leave, training and other absences.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/ agency resources to commit to the staffing plan to ensure compliance with the staffing plan. AD-PR-03, page 4 states that whenever necessary, but no less frequently than once each year, for each facility the IDOC operates, in consultation with the PREA Coordinator required by 115.15, the IDOC shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to paragraph (a) of this section; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on May 15, 2023. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan reviewed the facility population; availability of education and programming; access to medical and mental health care; physical facility characteristics; privacy consideration and the number of substantiated and unsubstantiated incidents of sexual abuse. While the staffing plan documented appropriate information, the staffing plan did not indicate who it was reviewed by, to include the PC. The PC confirmed that she is consulted regarding each facility's staffing plan. She stated she has only been consulted on one staffing plan review because she is new but she plans to be consulted annually.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ stated that the facility documents the unannounced rounds and that the unannounced rounds cover all shifts. The PAQ

further indicated that the facility prohibits staff from alerting other staff of the conduct of such rounds. IO-SC-01, page 2 states that the Shift Supervisor or designated alternate supervisor, shall tour every main living unit of the institution at least once each shift. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The policy further states that each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shift as well as day shifts. The facility provided documentation in the PAQ illustrating that unannounced rounds are conducted across all three shifts. The auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. The facility provided documentation, however it was inadequate to illustrate that unannounced rounds are conducted in all housing units across all shifts. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The staff stated they utilize PDAs and that when they scan the QR codes everything is documented electronically. Staff also stated they can have the officer log them in if they do not have a PDA. Both staff stated they try to deter staff from notifying one another of the rounds by changing up the routine and going different directions at different times. One supervisor stated she goes where she can based on the day.

Based on a review of the PAQ, AD-PR-03, IO-SC-01, the PREA Staffing Plan, PREA Staffing Plan Review, daily staffing rosters, documentation of unannounced rounds, documentation received during the interim report period, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action. While the staffing plan documented appropriate information, the staffing plan did not indicate who it was reviewed by, to include the PC. The auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. The facility provided documentation, however it was inadequate to illustrate that unannounced rounds are conducted in all housing units across all shifts.

Corrective Action

The facility will need to review the staffing plan with the PC and provide confirmation that this review was completed. Additionally, the facility will need to ensure this is occur annually and an assurance memo will need to be provided on this subject. The facility will also need to ensure that unannounced rounds are conducted by intermediate-level or higher-level staff in all housing units on each shift. The facility will need to provide documentation that these rounds are completed, either through

	<p>the documents originally requested or through six additional days selected by the auditor during the corrective action period.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Annual Staffing Plan Review With PREA Coordinator 2. Documentation of Unannounced Rounds <p>On August 29, 2023 the facility provided a revised 2022 annual staffing plan review that included the PREA Coordinator. Further an email was provided confirming the PC will be included on all future annual reviews.</p> <p>On August 29, 2023 the facility provided documentation of the unannounced rounds requested prior to the on-site portion of the audit. The auditor confirmed that intermediate or higher level staff made rounds in each housing unit across all shifts during each of the requested days or a day within the same week.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IS-CL-07 – Youthful Incarcerated Individuals

Interviews:

1. Interview with Youthful Inmates
2. Interview with Security Staff Who Supervise Youthful Inmates
3. Interview with the Education and Program Staff Who Work With Youthful Inmates

Site Review Observations:

1. Youthful Inmate Housing Unit

Findings (By Provision):

115.14 (a): The PAQ indicated that the facility prohibit placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. The PAQ stated that the facility has housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters and that youthful inmates are not placed in the same housing unit as adult. The PAQ stated that there have been two housing units where youthful inmates have been assigned over the previous twelve months. The PAQ stated there were two housing units where youthful inmates and adult inmates were housed together. IS-CL-07, page 3 states a youthful incarcerated individual shall not be placed in a housing unit in which the youthful incarcerated individual will have sight, sound or physical contact with any adult incarcerated individual through use of a shared dayroom or other common space, shower area, or sleeping quarters. A review of the population age report for February 2023 indicated there were eight youthful inmates housed at the facility. All eight were housed in the same housing unit per the PAQ supplemental documentation. During the tour the auditor observed that the facility had a separate housing unit specifically for youthful inmates. The housing unit provided sight, sound and physical separation from adult inmates. The interview with the staff member who supervises youthful inmates confirmed that the facility is able to maintain sight and sound separation between youthful and adult inmates. The staff indicated there has not been an instance in the previous twelve months where they have not been able to maintain sight and sound separation. The staff further confirmed that they have not had to utilize segregated housing in order to comply with this provision. Interviews with youthful inmates confirmed that they do not have contact with adult inmates in housing units. The youthful inmates stated the housing unit only has youthful inmates.

115.14 (b): The PAQ indicated that the facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas outside housing units. The PAQ further stated that the facility always provides staff supervision in areas outside housing units where youthful inmates have sight, sound or physical contact with adult inmates. During the tour the auditor observed that youthful inmates attend program, education and recreation outside of the housing units. The auditor observed that these activities are separate from adult inmates and youthful inmates and adult inmates only have contact when being escorted to these areas. Security staff were observed to be escorting youthful inmates to these areas and were observed to remain in these areas during the activities. Interviews with staff who supervise youthful inmates confirmed that in areas outside housing units, where youthful inmates may have sight, sound, or physical contact with adult inmates, the facility always provide direct staff supervision. He stated anytime the youthful inmates leave the unit he is with them and he stays with them, such as when they go to education. The interview with education and program staff who work with youthful inmates indicated in classrooms and programs the youthful inmates do not have contact with adults. The staff stated all classes for youthful inmates are separate from adults. The staff also confirmed youthful inmates are always directly supervised, even in separate classes. Interviews with youthful inmates confirmed that they do not have programs, education or recreation with adults. The youthful inmates stated they come in contact with adults when going to these activities sometimes, but that a security staff member is always with them.

115.14 (c): The PAQ indicated that the facility documents the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. The PAQ further stated in the previous twelve months there have been zero youthful inmates placed in isolation in order to comply with this provision. Interviews with staff who supervise youthful inmates indicates this provision is not applicable as they do not house youthful inmates in isolation in order to comply with this provision. The interview with the education and program staff who work with youthful inmates confirmed that the requirements under this standard have not interfered with youthful inmates access to regularly scheduled programs. Interviews with youthful inmates confirmed none have ever been placed in segregated housing to maintain sight, sound and physical separation from adult inmates. All youthful inmates advised they are in a housing unit with youthful inmates only.

Based on a review of the PAQ, IS-CL-07 - Youthful Incarcerated Individuals, Interview with Youthful Inmates, Security Staff who Supervise Youthful Inmates, Education and Program Staff who Work with Youthful Inmates and observations made during the tour, this standard appears to be compliant.

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IO-SC-18 - Searches 3. IO-SC-17 - Cross Gender Supervision 4. Search Logs for Transgender Inmates 5. PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches 6. Contraband and Searches Training Curriculum 7. Staff Training Records <p>Documents Received During the Interim Report</p> <ol style="list-style-type: none"> 1. Photos of Youthful Inmate Housing Unit Cell <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with Transgender Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy Barriers 2. Observation of Cross Gender Announcement <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility does not conduct cross-gender strip or</p>

cross-gender visual body cavity searches of inmates. The PAQ stated there were zero searches of this kind were conducted at the facility over the past twelve months. IO-SC-18, page 5 states unclothed searches shall be conducted by staff of the same gender as the incarcerated individual being searched or gender identified per HSP-704 unless search procedures are otherwise outlined in the treatment plan. Staff of the opposite sex may perform an unclothed body search and visual body search, in exigent circumstances. Page 8 further states that manual or instrument inspection of an incarcerated individual's body cavities shall be done by a medical practitioner. A review of the Contraband and Searches Training Curriculum confirmed that it states strip searches are always performed by a staff member of the same sex as the individual being searched. The only exception to this would be in an extreme emergency. It further states that unclothed or "strip" searches shall be conducted by staff of the same gender or gender as identified per HSP-704. Both of the transgender inmates advised that they had been searched by male staff. A review of documentation indicated the facility did not have one inmate identified as transgender. The second inmate was strip searched by female staff.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ stated there were zero pat-down searches of female inmates that were conducted by male staff. IO-SC-18, page 5 states that pat searches of female incarcerated individuals as well as those patients identified as female per HSP-704 may be conducted only by female employees unless otherwise identified in the treatment plan or there is substantial reason for an immediate search and no qualified female employee is available. The Contraband and Searches Training Curriculum indicates that pat searches of female individuals or those identified as female per HSP-704 shall be conducted only by female employees unless there is a substantial reason for an immediate search and no qualified female employee is available. It further states that cross-gender pat searches of female individuals or those identified as female per HSP-704 must be documented in accordance with specific institutional procedures. Interviews with thirteen staff indicated female and transgender female inmates are not prohibited from programs and out-of-cell activities in order to comply with this provision. Interviews with one female inmate and two transgender female inmates indicated that none were prohibited from programming or other out-of-cell opportunities in order to comply with this provision. Both of the transgender inmates advised that they had been searched by male staff. A review of documentation indicated the facility did not have one inmate identified as transgender. The second inmate was strip searched by female staff, but was pat searched by male staff.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female inmates be documented. The PAQ further

indicated that the facility does not house female. IO-SC-18, page 6 states that unclothed body cavity searches shall be documented with the reason for the opposite sex search by memorandum and forwarded to the Warden through the Associate Warden of Security. Page 9 states that body cavity searches shall be fully documented with a copy of the authorization from the Warden kept in the incarcerated individual's file. Page 2 further states that all emergent cross gender pat searches of female incarcerated individuals shall be documented by memo to the Associate Warden of Security and the Warden or otherwise documented in accordance with a specific institutional procedures. Both of the transgender inmates advised that they had been searched by male staff. A review of documentation indicated the facility did not have one inmate identified as transgender. The second inmate was strip searched by female staff, but was pat searched by male staff. All search types were documented in the electronic system.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ stated that the facility rings a bell when the supervision on the pod changes from male to female. IO-SC-17, page 2 indicates that staff shall exercise discretion when incarcerated individuals are using the toilet facilities. The facility shall implement procedures that enable incarcerated individuals to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Page 3 states that incarcerated individuals shall be made aware of the fact that staff of the opposite gender will be present on the housing unit. Each housing unit shall be required to prominently post notices of this fact in multiple locations throughout the housing unit including the bulletin boards. The notice shall also inform incarcerated individuals of the use of a distinct buzzer, bell or other noisemaking device that indicates a person of the opposite gender is newly entering the living unit. Policy further states that all persons of the opposite gender entering a housing unit between 6:00am and 10:00pm shall press a distinct buzzer, bell or other noisemaking device that indicates the person is newly entering the unit. During the tour the auditor observed that the facility provided privacy through doors with security windows, metal doors, shower curtains, raised half walls and enclosed public style restrooms. A review of video monitoring technology found cross gender viewing issues in eight suicide observation cells and one cell in the Youthful Inmate housing unit. Toilets were visible in each of the cells. Observation of the strip search areas confirmed that privacy was provided via various types of doors. During the tour the auditor observed the cross gender light and buzzer mechanism. Staff would flip a switch, which would make a buzzer like sound and a bright green light would come on. The light would remain on while the auditor was in the housing unit and be shut off upon departure. The auditor observed this

mechanism utilized in 90% of the housing units. Informal conversation with inmates and staff confirmed that the inmates have privacy when showering, using the restroom and changing their clothes. Additionally, both staff and inmates indicated the buzzer/light mechanisms is utilized for the opposite gender announcement. All thirteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes. 28 of the 30 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender. 24 of the 30 inmates stated that staff of the opposite gender announce prior to entering housing units via the light and doorbell mechanism. Additionally, twelve of the thirteen staff stated that opposite gender staff announce their presence when entering an inmate housing unit via the door bell and light. During the interim report period the facility provided photos of the segregation cell in the Youthful Inmate housing unit. A black box was placed over the toilet area to prevent cross gender viewing.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and zero searches of this nature occurred in the past twelve months. IO-SC-17, page 2 states that institutional security staff shall not search or physically examine a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. If the incarcerated individual's genital status is unknown, it may be determined during conversation, or if necessary, by learning the information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with thirteen random staff indicated eight were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with transgender inmates confirmed that neither had been searched for the sole purpose of determining their genital status.

115.15 (f): The 2023 PREA Training includes a section on cross gender and transgender searches. Staff watch the PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches. Additionally, a review of Contraband and Searches Training curriculum confirmed that it provides information on how to conduct pat searches and strip searches. The training outlines the process for males inmates versus female inmates. The training also covers cross gender searches and searches of transgender inmates. In addition, the training provides key information related to gender identity and gender terms. The PAQ indicated 100% of staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Interviews with random staff indicated that all thirteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. A review of fifteen security staff training records confirmed that all fifteen had received training on cross gender searches and

searches of transgender inmates.

PAQ, IO-SC-17, IO-SC-18, PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches, the Contraband and Searches Training Curriculum, staff training records, observations made during the tour and information from interviews with random staff, random inmates and transgender inmates indicates this standard appears to require corrective action. Both of the transgender inmates interviewed advised that they had been searched by male staff. A review of documentation indicated the facility did not have one inmate identified as transgender. The second inmate was strip searched by female staff, but was pat searched by male staff. A review of video monitoring technology found cross gender viewing issues in eight suicide observation cells. Toilets were visible in each of the cells.

Corrective Action

The facility will need to ensure that transgender and intersex inmates are searched based on one of the methods outlined by the PREA Resource Center and as outlined by policy. Staff should be trained on the process and a copy of the training will need to be provided to the auditor. A list of transgender inmates as well as search records (pat and strip search) will need to be provided to the auditor to confirm searches are being conducted appropriately. The facility will need to make modifications to the suicide observation cells and provide confirmation of the modifications.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Training Email on Transgender and Intersex Inmate Searches
2. List of Current Transgender Inmates and Search Preferences
3. Documentation of Searches of Transgender Inmates
4. Photos of Modification to Video Monitoring Technology

	<p>On September 19, 2023 the facility provided training emails that were sent to staff related to transgender and intersex inmate searches. The training email advised that transgender inmates have a mental health care plan which includes the inmates preference for searches. The email advises that any female staff willing to assist with these searches should reach out to the PCM. A second email was sent out to staff that served as a reminder that there is a list of transgender inmates at the facility who have requested their searches to be completed by female staff and that the Shift Supervisors have a list of staff that have volunteered for the function.</p> <p>On September 19, 2023 the facility provided a list of current transgender inmates and their associated search preferences/accommodations. The facility then provided documentation confirming that pat searches and strip searches for these inmates were completed by female staff.</p> <p>On August 29, 2023 the facility provided photos of the suicide observation cell video monitoring technology that confirmed modifications were made to mask the toilet area in the cells.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IS-RO-02 - Incarcerated Individual Intake and Orientation 3. PREA-01 - Incarcerated Individual PREA Information (Spanish) 4. CTS Language Link Information 5. Life Interpretation Inc. Contract 6. Blessed Hands Interpreting Services Contract 7. Deaf Services Unlimited Contract

8. Interpreters Unlimited Contract
9. Corporate Translation Services Inc. Contract
10. Flix Translation Group LLC Contract
11. Staying Safe A Guide for Incarcerated Individual Conduct
12. Staying Safe Poster
13. Zero Tolerance Poster
14. Sexual Assault Poster
15. Ombudsman's Office Poster

Documents Received During the Interim Report Period:

1. Zero Tolerance Poster
2. Updated Staying Safe A Guide for Incarcerated Individual Conduct

Interviews:

1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IS-RO-02, page 6 states IDOC shall take appropriate steps to ensure that incarcerated individuals with disabilities (including, for example, incarcerated individuals who are deaf or hard of hearing, those who are blind or have low vision, or

those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of IDOC's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Policy further states that such steps shall include, when necessary to ensure effective communication with incarcerated individuals who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using necessary specialized vocabulary. In addition, IDOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with incarcerated individuals with disabilities, including incarcerated individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A review of the Staying Safe Poster and the Staying Safe A Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. The facility has contracts with numerous services to provide accommodations, interpretation and translation. These include: CTS Language Link Information, Life Interpretation Inc Contract, Blessed Hands Interpreting Services Contract, Deaf Services Unlimited Contract, Interpreters Unlimited Contract, Corporate Translation Services Inc. Contract, Flix Translation Group LLC Contract. Part of the translation service includes video translation with American Sign Language. The auditor confirmed through a review of documentation that this service is available for use when needed. The interview with the Agency Head confirmed that the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She stated they the IDOC provides incarcerated individuals with education in accessible formats. She indicated they have policies and procedures in English and Spanish and that they have a translation service available for use when necessary. Interviews with three disabled inmates and two LEP inmates indicated that four were provided information in a format that they could understand. During the tour the auditor observed a plethora of PREA information posted around the facility in each housing unit. Housing units had oversize PREA Posters that expressed zero tolerance and reporting information. These PREA Posters were observed in English and Spanish. Each housing unit also had a bulletin board of PREA specific information. The bulletin boards had the RVAP Handout, Staying Safe Poster, the Zero Tolerance Poster, the Ombudsman Poster, the Staying Safe A Guide for Incarcerated Individual Conduct and postings of opposite gender announcements/staff. The bulletin boards had information in both English and Spanish and most postings were on letter size paper with adequate size font. Most of the bulletins were at eye level, however a few were at a raised height and the auditor had a difficult time reading the information. Informal conversation with inmates indicated that the posted PREA information has been up for quite a while. During the interim report period the facility updated posted PREA information to ensure accuracy, consistency and readability. The Zero Tolerance Poster and Staying Safe A Guide for Incarcerated Individual Conduct were updated with accurate information. Additionally, the facility relocated PREA posted information in housing units where information was not at adequate height. The facility provided a document indicating which locations had posted information moved.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IS-RO-02, page 6 states the IDOC shall take reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual assault, sexual abuse, and sexual harassment to incarcerated individuals who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. A review of the Staying Safe Poster and the Staying Safe A Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. The facility has a contracts with numerous services to provide accommodations, interpretation and translation. These include: CTS Language Link Information, Life Interpretation Inc Contract, Blessed Hands Interpreting Services Contract, Deaf Services Unlimited Contract, Interpreters Unlimited Contract, Corporate Translation Services Inc. Contract, Flix Translation Group LLC Contract. Translation services provide the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The auditor utilized Language Link for two LEP inmate interviews. The auditor called the provided number, entered the pin and access code and selected Spanish and Vietnamese translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for. Interviews with three disabled inmates and two LEP inmates indicated that four were provided information in a format that they could understand. During the tour the auditor observed a plethora of PREA information posted around the facility in each housing unit. Housing units had oversize PREA Posters that expressed zero tolerance and reporting information. These PREA Posters were observed in English and Spanish. Each housing unit also had a bulletin board of PREA specific information. The bulletin boards had the RVAP Handout, Staying Safe Poster, the Zero Tolerance Poster, the Ombudsman Poster, the Staying Safe A Guide for Incarcerated Individual Conduct and postings of opposite gender announcements/ staff. The bulletin boards had information in both English and Spanish and most postings were on letter size paper with adequate size font. Most of the bulletins were at eye level, however a few were at a raised height and the auditor had a difficult time reading the information. Informal conversation with inmates indicated that the posted PREA information has been up for quite a while. During the interim report period the facility updated posted PREA information to ensure accuracy, consistency and readability. The Zero Tolerance Poster and Staying Safe A Guide for Incarcerated Individual Conduct were updated with accurate information. Additionally, the facility relocated PREA posted information in housing units where information was not at adequate height. The facility provided a document indicating which locations had posted information moved.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters,

inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. It indicated that the agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers or other types of inmate assistants. The PAQ further stated that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. IS-RO-02, page 7 states that IDOC shall not rely on incarcerated individuals interpreters, incarcerated individual readers, or other types of incarcerated individuals assistants except in limited circumstances where an extended delay in obtaining an effective interpret could compromise the incarcerated individual's safety, the performance of first-response duties or the investigation of the incarcerated individual's allegations. Interviews with thirteen random staff indicated five were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations. Interviews with three disabled inmates and two LEP inmates indicated that four were provided information in a format that they could understand. None of the five indicated another inmate was utilized to translate, interpret or assist them.

Based on a review of the PAQ, IS-RO-02, PREA-01 (Spanish), CTS Language Link, Staying Safe A Guide for Offender Conduct (Spanish), the Language Link information, the PREA Brochure, the Staying Safe Guide, documents received during the interim report period, observations made during the tour as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard appears to require corrective action. While the facility updated posted information and indicated they relocated documents, the facility did not provide photos confirming the updated information was posted at adequate level and in English and Spanish. Interviews with thirteen random staff indicated five were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations.

Corrective Action

The facility will need to provide photos of the updated PREA postings to confirm relocation and accessibility for LEP and disabled inmates. Additionally, the facility will need to train staff on the prohibition under provision (c). A copy of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Photos of Posted PREA Information 2. Staff Training Records <p>On August 3, 2023 the facility provided photos of the updated posted PREA information in large font in both English and Spanish. The photos confirmed that the posted information was at adequate height for disabled inmates to view the information.</p> <p>On September 19, 2023 the facility provided documentation confirming that staff were trained on the prohibition of utilizing inmate interpreters, readers and assistants.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Chapter 28E, Code of Iowa (2017) 3. AD-PR-05 – Employee Selection 4. AD-PR-07 – Background Checks for Applicants and Current Employees 5. AD-GA-13 – Agreements and Contracts 6. Attachment F-1

7. Personnel Files of Staff
8. Contractor Background Files

Documents Received During the Interim Report Period:

1. Updated Attachment F-1 For New Hires

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. AD-PR-05, page 3 states that the institution shall not hire or promote anyone who may have contact with incarcerated individuals, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. AD-GA-13, pages 3-4 state that the IDOC shall enlist the services of any contractor who may have contact with offenders, who has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. A review of AD-PR-07, Attachment F-1 indicated that staff complete an application and the application has the following questions: have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or

coercion, or if the victim did not consent or was unable to consent or refuse?; have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution?; and "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". A review of personnel files for five staff hired in the previous twelve months confirmed that all five had a criminal background records check completed. All five also completed Attachment F-1, however it was the older version of the form and did not include all the required questions. Additionally, three contractors hired in the previous twelve months had a criminal background records check completed. During the interim report period the facility obtained the appropriate Attachment F-1 and implemented it in the hiring process. The facility provided documents for three newly hired staff (after the on-site portion of the audit). All three staff completed the updated Attachment F-1 and answered the questions under this standard prior to hire.

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

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. AD-PR-05, page 4 states before hiring new employees who may have contact with incarcerated individuals, the institution shall: perform a criminal background records check in accordance with AD-PR-07, and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. AD-PR-07, pages 3-5 state that candidates shall be advised that as a condition of employment IDOC background checks will be done, at minimum, on fingerprints, past employment and National Crime Information Center (NCIC) records. A review of the Final Applicant Pre-Hire Checklist indicates that it includes a section for the NCIC records check date, the previous institution employers reference check, any prior sexual harassment information and fingerprints. The previous institution employers reference check

includes two questions: whether the applicant was ever convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual violence, sexual harassment or sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent and if the applicant had any substantiated allegations or resigned during a pending investigation of an allegation of sexual violence or sexual harassment. The PAQ indicated 103 people were hired in the past twelve months that may have contact with inmates had a criminal background records check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. None of the five required prior institutional employers to be checked, however the auditor viewed the process at another IDOC audit where Human Resource staff complete a reference form on the prior institutional employer with the questions required under this standard. The interview with Human Resource staff confirmed the facility performs a criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated there have been seventeen contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. Further communication with the PCM indicated the numbers were inaccurate and that the facility has seventeen contracts with 24 contractors, all of which had a criminal background records check. AD-GA-13, page 4 states IDOC shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. A review of three contractor personnel files indicated that all three had a criminal background records check completed. The Human Resource staff confirmed that a criminal background records check is completed before enlisting the services of any contractor.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. AD-PR-07, page 4 states the institution shall either conduct criminal background records checks at least every five years of current employees who may have contact with incarcerated individuals or have in place a system for otherwise capturing such information for current employees. AD-GA-13, page 4 states that IDOC shall conduct criminal background records checks at least every five years of contractors who may have contact with offenders. A review of documentation for three staff hired more than five years ago indicated all three had at least two criminal background records

checks, however two of the three were completed well over the five years (one was completed six years after and one was completed seven years after). There were zero contractors employed over five years as the agency does not retain contractors. Contractors complete a job and then are removed from the contractor list. When they return for any new job they are required to go back through the hiring process again and have a criminal background records check completed prior to hire/entry. The interview with Human Resource staff indicated the facility's background investigation includes a check of NCIC, the abuser registry, visiting list, social medial and ICON. The staff stated they conduct criminal background record checks every five years and they do this by printing out a list of all staff during that five years and conducting a background. The staff stated they do not do this for contractors because once the contractor's job is complete they are removed from the active contractor list. If they are needed for another job they would go back through the initial process and have a criminal background records check completed prior to the new job.

115.17 (f): AD-PR-05, page 4 states that the institution shall ask all applicants and employees who may have contact with incarcerated individuals directly about previous misconduct described in paragraph (1) above about of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Policy further states that the institution shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of AD-PR-07, Attachment F-1 indicated that staff complete an application and the application has the following questions: have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution?; and "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". A review of personnel files for five staff who were hired in the previous twelve months and three staff who were promoted indicated that all eight had completed Attachment F-1, however it was an older form and did not have the required questions. Additionally, the form did not have a date and the auditor was unable to confirm when it was filled out. The Human Resource staff stated these questions are answered via a form that staff are required to fill out prior to hire and prior to promotion. The Human Resource staff confirmed that the agency imposes a continuing affirmative duty to disclose any previous misconduct. During the interim report period the facility provided documents for three newly hired staff (after the on-site portion of the audit). All three staff completed the updated Attachment F-1 and answered the questions under this provision prior to hire.

115.17 (g): The PAQ indicates that agency policy states that material omissions

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

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

Based on a review of the PAQ, Chapter 28E, AD-PR-05, AD-PR-11, AD-GA-13, Attachment F-1, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. A review of documentation for three staff hired more than five years ago indicated all three had at least two criminal background records checks, however two of the three were completed well over the five years (one was completed six years after and one was completed seven years after). A review of personnel files for five staff who were hired in the previous twelve months and three staff who were promoted indicated that all eight had completed Attachment F-1, however it was an older form and did not have the required questions. Additionally, the form did not have a date and the auditor was unable to confirm when it was filled out.

Corrective Action

The facility will need to evaluate their five year criminal background records check process and develop a method to ensure all staff receive the required five year criminal background records check. A process memo will need to be provided as well as training with appropriate staff on the process. The facility will need to ensure that all current staff have a five year criminal background records check. An assurance memo will need to be provided as well as documentation showing all criminal background records checks are current. Further, the facility will need to provide additional examples of new hires (to include date of hire) Attachment F-1 as well as staff promoted during the corrective action period Attachment F-1.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Process Memorandum Related to Five Year Criminal Background Record Checks 2. Confirmation of Current Five Year Criminal Background Record Checks 3. Screenshot of Five Year Criminal Background Record Check Database 4. Completed Attachment F-1 For Newly Hired Staff and Promoted Staff <p>On September 18, 2023 the facility provided a process training memo related to five year criminal background record checks. The memo advised that five year criminal background record checks are to be conducted per policy AD-PR-07 and should include running a monthly report using IMCC anniversary employment date database, completing the criminal background records check on staff identified, reporting any concerns to the Warden and documenting and storing records of the check. The facility provided confirmation that five year criminal background record checks were completed on staff and that all current staff had an updated criminal background records check completed within the last five years. Further on September 22, 2023 the facility provided a screenshot of the database that is queried monthly.</p> <p>On September 19, 2023 the facility provided the updated Attachment F-1 for seven staff hired during the corrective action period. All seven were completed prior to hire. Additionally, the facility provided the updated Attachment F-1 for three staff promoted during the corrective action period. All three were completed prior to promotion.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

Interviews:

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

Site Review Observations:

1. Observations of Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head indicated that when designing, acquiring, or planning substantial modifications to facilities, the agency considers the effects of such changes on its ability to protect inmates from sexual abuse. She stated that the agency works with IDOC executives and the PREA Coordinator to get input. The Agency Head further stated that everyone will assist with deciding on modifications and ensuring the incarcerated individuals' safety related to the modifications. The interview with the Warden confirmed there has not been substantial expansions or modifications to the existing facility since the last PREA audit. During the tour the auditor did not observe any substantial modifications or expansions to the existing facility.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. Further communication indicated this was incorrect and there have not been any installation or updates to video monitoring technology. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. She stated the agency conducts incident reviews to determine if there are

	<p>blind spots or areas that require video monitoring technology. She further indicated that any deficiencies are noted through the process and any identified concerns have action initiated. The Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect inmates from sexual abuse. He stated they have not had any upgrades or installation since he has been at the facility, other than adding body cameras. He stated anytime they do a sexual abuse incident review they talk about video monitoring technology and if video monitoring technology would have prevented the incident. During the tour the auditor observed that the facility did have video monitoring in housing units and in work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Shift Supervisors, Administrative level staff, Housing Unit P and Q Control staff, Master Control staff and Powerhouse staff are able to view/monitor video monitoring technology.</p> <p>Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-01 - Incarcerated Individual PREA Information 3. PREA-02 - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 4. PREA-03 - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 5. IO-SC-22 - Evidence Handling/Contraband Control 6. HSP-628 - Patient Sexual Abuse 7. Sexual Assault Checklist 8. Memorandum of Understanding with Rape Victim Advocacy Program (RVAP) 9. Documentation of Advocacy Services 10. Qualified Staff Documentation

11. Investigative Reports

Interviews:

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

Findings (By Provision):

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

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

115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated when SAFE/SANE are not available, a qualified medical practitioner performs the examinations. The PAQ stated the facility documents its efforts to provide SAFE/SANE. PREA-02 (page 15) and PREA-03 (page 14) state the incarcerated individual victim is offered the opportunity to meet with a victim advocate from a community crime victim center. If an advocate from the community is not available to provide advocate services, the Shift Supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. If the incarcerated individual victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the incarcerated individual victim so desires. HSP-628, page 5 further states that the Shift Supervisor shall attempt to make available to patients a victim advocate from a community crime victim center. If a community crime victim center is not available to provide victim advocate services, the Shift Supervisor shall make these services available through a qualified staff member from a community-based organization, or qualified IDOC staff member. The facility utilizes University of Iowa Hospital for forensic medical examinations. The PAQ indicated that during the previous twelve months there were two forensic medical examinations conducted by a SANE/SAFE or qualified medical practitioner. The auditor contacted the University of Iowa Hospital related to forensic medical examinations. The hospital confirmed that they provide forensic medical examinations through SAFE/SANE. The staff confirmed they would provide these services to inmates brought to the hospital. A review of documentation indicated two inmates were provided a forensic medical examination at University of Iowa Hospital. One was the alleged victim and one was the alleged perpetrator. Documents confirmed that the exams were performed by SANE.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, is provided. The PAQ stated that all Psychologist are trained in advocacy services. PREA-02 (page 15) and PREA-03 (page 14) state the incarcerated individual victim is offered the opportunity to meet with a victim advocate from a community crime victim center. If an advocate from the community is not available to provide advocate services, the Shift Supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. If the incarcerated individual victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the incarcerated individual victim so desires. HSP-628, page 5 further states that the Shift Supervisor shall attempt to make available to patients a victim advocate from a community crime victim center. If a community crime victim center is not available to provide victim advocate services, the Shift Supervisor shall make these services available through a qualified staff member from a community-based organization, or qualified IDOC staff member. The facility has an MOU with Rape Victim Advocacy Program (RVAP) that was executed on May 2, 2023. The MOU states that RVAP will provide an advocate for offender-victims when requested by IMCC and provide offender-victims with resource information and assist, when necessary, through the criminal/civil justice system and the administrative process. The MOU further states RVAP will provide accompaniment and support to offender-victims through the forensic medical examination process and investigatory interviews, if requested by the offender-victim. A review of documentation for three inmate victims of sexual abuse indicated one was not the facility at the time of the report, one inmate was offered and accepted services and one did not have any indication if they were afforded advocacy services. The interview with the PCM confirmed that if requested by the victim, the facility affords access to a victim advocate to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. He stated inmates are told by the investigator that they can have an advocate and there is a person they can call and the counselor can set up visits as well. The PCM further stated they have an MOU with RVAP to provide these services. Interviews with three inmates who reported sexual abuse indicated one was afforded access to a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. PREA-02 (page 15) and PREA-03 (page 14) state if requested by the alleged victim, the victim advocate or qualified staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility has an MOU with Rape Victim Advocacy Program (RVAP) that was executed on May 2, 2023. The MOU

states that RVAP will provide an advocate for offender-victims when requested by IMCC and provide offender-victims with resource information and assist, when necessary, through the criminal/civil justice system and the administrative process. The MOU further states RVAP will provide accompaniment and support to offender-victims through the forensic medical examination process and investigatory interviews, if requested by the offender-victim. The interview with the PCM confirmed that if requested by the victim, the facility affords access to a victim advocate to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. He stated inmates are told by the investigator that they can have an advocate and there is a person they can call and the counselor can set up visits as well. The PCM further stated they have an MOU with RVAP to provide these services. A review of documentation for three inmate victims of sexual abuse indicated one was not the facility at the time of the report, one inmate was offered and accepted services and one did not have any indication if they were afforded advocacy services. Interviews with three inmates who reported sexual abuse indicated one was afforded access to a victim advocate. The inmate advised the advocate was there to accompany during the forensic medical examination.

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

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

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

Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, IO-SC-22, HSP-628, the Memorandum of Understanding with RVAP, the Sexual Assault Checklist, documentation of advocacy services, the qualified staff documentation, investigative reports, and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE staff and inmates who reported sexual abuse indicates that this standard appears to require corrective action. A review of documentation for three inmate victims of sexual abuse indicated one was not the facility at the time of the report, one inmate was offered and accepted services and one did not have any

indication if they were afforded advocacy services. Interviews with three inmates who reported sexual abuse indicated one was afforded access to a victim advocate. The inmate advised the advocate was there to accompany during the forensic medical examination.

Corrective Action

The facility will need to ensure that all victims of sexual abuse are afforded access to victim advocacy services. The facility will need to train appropriate staff on the process and provide confirmation of the training. A list of sexual abuse allegations during the corrective action period will need to be provided as well as corresponding victim advocacy documents.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training Memorandum on Victim Advocacy Process
2. Documentation of Victim Advocacy Services Offered

On August 29, 2023 the facility provided a training memorandum that described the process of offering victim advocates to victims of sexual abuse. The memo advised that counselors are responsible for offering inmate victims RVAP services and that an email on whether they accept or decline the services should be sent to the investigator so it can be documented on the database. The memo further states that if the inmate victim accepts services counselors will facilitate a private call within 24 hours.

On August 29, 2023 the facility provided three examples of inmate victims being offered access to a victim advocate after a report of sexual abuse. Two of the three accepted services and one had a call with the victim advocate.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 4. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance 5. AD-PR-13 – Employee Investigations & Discipline 6. IO-RD-03 – Major Discipline Report Procedures 7. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. The PAQ noted there were seventeen allegations reported within the previous twelve months, all of which resulted in an administrative investigation. The PAQ stated that one investigation was</p>

still active at the issuance of the PAQ. A review the investigative log and eleven investigative reports confirmed all allegations had a completed administrative investigation. None of the allegations involved a criminal investigation. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated the agency conducts administrative investigations and the agency utilizes outside law enforcement for some criminal investigations. The Agency Head confirmed that when an allegation is received it is entered into a database and is assigned an investigator through the Division of Investigative Services. She indicated an investigation is then completed by agency or facility investigators. She also stated that in some instances they may require local law enforcement to be brought in to investigate.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. The policies further state that the Deputy Director of Institution Operations/Designee shall determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented and the IDOC shall publish sexual abuse violence investigation policies on its website. AD-PR-13, page 3 states that staff assigned by the Deputy Director of Institution Operations shall investigate allegations of employee rule violations such as allegations pertaining to staff sexual misconduct, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents. IO-RD-03, page 37 states In cases involving allegations of sexual violence, the Inspector General/ Designee rather than the Warden/Designee shall handle issues connected with possible criminal prosecution. The Inspector General/Designee may consult with the police and prosecuting authorities and the incarcerated individual will receive a Miranda warning when appropriate. A review of the agency website indicates that AD-PR-13 and IO-RD-03 are publicly available (<https://doc.iowa.gov/policies>). A review of the investigative log and investigative reports confirmed none were investigated by an outside agency and none involved a criminal investigation. The interviews with the investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations, unless the activity is clearly not criminal. The agency investigator stated any investigations related to criminal aspects would be referred to local law enforcement.

	<p>115.22 (c): The agency/facility has the authority to conduct both administrative and criminal investigations. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation.</p> <p>115.22 (d): The auditor is not required to audit this provision.</p> <p>115.22 (e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, PREA-02, PREA-03, PREA-04, AD-PR-13, IO-RD-03, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the investigators indicate that this standard appears to be compliant.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AD-TS-04 - Orientation & New Employee Training 3. AD-TS-05 - In-Service Training 4. PREA Training 5. PREA Card 6. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff <p>Findings (By Provision):</p>

115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on the requirements under this provision. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-TS-05, page 5 states that annual ongoing training for staff that includes mandatory training and other training relevant to their specific job duties is a required. Supervisor are responsible for ensuring that their staff receive the required training topics annually. Pages 6-7 further state that all employees who may have contact with incarcerated individuals, regardless of the amount of contact, shall be trained on the following information: IDOC's zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under the IDOC's sexual violence and sexual harassment policies and procedures; the incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual violence or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. HSP-628, page 7 states that medical and mental health care practitioners shall also receive training on how to comply with relevant laws related to mandatory reporting of sexual violence to outside authorities. A review of the PREA training curriculum confirms that the training includes information on: the agency's zero-tolerance policy; how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures; the incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and

sexual harassment in a confinement setting; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. A review of 23 staff (including fifteen security staff) training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen had received PREA training. Staff stated they receive e-learning and PREA cards. All thirteen staff confirmed that the required components under this provision are discussed during the PREA training. Staff stated that the training discussed first responder duties, signs to look for and how to handle a sexual abuse allegation.

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

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. The PAQ stated that staff are provided refresher training annually. AD-TS-05, page 7 states that IDOC shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual violence and sexual harassment policies and procedures. In years that employees don't receive refresher training, IDOC shall provide refresher information on current sexual violence and sexual harassment policies. A review of 23 staff training records indicated 21 had PREA training at least biennially. Three of the staff were new hires and did not have more than a year with the agency.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signatures or electronic verification. AD-TS-05, page 7 states that IDOC shall document, through employee signatures or electronic verification, that employees understand the training they have received. A review of 23 staff training records indicated that 100% of those reviewed were documented with PREA training

	<p>and completed the post training quiz with a score of 70% or higher.</p> <p>Based on a review of the PAQ, AD-TS-04, AD-TS-05, the PREA training curriculum, the PREA Card, a sample of staff training records, as well as interviews with random staff indicate that this standard appears to be compliant.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AD-TS-04 - Orientation & New Employee Training 3. AD-CI-01 - Volunteer Program 4. Prison Rape Elimination Act (PREA) Volunteer and Contractor Training Curriculum 5. Contractor Training Records 6. Volunteer Training Records <p>Documentation Receive During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. PREA Manual (PowerPoint) 2. Contractor Sign-In Sheet 3. Email Related to Temporary Contractor Training Process <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact</p>

with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-CI-01, page 6 states that all volunteers who have contact with incarcerated individuals shall be trained on their responsibilities under IDOC's sexual violence and sexual harassment prevention, detection, and response policies and procedures. The PAQ indicated that nineteen volunteers and contractors had received PREA training, which is equivalent to more than 100% of the total volunteers and contractors reported in the facility characteristics. Volunteer and contractor training is completed online via [https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id](https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id.p).p. The training consists of a 22 minute video that discusses; the agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with contractors confirmed that both were provided information on the agency's sexual abuse and sexual harassment policies. Both contractors stated the training was online and included a test. A review of four contractor training documents and four volunteer training documents indicated six had documentation that they received PREA training. The two contractors missing training were temporary contractors that were

escorted by staff. The PCM indicated they do not conduct training with these contractors. There were zero volunteers at the facility during the on-site portion of the audit and as such no interviews were conducted. During the interim report period the facility developed a process for escorted contractors (i.e. copy repair, vending machine, etc.) to complete PREA training. Contractors will be required to review the PREA Manual and sign and date that they reviewed the information. An email was sent from the PCM to all Shift Supervisors on July 27, 2023 advising them of the procedure. A copy of the PREA Manual and form that contractors sign and date was also provided to the auditor. The PREA Manual included information on the agency's sexual abuse and sexual harassment policies including zero tolerance and who and how to report information. The facility provided one example of an escorted contractor receiving the training during the interim report period.

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

tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with contractors confirmed that the training they received included information on the zero-tolerance policy and how and who to report information to. Both stated the training was online and included a test. A review of four contractor training documents and four volunteer training documents indicated six had documentation that they received PREA training. The two contractors missing training were temporary contractors that were escorted by staff. The PCM indicated they do not conduct training with these contractors. There were zero volunteers at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. AD-TS-04, page 7 states that successful completion is through both written and hands-on testing during New Employee Training. AD-CI-01, page 6 states IDOC shall maintain documentation confirming that all volunteers understand the training they received. The agency utilizes an online training. At the end of the training staff complete a post quiz confirming their understanding. The system produces a spreadsheet that includes the individual's score on the post quiz and the date they completed the training. A review of a training documents for contractors and volunteers indicted the PREA training is completed online and the database documents the completion through a score on the post training quiz.

Based on a review of the PAQ, AD-TS-04, AD-CI-01, the PREA Volunteer and Contractor training, a review of a sample of contractor training records as well as the interviews with contractors indicates that this standard appears to require corrective action. A review of four contractor training documents and four volunteer training documents indicated six had documentation that they received PREA training. The two contractors missing training were temporary contractors that were escorted by staff. The PCM indicated they do not conduct training with these contractors.

Corrective Action

	<p>While the facility has implemented the training process for temporary contractors the auditor will need to receive additional examples to confirm the practice is institutionalized.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Contractor Sign-In Sheet for PREA Training <p>On August 29, 2023 the facility provided a sign-in sheet for temporary/escorted contractors who entered the facility in July and August. The form included signatures of the contractors confirming that they reviewed the PREA Manual and received PREA training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-01 - Incarcerated Individual PREA Information 3. IS-RO-02 - Incarcerated Individual Intake and Orientation 4. Staying Safe A Guide for Incarcerated Individual Conduct

5. PREA What You Need to Know Video
6. IMCC Reception Handbook
7. General Population Handbook
8. Staying Safe Poster
9. Zero Tolerance Poster
10. Sexual Assault Poster
11. Ombudsman's Office Poster
12. CTS Language Link Information
13. Life Interpretation Inc. Contract
14. Blessed Hands Interpreting Services Contract
15. Deaf Services Unlimited Contract
16. Interpreters Unlimited Contract
17. Corporate Translation Services Inc. Contract
18. Flix Translation Group LLC Contract
19. Inmate Education Records

Documents Received During the Interim Report Period:

1. Zero Tolerance Poster
2. Updated Staying Safe A Guide for Incarcerated Individual Conduct
3. Updated Comprehensive PREA Education Records

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 4276 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of inmates who arrived in the previous twelve months. PREA-01, page 4 states all incarcerated individuals shall receive PREA orientation training within three days of admission to IDOC, including information on IDOC's zero-tolerance policy regarding unwanted sexual behavior and how to report incidents or suspicions of unwanted sexual behavior. All incarcerated individuals shall be given a copy of the handout, *Staying Safe: A Guide for Incarcerated Individual Contact*. the training shall be presented by staff, a peer educator, or a volunteer from the community. A review of the *Staying Safe A Guide for Incarcerated Individual Conduct* and the two *Handbooks* confirm that they include information on the zero tolerance policy and methods to report sexual abuse and sexual harassment. The auditor observed the intake process through a demonstration by staff. All incarcerated individuals are provided the *Staying Safe A Guide for Incarcerated Individual Conduct*, which includes information on PREA. A review of the *Staying Safe A Guide for Incarcerated Individual Conduct* confirms that it included information on the zero tolerance policy, ways to keep safe, definitions, rights under PREA, actions to take after an incident of sexual abuse, reporting mechanisms, possible outcomes of an investigation and recovering from sexual assault. The document is available in English and Spanish. The interview with intake staff indicated inmates are provided information on the agency's zero tolerance policy and methods to report sexual abuse upon intake. The staff indicated they give each inmate a packet of information with PREA information and they also have them watch a PREA video. The staff indicated the packet and video gives them contact information, information on the zero tolerance policy, what they should do if they are sexually abuse and outlets/resources for them if they are sexually abused. The staff stated they receive the written packet within a couple of hours of arrival and they watch the video within 24 hour of arrival. Interviews with 30 inmates indicated 26 were provided information on the agency's sexual abuse and sexual harassment policies. A review of 50 inmate files of those received in the previous twelve months indicated that all 50 had received information at intake.

115.33 (b): PREA-01, page 4 states that within 30 days of intake, IDOC shall provide comprehensive education to incarcerated individuals either in person or through video regarding their rights to be free from unwanted sexual behavior and to be free from retaliation from reporting such incidents, and regarding IDOC policies and procedures for responding to such incidents. The PAQ indicated that 2510 inmates received comprehensive PREA education within 30 days of intake. This is equivalent

to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. A review of the Staying Safe A Guide for Incarcerated Individual Conduct and the two Handbooks confirm that they include information on ways to keep safe, definitions, rights under PREA, actions to take after an incident of sexual abuse, reporting mechanisms, possible outcomes of an investigation and recovering from sexual assault. The auditor was provided a demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed during orientation in the housing unit. Inmates are provided the Staying Safe A Guide For Incarcerated Individual Conduct and watch the orientation video. The orientation video includes the PREA What You Need to Know video. The video was played in English on two 32 inch televisions. The audio was observed to be difficult to hear as it was turned up loud and there was a great deal of background noise from staff and other inmates. Staff advised they did not believe the video was available in Spanish and they would utilize staff translators to assist with other languages. The staff indicated they ask the inmates if they have any questions after the video and they have them sign an acknowledgment form. The interview with intake staff confirmed inmates are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's response to an incident of sexual abuse or sexual harassment. The staff indicated they give each inmate a packet of information with PREA information and they also have them watch a PREA video. The staff indicated the packet and video gives them contact information, information on the zero tolerance policy, what they should do if they are sexually abused and outlets/resources for them if they are sexually abused. The staff stated they receive the written packet within a couple of hours of arrival and they watch the video within 24 hour of arrival. Interviews with 30 inmates indicated 24 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's response to incidents of sexual abuse and sexual harassment. Inmates stated that they received the information via video when they first arrived at the facility. A few of the inmates stated they received the video at another IDOC facility rather than MCC. A review of 50 inmate files of those received in the previous twelve months indicated that all 50 had received comprehensive PREA education. One was past the 30 day timeframe and one was completed prior to arrival at another IDOC facility.

115.33 (c): The PAQ indicated that of those inmates not educated within 30 days of intake, all inmates have been educated subsequently. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. PREA-01, pages 4-5 state that upon transfer to a different institution, incarcerated individuals shall receive training and procedures of the incarcerated individual's new institution differ from those of the previous institution. Replacement copies of the handout, Staying Safe A Guide for Incarcerated Individual Conduct, shall be provided as

needed. A review of 66 total inmate files indicated all 66 had signed an acknowledgment that they received the PREA education. During documentation review the auditor identified a few inmates that were documented with PREA education prior to 2013. The interview with intake staff confirmed inmates are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's response to an incident of sexual abuse or sexual harassment. The staff indicated they give each inmate a packet of information with PREA information and they also have them watch a PREA video. The staff indicated the packet and video gives them contact information, information on the zero tolerance policy, what they should do if they are sexually abused and outlets/resources for them if they are sexually abused. The staff stated they receive the written packet within a couple of hours of arrival and they watch the video within 24 hour of arrival. During the interim report period the facility re-educated those inmates that arrived prior to 2013 and provided updated comprehensive education acknowledgment forms.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are disabled or limited English proficient. PREA-01, page 5 states IDOC shall provide incarcerated individual education in formats accessible to all incarcerated individuals, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to incarcerated individuals who have limited reading skills. IS-RO-02, page 6 states IDOC shall take appropriate steps to ensure that incarcerated individuals with disabilities (including, for example, incarcerated individuals who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of IDOC's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Policy further states that such steps shall include, when necessary to ensure effective communication with incarcerated individuals who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using necessary specialized vocabulary. In addition, IDOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with incarcerated individuals with disabilities, including incarcerated individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A review of the Staying Safe Poster and the Staying Safe A Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. The facility has a contracts with numerous services to provide accommodations, interpretation and translation. These include: CTS Language Link Information, Life Interpretation Inc Contract, Blessed Hands Interpreting Services Contract, Deaf Services Unlimited Contract, Interpreters Unlimited Contract, Corporate Translation Services Inc. Contract, Flix Translation Group LLC Contract. Part of the translation services includes video translation with American Sign Language. Translation service contracts provide the facility a phone number that they can call that connects the staff member with a translator who can will translate information

between the staff member and LEP inmate. The auditor utilized Language Link for two LEP inmate interviews. The auditor called the provided number, entered the pin and access code and selected Spanish and Vietnamese translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for. A review of six disabled inmate files and four LEP inmate files indicated that all ten had signed that they received and understood the PREA information. The LEP inmates signed English forms and there was no indication of how the information was translated. During the interim report period the facility re-educated LEP and disabled inmates and provided updated acknowledgment forms confirming the accommodations that were made.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. PREA-01, page 5 states IDOC shall maintain documentation of incarcerated individuals participation in these education sessions either by generic note or the signed copy of Form 1 scanned into ICON incarcerated individual attachments. A review of 66 total inmate files indicated all 66 had signed an acknowledgment that they received the PREA education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. PREA-01, page 5 states that in addition to providing such education, IDOC shall ensure that key information is continuously and readily available or visible to incarcerated individuals through posters, bulletin boards, or other written format. A review of Staying Safe A Guide for Incarcerated Individual Conduct, the Handbooks, the Staying Safe Poster, the Zero Tolerance Poster, the Sexual Assault Poster, and the Ombudsman's Office Poster confirmed they included information on the zero tolerance policy and reporting mechanisms. During the tour the auditor observed a plethora of PREA information posted around the facility in each housing unit. Housing units had oversize PREA Posters that expressed zero tolerance and reporting information. These PREA Posters were observed in English and Spanish. Each housing unit also had a bulletin board of PREA specific information. The bulletin boards had the Staying Safe Poster, the Zero Tolerance Poster, the Ombudsman Poster, the Staying Safe A Guide for Incarcerated Individual Conduct and postings of opposite gender announcements/staff. The bulletin boards had information in both English and Spanish and most postings were on letter size paper with adequate size font. Most of the bulletins were at eye level, however a few were at a raised height and the auditor had a difficult time reading the information. Informal conversation with inmates indicated that the posted PREA information has been up for quite a while. During the interim report period the facility updated posted PREA information to ensure accuracy and consistency. The Zero Tolerance Poster was updated and included reporting through a kite/kiosk, to any staff member, contractor or volunteer, through a grievance or sick call slip, to the PC or PCM, through family, friends or any other third party. The Staying Safe Poster, Sexual Assault Poster and Ombudsman's Poster were no longer being posted/used. In

addition to the Zero Tolerance Poster, the updated Staying Safe A Guide for Incarcerated Individual Conduct was also posted, which included reporting mechanism such as to a trusted staff member, through a kite, to Victim and Restorative Justice and through the Ombudsman's Office.

Based on a review of the PAQ, PREA-01, PREA-02, IS-RO-02, Staying Safe A Guide for Incarcerated Individual Conduct, PREA What You Need to Know Video, IMCC Reception Handbook, General Population Handbook, Staying Safe Poster, Zero Tolerance Poster, Sexual Assault Poster, Ombudsman's Office Poster, CTS Language Link Information, Life Interpretation Inc Contract, Blessed Hands Interpreting Services Contract, Deaf Services Unlimited Contract, Interpreters Unlimited Contract, Corporate Translation Services Inc. Contract, Flix Translation Group LLC Contract, documents received during the interim report period, observations made during the tour as well as information obtained during interviews with intake staff and random inmates indicates that this standard requires corrective action. The auditor was provided a demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed during orientation in the housing unit. Inmates are provided the Staying Safe A Guide For Incarcerated Individual Conduct and watch the orientation video. The orientation video includes the PREA What You Need to Know video. The video was played in English on two 32 inch televisions. The audio was observed to be difficult to hear as it was turned up loud and there was a great deal of background noise from staff and other inmates. Staff advised they did not believe the video was available in Spanish and they would utilize staff translators to assist with other languages. The staff indicated they ask the inmates if they have any questions after the video and they have them sign an acknowledgment form. While the facility updated the PREA posted information and made it accessible for LEP and disabled inmates, the facility did not provide photos or other confirmation of the updates.

Corrective Action

The facility will need to revamp their comprehensive PREA education process. The facility serves as an intake facility for IDOC inmates and as such the comprehensive PREA education will need to be more structured to ensure inmates can hear the information and understand the information. Once a process is established the facility will need to provide a memo explaining the process. The appropriate staff will need to be trained on the process. The facility will need to provide confirmation that the new process has been implemented (i.e video of process). The facility will also need to provide photos confirming that the updated PREA information was posted around the facility in each housing unit.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Updated Inmate Education Talking Points 2. Video Demonstrating Updated Education Process 3. Staff Training Records 4. Photos of Updated Posted PREA Information <p>On July 26, 2023 the facility provided updated talking points for staff to utilize during inmate education. The updated education process includes showing the video and then having staff go over the talking points. Appropriate staff were sent the updated talking points and provided training related to the process.</p> <p>On September 22, 2023 the facility provided a video illustrating the updated education process. The video showed inmates watching the end of the video and staff then discussing the update talking points.</p> <p>On August 3, 2023 the facility provided photos of the updated posted PREA information in large font in both English and Spanish.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

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

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. PREA-03, page 21 states in addition to the general training provided to all employees, the Deputy Director of Institution Operations shall ensure that, to the extent IDOC conducts sexual violence investigations, its sexual violence investigators have received specialized training in conducting such investigations in confinement settings. A review of documentation indicated over fifteen facility/agency staff were documented with the specialized investigations training. The interviews with the investigators confirmed they both received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. The facility investigators stated they received training through a few day course. One investigator stated it discussed how to respond, documentation process, investigative process, Miranda and Garrity, staff on inmate relationship and the whole investigative process. The second investigator stated the training went over interviews, standards, mental health and medical protocols, SANE and transgender populations. The agency investigator stated he attended the Moss Group training on sexual assault. He stated the training went over Miranda and Garrity warnings, interview techniques, trauma informed information and evidence collection.

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

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

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

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

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

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

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. HSP-628, page 7 states that each institution shall ensure that all full and part-time medical and mental health care staff who work regularly in its facilities have been trained in: how to detect and assess signs of sexual violence; how to preserve physical evidence of sexual violence; how to respond effectively and professionally to victims of sexual violence; and how and who to report allegations or suspicions of sexual violence. The training is conducted via eight videos from the National Commission on Correctional Health Care. The videos include: PREA: What You Need to Know as a Health Care Leader; A Blueprint for Healing: The PREA Standards and Trauma-Informed Care; Introduction and Module 1: Detecting and Assessing Signs of Sexual Abuse and Harassment; Module 2: Forensic Evidence Preservation; Module 3: How to Respond Professionally and Effectively to Victims of Sexual Abuse and Sexual Harassment During Incarceration; Module 4: Reporting and the PREA Standards; PREA and Medical and Mental Health Care: A Trauma Informed Approach and Why PREA Matters; Understanding Sexual Trauma in Custody. A review of the training videos confirmed that they encompass the required elements under this provision. The PAQ indicated that the facility has 77 medical and mental health staff and 100% had received the specialized training. A review of nine medical and mental health care staff training records indicated eight were documented with the specialized medical and mental health training. One staff member was determined to provide services remotely only and had not yet provided any services. Interviews with medical and mental health staff confirmed that they received specialized training. Staff stated they receive the module training and face to face training. The mental health staff stated the training covers evidence collection, first responder duties, medical protocol and housing protocol. Both staff confirmed the required topics under this standard were covered during the training.

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

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. HSP-628, page 7 states the institution shall maintain documentation that medical and mental health practitioners have received the training reference in this standard either from the agency or elsewhere. A review

	<p>of nine medical and mental health care staff training records indicated eight were documented with the specialized medical and mental health training. One staff member was determined to provide services remotely only and had not yet provided any services. The eight staff with the training had a training certification showing completion.</p> <p>115.35 (d): HSP-628, page 7 states that medical and mental health practitioner’s shall also receive the training mandated for all employees, depending on the practitioner’s status at the agency. A review of nine medical and mental health staff training records indicated that all nine had completed the staff training required under 115.31.</p> <p>Based on a review of the PAQ, HSP-628, National Commission on Correctional Health Care Training Videos, a review of medical and mental health care staff training records, as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IS-RO-01 - Incarcerated Individual Admission Procedures 3. IS-RO-02 - Incarcerated Individual Intake and Orientation 4. Sexual Violence Propensity Assessment Scoring Guide for Offenders 5. 72 Hour PREA Transfer Screening 6. Inmate Assessment and Reassessment Documents <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Inmate Assessment and Reassessment Documents <p>Interviews:</p>

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

Site Review Observations:

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

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. IS-RO-01, page 3 states that all incarcerated individuals shall be assessed immediately upon arrival using the paper SVP-Intake Screening Tool, IS-RO-01 F-2, and shall be assessed during an intake screening for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals. Policy further states the tool is confidential for staff use only and shall not be self-administered by the incarcerated individual and shall only be administered by the intake staff. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon arrival. Interviews with 22 inmates that arrived within the previous twelve months indicated eighteen were asked questions related to risk of victimization and abusiveness. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed one-on-one in the holding cell by the booking staff. The auditor confirmed that the holding cell area was separate from areas that other inmates and staff may be and provided adequate privacy. Staff complete a paper form where they ask about number of incarcerations, prior sexual offenses, gang affiliation, perception of safety/vulnerability, gender identity, sexual preference and prior sexual victimization. The form is then placed in a basket (face down) for the Psychologist to pick up (done daily) and determine if a follow-up is needed. This form is then used by counselors to complete the 72 hour Sexual Violence Propensity screening in ICON. The counselor utilizes that information as well as information from a file review to complete the initial risk screening. The intake staff stated if the inmate is LEP they use the language line service through a cordless phone and if the inmate is disabled they would contact medical/mental health for assistance.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. IS-RO-01, page 4 states that all incarcerated individuals shall receive a Sexual Violence Propensity (SVP) assessment. Intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ noted that 4224 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 50 inmate files of those that arrived within the previous twelve months indicated that 44 had an initial risk screening completed. The facility indicated four inmates had an initial risk but the form was not scanned into ICON and is not available. One inmate had a risk screening but it was completed prior to arrival at IMCC and one risk screening was started but not completed. Of the 44 completed risk assessments, 43 were completed within 72 hours. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours. Interviews with 22 inmates that arrived within the previous twelve months indicated eighteen were asked questions related to risk of victimization and abusiveness when they first arrived. During the interim report period the facility provided the auditor over 35 examples of risk assessments completed during the interim report period. However, additional documentation and clarification is necessary in order to determine compliance.

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

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

115.41 (d): A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening considers whether the resident has an intellectual/physical disability or is severely mentally ill; the resident's age, height and weight; whether it is the resident's first time incarcerated or in a residential community facility or feels threatened/traumatized by prison or a residential community facility; whether the resident displays sexual orientation in a way that projects vulnerability; whether the resident has a conviction for a current or previous sexual offense against a child thirteen years or under; whether the resident has a history of sexual violence victimization; whether the resident is unassertive, lacks confidence, projects weakness or fear and whether the resident has nonviolence crime or property crime only. Each response has a score based on the response. A score of ten or more on questions ten through seventeen indicate the resident is a victim potential (VP) and a yes response on question 15.A results in a victim incarcerated (VI) designation. The staff responsible for the risk screening indicated at intake they conduct a risk screening on paper with yes and no responses. Then a counselor conducts an initial SVP within 72 hours. A formal interview is done with the individual where they are asked questions on the SVP form. The staff indicated they ask these questions in conversation format. The staff stated they also use other resources, such as presentence investigations and information in ICON to gather information. The staff stated ICON has information such as age, sex, height, etc. The criminal history is pulled up from NCIC and reviewed. The staff confirmed all the required elements under this provision are part of the risk assessment. The staff stated they personally ask about prior sexual victimization, sexual preference, gender identity and perception of vulnerability.

115.41 (e): A review of the Sexual Violence Propensity Assessment (SVP) indicates it considers whether the resident has two or more felony convictions; whether the resident has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated predatory violence (other than sex offenses); whether the resident is a sex offender (victim over the age of fourteen); whether the resident has an intimidating or aggressive attitude; whether the resident is highly familiar with prison or residential

community facility or present as prison wise or street smart; whether the resident has a history of sexual predatory behavior or sexual assault of offenders; whether the resident has two or more convictions for serious or aggravated misdemeanor assaults, domestic abuse assault, or one felony Class D willful injury and whether the resident has a felony drug conviction plus confirmed/suspected STG (serious threat group) plus two or more felony incarcerations. Each questions is awarded a point score depending on the response. If the score is ten or more for questions one through nine, the resident is considered an aggressor potential (AP). If the response to question 7.A is yes, the resident is considered an aggressor Incarcerated (AI). If the resident does not score out on the section she/he is considered a no score. The staff responsible for the risk screening indicated at intake they conduct a risk screening on paper with yes and no responses. Then a counselor conducts an initial SVP within 72 hours. A formal interview is done with the individual where they are asked questions on the SVP form. The staff indicated they ask these questions in conversation format. The staff stated they also use other resources, such as pre-sentence investigations and information in ICON to gather information. The staff stated ICON has information such as age, sex, height, etc. The criminal history is pulled up from NCIC and reviewed. The staff confirmed all the required elements under this provision are part of the risk assessment. The staff stated they personally ask about prior sexual victimization, sexual preference, gender identity and perception of vulnerability.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. IS-RO-01, page 4 states that within a set time not to exceed 30 days from the incarcerated individual's arrival at an institution, the institutional shall reassess the incarcerated individual's SVP code based upon any additional relevant information received by the institution since the most recent SVP assessment. IS-RO-02, page 3 states that staff shall refer to the SVP in ICON as the admission facility will have the updated SVP prior to transfer. Within 30 days institution shall reassess the incarcerated individual's SVP code based on any additional relevant information received since admission screening. The PAQ noted that 2510 inmates were reassessed within 30 days, which is equivalent to 100% of the inmate who arrived and stayed longer then 30 days. The interview with the staff responsible for the risk screening indicated that inmates are reassessed within 30 days. The staff stated they do not necessarily meet with the inmate for the reassessment and that they may have met with them during the timeframe but they do not call them in for a reassessment purpose. Interviews with 22 inmates that arrived within the previous twelve months indicated nine had been asked questions related to their risk of victimization and abusiveness more than once. A review of 50 inmate files of those that arrived in the previous twelve months indicated ten had a reassessment. Seven of the ten were completed within 30 days. During the tour the auditor discussed the reassessment process with staff. The staff advised they do not conduct 30 day reassessments. During the interim report period the facility provided the auditor over 35 examples of risk assessments completed

during the interim report period. However, additional documentation and clarification is necessary in order to determine compliance.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. IS-RO-01, page 4 and IS-RO-02, page 3 state that an incarcerated individual's risk level shall be reassessed when warranted due to significant events, a referral, request, incident of sexual assault or sexual abuse, or receipt of additional information that bears on the incarcerated individual's SVP code. The interview with staff responsible for the risk screening indicated that inmates are reassessed when warranted based on referral, request, incident of sexual abuse or receipt of additional information. Interviews with 22 inmates that arrived within the previous twelve months indicated nine had been asked questions related to their risk of victimization and abusiveness more than once. A review of 50 inmate files of those that arrived in the previous twelve months indicated ten had a reassessment. Seven of the ten were completed within 30 days. During the tour the auditor discussed the reassessment process with staff. The staff advised they do not conduct 30 day reassessments. A review of the three reported sexual abuse allegations indicated one was unfounded and two were unsubstantiated. One inmate was not at the facility at the time of report and as such could not have a reassessment completed. The other two inmate victims were not reassessed as the facility indicated they do not conduct reassessments unless the investigation is substantiated. The two sexual abuse allegation (those at the facility) did not involve an allegation that would change the risk screening response and as such one was not completed. It should be noted that while there were no examples of reassessments required to be completed due to incident of sexual abuse, the facility did not provide documentation that reassessments are completed additional documentation is needed to determine compliance.

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

115.41 (i): IS-RO-01, page 4 and IS-RO-02, page 3 state that IDOC shall implement

appropriate controls on the dissemination of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. The interview with the PREA Coordinator confirmed that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. The PCM stated that the agency has outlined who has access to the risk screening information so it is not exploited. He stated IT has certain classes of jobs that can view and/or edit assessments. The staff responsible for the risk screening stated that the agency has implemented appropriate controls on the dissemination of responses to the questions. Risk screening information is completed on paper and via the ICON system. Paper records are maintained in the inmate file. Files are maintained in the records room, which is staffed during business hours and is locked after hours. Records are only reviewed by those with a need to know. During the tour the auditor had a Correctional Officer attempt to access the risk screening information in ICON. The Correctional Officer was provided assistance in navigating to the risk screening section in ICON, and did not have access to the risk screening information.

Based on a review of the PAQ, IS-RO-01, IS-RO-02, the Sexual Violence Propensity Assessment Scoring Guide for Offenders, the 72 Hour PREA Transfer Screening, inmate risk assessments, documents received during the interim report period and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. A review of 50 inmate files of those that arrived within the previous twelve months indicated that 44 had an initial risk screening completed. The facility indicated four inmates had an initial risk but the form was not scanned into ICON and is not available. One inmate had a risk screening but it was completed prior to arrival at IMCC and one risk screening was started but not completed. A review of 50 inmate files of those that arrived in the previous twelve months indicated ten had a reassessment. Seven of the ten were completed within 30 days. During the tour the auditor discussed the reassessment process with staff. The staff advised they do not conduct 30 day reassessments. Interviews with 22 inmates that arrived within the previous twelve months indicated nine had been asked questions related to their risk of victimization and abusiveness more than once. A review of the three reported sexual abuse allegations indicated one was unfounded and two were unsubstantiated. One inmate was not at the facility at the time of report and as such could not have a reassessment completed. The other two inmate victims were not reassessed as the facility indicated they do not conduct reassessments unless the investigation is substantiated. The two sexual abuse allegation did not involve an allegation that would change the risk screening response and as such one was not completed. It should be noted that while there were no examples of reassessments required to be completed due to incident of sexual abuse, the facility did not provide documentation that reassessment are completed and additional documentation is needed to determine compliance.

Corrective Action

The facility will need to ensure staff are aware that initial risk assessment and 30 day reassessments are required to be completed for every inmate that enters the facility, regardless of reason or for how long they are to be housed at the facility. Clarification on the documents provided during the interim report will need to be provided.

Additional examples will need to be provided during the corrective action period related to initial risk assessment and reassessments. Additionally, the facility will need to ensure staff are aware of risk assessments due to incident of sexual abuse and receipt of additional information. The facility will need to provide the list of sexual abuse allegations reported during the corrective action period and associated risk reassessments for victims and perpetrators, if applicable.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training Email
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Inmate Risk Assessments

On September 27, 2023 the facility provided a training email that was sent to staff related to the risk assessment process and the requirements for risk assessments. The training email outlined that all inmates entering the facility (including those who are not new intakes to the agency) are required to have the 72 hour risk assessment and the 30 day reassessment. Additionally, it illustrated the requirement of reassessments due to incident of sexual abuse and receipt of additional information.

On September 22, 2023 the facility provided documentation of two sexual abuse allegations during the corrective action period that were substantiate or unsubstantiated. Both victims of the allegations had a reassessment completed after the allegation and one perpetrator had an assessment completed after the allegation.

	<p>On September 5, 2023 the facility provided a list of inmates that arrived during the corrective action period and risk assessments for a sample of these inmates (systematic sample). All 41 had an initial risk assessment completed within 72 hours. 28 had a reassessment completed within 30 days. Those without a reassessment had transferred from the facility prior to the 30 days. It should be noted that many reassessments were a week after arrival and the auditor recommended that the facility wait to conduct reassessments until inmates could get acclimated to the facility.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IS-RO-02 - Incarcerated Individual Intake and Orientation 3. Sexual Violence Propensity Assessment Scoring Guide for Offenders 4. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness 5. Transgender and Intersex Housing Determination Documents 6. Transgender/Intersex Biannual Assessments 7. LGBTI Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Gay, Lesbian and Bisexual Inmates

5. Interview with Transgender and Intersex Inmates

Site Review Observations:

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

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. IS-RO-02, page 5 states that IDOC shall use information from the SVP assessment to evaluate housing, bed, work, education, and program assignments with the goal of providing staff supervision for incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. A review of the Sexual Violence Propensity Assessment Scoring Guide for Offenders confirmed that page 33 outlines which SVP assessment codes can be housed together. It outlines that VP can only be housed with VP (Victim Potential), NS (No Score) or VI (Victim Incarcerated) and VI can only be housed with VP or VI. The interview with the PREA Compliance Manager indicated that information from the risk screening is utilized related to victim potential or aggressive potential, which are used for housing. The designations determine if an individual should be housed alone or not and it also determines if they will be housed in dorm style housing or cell style housing. He also stated the information is used for certain job assignments (i.e. an aggressor potential cannot work as a daily living assistant or mentor). The interview with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to identify a score and the score is used for housing assignments and job assignments. The staff stated that assisted daily living mentors have to have a specific score to be assigned the job. A review of housing documents for inmates at high risk of victimization and inmates at high risk of abusiveness confirmed none were housed in the same cell. None of the VIs were housed in the same housing unit as the AIs (Aggressor Incarcerated), but there were potential victims in the same housing unit as potential aggressors. The auditor verified that the list that is accessible to security and other staff have the designation which is utilized by program, education and work staff to ensure the individuals are safe when working and attending programs.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. IS-RO-02, page 5 states IDOC shall make individualized determinations about how to ensure the safety

of each incarcerated individual. The interview with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to identify a score and the score is used for housing assignments and job assignments. The staff stated that assisted daily living mentors have to have a specific score to be assigned the job.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. IS-RO-02, page 5 states that in deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals, and in making other housing and programming assignments, IDOC shall consider on a case-by-case basis whether a placement would ensure the incarcerated individual's health and safety and whether the placement would present management or security concerns. A review of documentation confirmed that transgender inmate housing is reviewed on a case-by-case basis. Transgender inmates can request to be moved to an opposite gender facility or agency staff may initiate a review based on safety and security. A multi-disciplinary team reviews the housing request. Numerous factors are considered in the determination, including safety, security and the inmate's view. Conversation with agency staff further confirmed the process and that housing is determined on case-by-case basis. The interview with the PCM indicated that initially because of high concern for victimization, transgender and intersex individuals are single celled. Once classified they go where their risk screening designation allows. The PCM indicated whatever their sex was identifies as in ICON is where they will be housed. He indicated that male/female housing determinations are made prior to arriving at the facility or it is based on the sentencing order. The PCM also confirmed that placement would take into consideration the safety of the inmate and the presentation of any security or management problems. Interviews with two transgender inmates indicated that both were asked how they felt about their safety with regard to their housing assignment. Both also stated that they did not feel they were placed in a facility, unit or wing based on their gender identity.

115.42 (d): IS-RO-02, page 5 states that placement and programming assignments for each transgender or intersex incarcerated individual shall be reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. The PCM stated that transgender and intersex inmates are reviewed biannually to assess housing and programming assignments. The staff responsible for the risk screening confirmed that transgender and intersex inmates would be assessed at least biannually. A review of documentation for four transgender inmates indicated that two of the four had biannual assessments completed. One inmate had an assessment in 2021 and another in 2022 but no other documents were provided. A second was on the transgender list and identified as transgender during the interview, but the facility advised the inmate was not transgender and did not have documentation of biannual assessments.

115.42 (e): IS-RO-02, page 5 states that the transgender or intersex incarcerated individual's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Interviews with two transgender inmates confirmed both were asked about how they felt about their safety with regard to their housing assignment.

115.42 (f): IS-RO-02, page 5 states that transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals. During the tour the auditor observed that showers were single person and provided privacy through curtains and doors. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that transgender and intersex individuals are given the opportunity to shower during count times when everyone else is locked down. Interviews with two transgender inmates confirmed that both were offered the opportunity to shower separately from the rest of the inmate population.

115.42 (g): IS-RO-02, page 5 states that IDOC shall not place lesbian, gay, bisexual, transgender, or intersex incarcerated individuals in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI inmates. The PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with two LGB inmates and two transgender inmates indicated that all four did not feel LGBTI inmates are placed in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGBTI inmates confirmed they were housed across numerous different housing units at IMCC.

Based on a review of the PAQ, IS-RO-02, the Sexual Violence Propensity Assessment Scoring Guide for Offenders, inmates at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex inmate house determinations, transgender or intersex biannual assessments, LGBTI inmate housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening, transgender inmates and LGB inmates, indicates that this standard appears to require corrective action. A

review of documentation for four transgender inmates indicated that two of the four had biannual assessments completed. One inmate had an assessment in 2021 and another in 2022 but no other documents were provided. A second was on the transgender list and identified as transgender during the interview, but the facility advised the inmate was not transgender and did not have documentation of biannual assessments.

Corrective Action

The facility will need to ensure all transgender and intersex inmates receive biannual assessments. The facility will need to train appropriate staff on biannual assessments and provide a copy of the training. Additionally, the facility will need to provide a list of transgender inmates and provide confirmation of the most recent biannual assessment (completed in 2023).

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training Email with Assessment Handbook
2. List of Current Transgender Inmates and Biannual Assessments

On August 29, 2023 the facility provided a training email that was sent to appropriate staff related to biannual risk assessments for transgender and intersex inmates. The training email also included a copy of the Assessment Handbook, which outlines that transgender and intersex inmates are required to be assessed biannually.

On August 29, 2023 the facility provided a list of current transgender and intersex inmates (three). Risk assessments were provided for the three inmates which confirmed that all had at least one risk assessment completed in 2023.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IO-HO-06 - Protective Custody (PC) Housing 3. Inmates at High Risk of Victimization Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations in the Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing. IO-HO-06, page 6 states that incarcerated individuals at high risk for sexual victimization shall not be placed in involuntary PC housing unless an assessment has been made that there is not available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual in involuntary PC housing for less than 24 hours while completing the assessment. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary</p>

segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. A review of housing assignments for current inmates at high risk of sexual victimization indicated one VI and nine VPs were housed in the segregated housing unit. All ten were documented to be placed in segregated housing due reasons other than their risk of victimization.

115.43 (b): During the tour the auditor observed that segregated housing had a separate recreation area. Posted information was observed by the showers and staff advised inmates have out cell access to recreation five days a week. Inmates in segregated housing status have access to the phone and kiosk once a week and mail can be placed in the locked drop box in the unit when out of cell. The interview with the staff who supervise inmates in segregated housing indicated that the facility does not place anyone in involuntary segregated housing due to risk of victimization. He stated they would accommodate separation for them from others but unless they wanted to be placed in segregated housing voluntarily they would not be housed there due to risk. The staff indicated they have numerous single cells and numerous medical areas that they can be housed temporarily in lieu of segregated housing. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): The PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. IO-HO-06, page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. The interview with the Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they have never had to involuntarily segregated an inmate at high risk of victimization because they have so many housing units. He indicated they have many ways to move people without using segregated housing and that they move the individuals based on the options as quickly as they can. The interview with the staff who supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated they would not place someone in involuntary segregated housing and that they have numerous single cells and medical areas they can utilize in lieu of segregated housing. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

	<p>115.43 (d): The PAQ indicated there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility’s concern for the inmate’s safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current inmates at high risk of sexual victimization indicated one VI and nine VPs were housed in the segregated housing unit. All ten were documented to be placed in segregated housing due reasons other than their risk of victimization.</p> <p>115.43 (e): The PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. IO-HO-06, page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC (Protective Custody Review Committee) at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing, but that they would not have to do that because they do not place individual in segregated housing. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.</p> <p>Based on a review of the PAQ, IO-HO-06, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates this standard appears to be compliant.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-01 – Incarcerated Individual PREA Information

3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
5. Staying Safe A Guide for Incarcerated Individual Conduct
6. IMCC Reception Handbook
7. General Population Handbook
8. Staying Safe Poster
9. Zero Tolerance Poster
10. Sexual Assault Poster
11. Ombudsman’s Office Poster

Documents Received During the Interim Report Period:

1. Updated Staying Safe A Guide for Incarcerated Individual Conduct
2. Updated Zero Tolerance Poster
3. Incident Reporting Form
4. Training Emails on Incident Reporting Form

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. PREA-01 (pages 5-6), PREA-02 (pages 9-10) and PREA-03 (pages 11-12) state that an incarcerated individual may report incarcerated individual-on-incarcerated individual sexual harassment or sexual abuse, or staff, contractor or volunteer sexual harassment or sexual misconduct, or retaliation by other incarcerated individuals or staff for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to the incident in any way. Policy provides the methods including: to any employee, contractor or volunteer; by sending a kite, kiosk message or letter to the institution Warden; or by sending a letter to the Victim Restoration Justice Director (address included) or the Iowa Ombudsman Office (address included). A review of additional documentation to include the Staying Safe A Guide for Incarcerated Individual Conduct, the two Handbooks, the Staying Safe Poster, the Zero Tolerance Poster, the Sexual Assault Poster and the Ombudsman's Office Poster confirm that inmates are advised of reporting methods including: verbally to a staff member; sending a kite to staff (Deputy Warden, PREA, Shift Supervisor, Health Services, Psychologist and Counselor); writing to the Victim and Restorative Justice Director, writing to the Ombudsman, sending an email to the PREA email and having friends and family contact the facility or the Ombudsman's Office. It should be noted that the Staying Safe Poster indicated that inmates could report externally to Rape Victim Advocacy Program (RVAP). This is the local rape crisis center and is not the external reporting mechanism. During the tour the auditor observed a plethora of PREA information posted around the facility in each housing unit. Housing units had oversize PREA Posters that expressed zero tolerance and reporting information. These PREA Posters were observed in English and Spanish. Each housing unit also had a bulletin board of PREA specific information. The bulletin boards had the Staying Safe Poster, the Zero Tolerance Poster, the Ombudsman Poster, the Staying Safe A Guide for Incarcerated Individual Conduct and postings of opposite gender announcements/ staff. The bulletin boards had information in both English and Spanish and most postings were on letter size paper with adequate size font. Most of the bulletins were at eye level, however a few were at a raised height and the auditor had a difficult time reading the information. The auditor tested the internal reporting mechanisms during the tour. The auditor had an inmate assist with submitting a kiosk message to the PREA inbox on June 14, 2023. At the issuance of the interim report the auditor had not received confirmation the kiosk message was received. Interviews with 30 inmates confirmed that all 30 were aware of at least one method to report sexual abuse and sexual harassment. Inmates stated they could report to staff, via a kite, through the kiosk or through a phone number. Interviews with thirteen random staff indicate that inmates can report through staff, the Ombudsman, in writing, through the kiosk and via a third party. During the interim report period the facility updated

posted PREA information to ensure accuracy and consistency. The Zero Tolerance Poster was updated and included reporting through a kite/kiosk, to any staff member, contractor or volunteer, through a grievance or sick call slip, to the PC or PCM, through family, friends or any other third party. The Staying Safe Poster, Sexual Assault Poster and Ombudsman's Poster were no longer being posted/used. In addition to the Zero Tolerance Poster, the updated Staying Safe A Guide for Incarcerated Individual Conduct was also posted, which included reporting mechanism such as to a trusted staff member, through a kite, to Victim and Restorative Justice and through the Ombudsman's Office.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the IDOC does not house inmates solely for civil immigration purposes. PREA-01 (pages 5-6), PREA-02 (pages 9-10) and PREA-03 (pages 11-12) state that an incarcerated individual may report incarcerated individual-on-incarcerated individual sexual harassment or sexual abuse, or staff, contractor or volunteer sexual harassment or sexual misconduct, or retaliation by other incarcerated individuals or staff for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to the incident in any way. Policy provides the methods including: to any employee, contractor or volunteer; by sending a kite, kiosk message or letter to the institution Warden; or by sending a letter to the Victim Restoration Justice Director (address included) or the Iowa Ombudsman Office (address included). A review of the Staying Safe A Guide For Incarcerated Individual Contact, the two Handbooks, the Staying Safe Poster and Ombudsman Poster confirmed that they included the address (a few documents also had the phone number) to the Ombudsman's Office. It should be noted that none of the documents outline that the Ombudsman's Office is the external reporting entity and that inmates are able to remain anonymous when reporting to the entity. During the tour the auditor observed a plethora of PREA information posted around the facility in each housing unit. Housing units had oversize PREA Posters that expressed zero tolerance and reporting information. These PREA Posters were observed in English and Spanish. Each housing unit also had a bulletin board of PREA specific information. The bulletin boards had the Staying Safe Poster, the Zero Tolerance Poster, the Ombudsman Poster, the Staying Safe A Guide for Incarcerated Individual Conduct and postings of opposite gender announcements/staff. The bulletin boards had information in both English and Spanish and most postings were on letter size paper with adequate size font. Most of the bulletins were at eye level, however a few were at a raised height and the auditor had a difficult time reading the information. Informal conversation with inmates indicated that the posted PREA information has been up for quite a while. During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is

provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and initial the regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to the Ombudsman's Office is treated like legal mail. During the tour the auditor observed that mailboxes were in each housing unit for correspondence to be placed. Incarcerated individuals are able to contact the external reporting entity via phone or written correspondence. In order for the individual to call the Ombudsman's Office, the phone number has to be added to the individual's call list. The PC advised that the Ombudsman's Officer requested that individuals be charged for calls to reduce the amount of frivolous calls they were receiving. On May 10, 2023 the auditor called the Ombudsman's Office via personal cell phone. A receptionist took the auditors information and advised she would open a case and have someone return the call. On May 12, 2023 the auditor received a call from the Ombudsman's Office advising that they accept reports of sexual abuse and sexual harassment from incarcerated individuals. The staff advised that once the information is received they get in touch with or forward a message to the Deputy Secretary. The Ombudsman's Office staff confirmed that incarcerated individuals are able to remain anonymous upon request and they can also send a letter to the office where they can remove the individual's contact information. The auditor further tested the written method of contacting the Ombudsman's Office. The auditor sent a letter on June 14, 2023. The auditor received confirmation via email on June 21, 2023 from a staff member at the Ombudsman's Office confirming that the letter was received. The interview with the PCM indicated that individuals can report through the Ombudsman's Office as the external reporting entity. He stated all inmates are given two free envelopes that they can utilize to write to the Ombudsman, Victim Services or RVAP. The PCM stated they can also call any of the services by adding them to their call list. He stated inmates are instructed if they need additional envelopes or are indigent that they can go through the counselor. The interview indicated that when a report is made to the Ombudsman it is forwarded to a IDOC email and then it is provided to the Warden for investigation. Interviews with 30 inmates indicated fourteen were aware of an outside reporting entity. Eight were aware of the Ombudsman's office but they were not sure if they could report sexual abuse to the office. Seventeen of the 30 inmates were aware they could anonymously report. The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable. During the interim report period the facility updated the Staying Safe A Guide for Incarcerated Individual Contact to include that the Ombudsman's Office is the external reporting party and all phone calls and mail to the Ombudsman are considered confidential. The Staying Safe A Guide for Incarcerated Individual Contact was also updated to advise inmates that they can remain anonymous when reporting to the Ombudsman's Office.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff

accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. PREA-01, page 7 states staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document all verbal reports. PREA-02 (page 10) and PREA-03 (page 12) indicate that any staff member who receives a report of sexual violence, sexual misconduct, sexual harassment, retaliation, staff neglect or violation of duties, whether verbally or in writing, anonymously, or from third parties, shall immediately notify the Shift Supervisor and complete an incident report. Interviews with 30 inmates indicate all 30 knew they could report verbally and/or in writing to staff and 35 knew they could report through a third party. Interviews with thirteen staff indicate that inmates can report verbally, in writing, anonymously and through a third party. One staff member advised he was unsure third party reporting. Most of the staff indicated they would document verbal reports through an email, a generic note or on the log. A review of investigations indicated six were verbally to staff. Of the six, one had a written document by the staff receiving the report. During the tour the auditor asked a staff member to illustrate how they would document a verbal report of sexual abuse or sexual harassment. The staff advised that they would document it on the unit log and would put information in a generic note. The staff stated they would document that the inmate was reporting sexual assault. The staff further stated they would document the information in an offender report. During the interim report period the facility created an incident reporting form for PREA. The form is electronic and was added to the IMCC Database. An email was sent to all staff on July 24, 2023 that advised staff that once the immediate situation is addressed staff can either download the form, complete it and submit it to the supervisor/investigator or fill it out and email it to the supervisor/investigator. On July 14, 2023 the form was initially sent to Shift Supervisors with instructions on staff completing the form for verbal reports.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ noted that staff are informed of this method through policy and staff notifications. PREA-02, page 7 states that each institution shall provide a method for staff to privately report sexual violence against incarcerated individuals. Policy further states this includes calling the Ombudsman (1-888-426-6283) or sending them correspondence (Ola Babcock Miller Building, 1112 East Grand, Des Moines, Iowa 50319). PREA-02 (MCC), page 7 and PREA-03 (MCC), page 6 state that staff are encouraged to send emails or call the Warden, Deputy Warden or other supervisor with reports of sexual violence. Interviews with thirteen staff indicated all thirteen were aware that they could privately report sexual abuse of an inmate.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-02 (NCF), PREA-03, PREA-03 (NCF), the Incarcerated Individual Information Guide, the Staying Safe A Guide for Incarcerated Individual Conduct, IMCC Reception Handbook, General Population

Handbook, Staying Safe Poster, Zero Tolerance Poster, Sexual Assault Poster, Ombudsman's Office Poster, documentation received during the interim report period, observations during the tour and information from interviews with the PCM, random inmates and random staff this standard appears to require corrective action. The auditor tested the internal reporting mechanisms during the tour. The auditor had an inmate assist with submitting a kiosk message to the PREA inbox on June 14, 2023. At the issuance of the interim report the auditor had not received confirmation the kiosk message was received. Interviews with 30 inmates indicated fourteen were aware of an outside reporting entity. Eight were aware of the Ombudsman's office but they were not sure if they could report sexual abuse to the office. Seventeen of the 30 inmates were aware they could anonymously report. During the tour the auditor asked a staff member to illustrate how they would document a verbal report of sexual abuse or sexual harassment. The staff advised that they would document it on the unit log and would put information in a generic note. The staff stated they would document that the inmate was reporting sexual assault. The staff further stated they would document the information in an offender report. A review of investigations indicated six were verbally to staff. Of the six, one had a written document by the staff receiving the report. While the facility implemented a process for written reports of verbal allegations during the interim report period, examples will need to be provided to show the process has been institutionalized. Additionally, while the facility updated the PREA posted information and made it accessible for LEP and disabled inmates, the facility did not provide photos or other confirmation of the updates.

Corrective Action

The facility will need to provide confirmation when and how the auditor's test of the internal reporting mechanism was received. The facility will need to provide a list of sexual abuse and sexual harassment allegations that were verbally reported and the corresponding written report by the staff receiving the report. Further the facility provided photos confirming that the updated PREA information was posted around the facility in each housing unit.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

	<ol style="list-style-type: none"> 1. Confirmation of Kiosk Message 2. Photos of Updated Posted PREA Information 3. Written Documentation of Verbal Reports <p>On August 3, 2023 the facility provided photos of the updated posted PREA information in large font in both English and Spanish.</p> <p>On August 24, 2023 the facility provided confirmation that the kiosk message sent by the auditor during the on-site portion of the audit was received. The auditor advised that the timeframe of receipt was lengthy and not adequate. However, this was not the only internal reporting mechanism and as such the auditor advised staff that they need to ensure that this method of reporting is checked more frequently by staff.</p> <p>On August 29, 2023 the facility provided three examples of reports of sexual abuse or sexual harassment during the corrective action period. Two of the three were verbal reports and both were documented in a written report by the staff member receiving the verbal report. The third report was through a grievance and included the same written report by the staff member who received and reviewed the grievance.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IO-OR-06 - Incarcerated Individual Grievance Procedures 3. Grievance Log 4. Sexual Abuse/Sexual Harassment Grievances

Findings (By Provision):

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

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

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

115.52 (d): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log indicated there were four sexual abuse grievances filed since 2019, none of which were filed in the previous twelve months. All four however had a response within 30 days.

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

since 2019, none of which were filed in the previous twelve months. All four however had a response within 30 days.

115.52 (f): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log indicated there were four sexual abuse grievances filed since 2019, none of which were filed in the previous twelve months. All four however had a response within 30 days.

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

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

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation4. Memorandum of Understanding with Rape Victim Advocacy Program (RVAP)5. Rape Victim Advocacy Program Printout

6. Staying Safe Poster

Documents Received During the Interim Report Period:

1. Zero Tolerance Poster
2. Confidential Support Services Poster
3. Updated Staying Safe A Guide for Incarcerated Individual Conduct

Interviews:

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

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential a manner as possible. The PAQ stated that the does not house inmates solely for civil immigration purposes. The PAQ stated that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential manner as possible. PREA-02 (page 11) and PREA-03 (page 7) indicate that the institution shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual violence by giving incarcerated individuals mailing addresses and telephone numbers. Policies further state that the institution shall enable reasonable communication between incarcerated individuals and these organizations and agencies, in as confidential a manner as possible. The facility has an MOU with Rape Victim Advocacy Program (RVAP) that was executed on May 2, 2023. The MOU states that IMCC will provide referrals to RVAP including hotline numbers, advocacy, counseling and information and referral. It also states

IMCC will allow RVAP to visit an offender-victim upon request by offender-victim, and provide a room to meet privately. A review of the RVAP Printout indicated it provided the mailing address and phone number as well as the web address. The Handout included information on counseling services, healing information, peer counseling, groups and their mission, vision and values. The Handout advises that trained advocate are available on a 24 hour basis to provide confidential crisis intervention and support. A review of the Staying Safe A Guide for Incarcerated Individual Conduct indicates that it advises inmates that victims are encouraged to seek assistance in recovering from trauma through mental health staff. It also states that counseling and support services for sexual assault victims is available and can be requested. Interviews with 30 inmates, including those who reported sexual abuse, indicated eight were aware of outside victim advocacy services and twelve were provided contact information for a local, state or national rape crisis center. During the tour the auditor observed a plethora of PREA information posted around the facility in each housing unit. Housing units had oversize PREA Posters that expressed zero tolerance and reporting information. These PREA Posters were observed in English and Spanish. Each housing unit also had a bulletin board of PREA specific information. The bulletin boards had the Staying Safe Poster, the Zero Tolerance Poster, the Ombudsman Poster, the Staying Safe A Guide for Incarcerated Individual Conduct and postings of opposite gender announcements/staff. The bulletin boards had information in both English and Spanish and most postings were on letter size paper with adequate size font. Most of the bulletins were at eye level, however a few were at a raised height and the auditor had a difficult time reading the information. The facility provides access to victim advocates through the Rape Victim Advocacy Program (RVAP). The auditor had an inmate assist with contacting RVAP from the inmate phone system. The inmate was advised that the call cost money and required RVAP to accept the call. The call went through but RVAP staff declined the call. During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and initial the regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff advised they had never seen mail to the rape crisis center, but they would treat it like legal mail. During the tour the auditor observed that mailboxes were in each housing unit for correspondence to be placed. During the interim report period the facility updated posted information to include contact information for RVAP. The Zero Tolerance Poster was updated to indicate the facility partners with RVAP for emotional support services, which can be accessed through the 24 hour rape crisis line (phone number provided on poster). The facility also created the Confidential Support Services Poster which advises inmates they can receive confidential support services through their psychologist, RVAP and CAASA. The Poster provides the phone

number and mailing address to RVAP and CAASA. The Poster states that calls to RVAP are not free, unless indigent and that communication to support numbers are not monitored and mail is confidential. Additionally, the facility updated the Staying Safe A Guide for Incarcerated Individual Conduct. The document was updated with the Center Against Abuse & Sexual Assault (CAASA) information (telephone and mailing address). The Guide was updated to state that free and confidential services are available to anyone at any time, regardless of when the abuse occurred. Calls are not monitored or recorded. All mail is treated like legal mail. CAASA is not a reporting mechanism and any information provided related to incidents of sexual abuse cannot be reported without written consent. The document was updated to include the hotline number and mailing address for CAASA. It should be noted that CAASA is the statewide advocacy organization and can be utilized by all IDOC facilities. During the interim report period the facility had an inmate test the CAASA phone number (1-877), using the inmate phone system. The inmate signed an acknowledgment form indicating he reached a live person from CAASA. While the test call worked for CAASA, the facility does not have an MOU with CAASA, but rather RVAP.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The PAQ also stated the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. PREA-02 (page 12) and PREA-03 (page 7) state that the institution shall inform incarcerated individuals, prior to giving them access, of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility has an MOU with Rape Victim Advocacy Program (RVAP) that was executed on May 2, 2023. The MOU states that IMCC will provide referrals to RVAP including hotline numbers, advocacy, counseling and information and referral. It also states IMCC will allow RVAP to visit an offender-victim upon request by offender-victim, and provide a room to meet privately. A review of the RVAP Printout indicated it provided the mailing address and phone number as well as the web address. The Handout included information on counseling services, healing information, peer counseling, groups and their mission, vision and values. The Handout advises that trained advocate are available on a 24 hour basis to provide confidential crisis intervention and support. A review of the Staying Safe A Guide for Incarcerated Individual Conduct indicates that it advises inmates that victims are encouraged to seek assistance in recovering from trauma through mental health staff. It also states that counseling and support services for sexual assault victims is available and can be requested. Interviews with 30 inmates, including those who reported sexual abuse, indicated eight were aware of outside victim advocacy services and twelve were provided contact information for a local, state or national rape crisis center. Most inmates who were provided contact information stated they were given the information but they did not know specifics. During the tour the auditor observed the mail process. The facility does not receive physical incoming

mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and initial the regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff advised they had never seen mail to the rape crisis center, but they would treat it like legal mail. During the tour the auditor observed that mailboxes were in each housing unit for correspondence to be placed. During the interim report period the facility updated posted information to include contact information for RVAP. The Zero Tolerance Poster was updated to indicate the facility partners with RVAP for emotional support services, which can be accessed through the 24 hour rape crisis line (phone number provided on poster). The facility also created the Confidential Support Services Poster which advises inmates they can receive confidential support services through their psychologist, RVAP and CAASA. The Poster provides the phone number and mailing address to RVAP and CAASA. The Poster states that calls to RVAP are not free, unless indigent and that communication to support numbers are not monitored and mail is confidential. Additionally, the facility updated the Staying Safe A Guide for Incarcerated Individual Conduct. The document was updated with the Center Against Abuse & Sexual Assault (CAASA) information (telephone and mailing address). The Guide was updated to state that free and confidential services are available to anyone at any time, regardless of when the abuse occurred. Calls are not monitored or recorded. All mail is treated like legal mail. CAASA is not a reporting mechanism and any information provided related to incidents of sexual abuse cannot be reported without written consent. The document was updated to include the hotline number and mailing address for CAASA. It should be noted that CAASA is the statewide advocacy organization and can be utilized by all IDOC facilities.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse and the facility maintains copies of the agreement. PREA-02 (page 12) and PREA-03 (page 7) state that the institution PREA Compliance Manager/PREA Coordinator shall enter into or attempt to enter into a memorandum of understanding or other agreement with community rape crisis service providers. Each institution shall maintain copies of agreements or document showing attempts to enter into such agreements. The facility has an MOU with Rape Victim Advocacy Program (RVAP) that was executed on May 2, 2023.

Based on a review of the PAQ, PREA-02, PREA-03, the MOU with RVAP, Inc, the Rape

Victim Advocacy Program Printout, the Staying Safe Poster, documents received during the interim report and interviews with random inmates and inmates who reported sexual abuse this standard appears to require corrective action. Interviews with 30 inmates, including those who reported sexual abuse, indicated eight were aware of outside victim advocacy services and twelve were provided contact information for a local, state or national rape crisis center. Most inmates who were provided contact information stated they were given the information but they did not know specifics. During the interim report period the facility had an inmate test the CAASA phone number (1-877), using the inmate phone system. The inmate signed an acknowledgment form indicating he reached a live person from CAASA. While the test call worked for CAASA, the facility does not have an MOU with CAASA, but rather RVAP. While the facility updated the PREA posted information and made it accessible for LEP and disabled inmates, the facility did not provide photos or other confirmation of the updates.

Corrective Action

The facility will need to provide updated information related to the use of CAASA, including an MOU if they intend to utilize CAASA for services under this provision. Additionally, the facility will need to provide confirmation that calls to RVAP are also functional. The facility will need to provide photos confirming that the updated PREA information was posted around the facility in each housing unit.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Photos of Updated Posted PREA Information
2. Confirmation of Test Call to Rape Crisis Center

On August 3, 2023 the facility provided photos of the updated posted PREA information in large font in both English and Spanish.

	<p>On July 26, 2023 the facility provided documentation confirming that an inmate completed a test call to RVAP and reached a live person that was able to provide confidential emotional support services.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Third Party Poster 3. Sexual Assault Poster <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency’s website confirms that the following information is provided to the public: “If you are aware of an incarcerated individual or client who is experiencing sexual abuse you can report this anonymously through multiply venues: via email to PREA.reporting@iowa.gov, you can also mail a letter to IDOC Central Office, 510 E. 12th Street, Des Moines, IA 50319 or State of Iowa Office of Ombudsman, 1112 E. Grand Avenue, Des Moines, IA 50319.” A review of the Third Party Poster confirms that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals are directed to call 319-372-5432 extension 41847 or request to speak with a shift supervisor. Additionally, the end of the visitation application advises visitors that the IDOC has a zero tolerance policy for sexual violence of if the individual is concerned about sexual violence committed against any person in IDOC prison they should contact the Warden. On May 10, 2023 the auditor sent an email to the above email address to test the functionality of the third party reporting mechanism. The auditor received a response on May 10, 2023 from the PC confirming the email was received and that if a report of sexual abuse or sexual harassment was sent it would be forwarded to the IGO to initiate an</p>

	<p>investigation. During the tour the auditor observed posted PREA information including the PREA Third Party Poster and the Sexual Assault Poster. The PREA Third Party Poster and Sexual Assault Poster were on letter size paper in English and Spanish. The PREA Third Party Poster included the telephone number to the Warden and the agency website information. The Sexual Assault Poster included reporting options such as verbally to the Warden or any employee, written to the Ombudsman’s Office or the Victim and Restorative Justice Director and through the PREA email address.</p> <p>Based on a review of the PAQ, the PREA Third Party Poster, the Sexual Assault Poster, the agency’s website and observations during the tour, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility update the PREA Third Party Poster to include the email address, rather than the website address.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden

4. Interview with the PREA Coordinator

Findings (By Provision):

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

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

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

115.61 (d): The interview with the PREA Coordinator indicated that the agency follows all mandatory reporting laws related to youthful inmates and vulnerable inmates. The Warden stated he has not had an allegation made by a youthful inmate or a vulnerable adult, but he would treat it like any other allegation and have it reported and investigated. He indicated he would then double check what is necessary though a review of policy and law, to ensure they are not missing any reporting requirements. He indicated he would also reach out to those who are more knowledgeable on the subject to confirm reporting laws.

115.61 (e): PREA-02 (pages 5-6) and PREA-03 (page 12) indicate each institution shall immediately report all allegations of sexual violence, including third-party and anonymous reports and allegations to the deputy Director of Institution Operations/ Designee and to the institution’s sexual violence investigator. The interview with the Warden confirmed that all allegations are reported to designated facility/agency investigators. A review of investigative reports indicated that all eleven reviewed allegations were reported to a facility investigator. Further the investigative log confirmed that all reported allegations were investigated.

Based on a review of the PAQ, PREA-02, PREA-03, investigative report and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals

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

4. Investigative Report

Interviews:

1. Interview with the Agency Head

2. Interview with the Warden

3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). PREA-02 (page 7) and PREA-03 (page 11) state when an institution learns that an incarcerated individual is subject to substantial risk of imminent sexual violence, it shall take immediate action to protect the incarcerated individual. PREA-02 (CCF), page 7 specifically states that staff shall separate the victim and perpetrator from sight and sound of each other. This may include living on the same pod but separate units. The PAQ stated that there were zero determinations made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse. A review of documentation indicated there were zero inmate deemed at imminent risk of sexual abuse, however there were numerous inmates who reported sexual harassment. In the instances of sexual harassment inmates were separated by housing unit, when necessary. The interview with the Agency Head indicated that when the agency learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse they get the PCM involved and the staff who monitor for retaliation involved. She indicate they immediately initiate an investigation and they take any necessary steps such as changing housing units and/or facility transfers to ensure immediate separation. The Warden stated that when the facility learns that an inmate is at imminent risk of sexual abuse they identify if there is a way to remove the potential risk first (i.e. moving the potential perpetrator). He indicated they would protect the individual and see if the person needs to be moved to a different area/housing unit. Interviews with random staff indicated they would take immediate action such as removing the individual from the area, making sure they are safe, contacting their supervisor and offering protective custody.

	Based on a review of the PAQ, PREA-02, PREA-03, investigative reports and information from interviews with the Agency Head, Warden and random staff indicates that this standard appears to be compliant.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 4. Investigative Reports 5. Notification Letter/Email <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p>

PREA-02 (page 9) and PREA-03 (page 7) state upon receiving an allegation that an incarcerated individual was sexually abused by another incarcerated individual while confined at another facility, the Warden shall immediately notify the Deputy Director of Institution Operations/Designee. The Deputy Director of Institution Operations/Designee shall notify the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ stated there was one allegation received that an inmate was abused while confined at another facility. A review of documentation indicated there were two allegations reported at the facility in 2022. Both allegation were documented in a letter that was to be forwarded to the agency where it occurred.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. PREA-02 (page 9) and PREA-03 (page 7) state such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation indicated there were two allegations reported at the facility in 2022. Both allegations were documented in a letter to the facility/agency where the incident occurred. One allegation had a letter but additional documentation was not provided to confirm that the letter was forwarded to the agency/facility where the incident occurred. The second was reported at the facility on April 20, 2022 and documentation indicated the information was received on April 25, 2022.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. PREA-02 (page 9) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall document that such notification has been provided. A review of documentation indicated there were two allegations reported at the facility in 2022. Both allegations were documented in a letter to the facility/agency where the incident occurred. One allegation had a letter but additional documentation was not provided to confirm that the letter was forwarded to the agency/facility where the incident occurred. The second was reported at the facility on April 20, 2022 and documentation indicated the information was received on April 25, 2022.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. PREA-02 (page 9) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall ensure that the allegation is investigated in accordance with the requirements of the PREA standards. The PAQ stated there was one allegation reported to them from another facility in the previous twelve months. The PAQ supplemental documentation confirmed the allegation was received January 24, 2023 and an investigation was initiated and completed by the facility. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility the main point of contact is the PC. The Agency

Head stated the PC will then notify the Warden of the facility where the alleged abuse occurred and the appropriate investigative agency will be notified as well, if necessary. She further stated that they have had a recent allegation made through Warden to Warden notification and that the agency investigators were notified as well as the local police. The interview with the Warden indicated that what they do with the information is circumstantial, because sometimes they receive information that is very old (20 plus years) and there is not any video or anyone to interview. He stated they would work together with the reporting facility to do an investigation and interviews though. The Warden stated he believed they have received a Warden to Warden notification in the previous year that was very old, but they documented it and did what they could for an investigation. A review of investigations confirmed one was reported via a Warden to Warden notification. The allegation was investigated and deemed unsubstantiated.

Based on a review of the PAQ, PREA-02, PREA-03, investigative reports, notification letter, the training during the interim report period and interviews with the Agency Head and Warden, this standard appears to require corrective action. A review of documentation indicated there were two allegations reported at the facility in 2022. Both allegations were documented in a letter to the facility/agency where the incident occurred. One allegation had a letter but additional documentation was not provided to confirm that the letter was forwarded to the agency/facility where the incident occurred. The second was reported at the facility on April 20, 2022 and documentation indicated the information was received on April 25, 2022.

Corrective Action

The facility will need to ensure that Warden to Warden notification are made within 72 hours of receiving the information. The facility will need to provide examples of Warden to Warden notifications during the corrective action period (to include documentation on date reported and date forwarded to the facility/agency where the incident occurred).

Verification of Corrective Action Since the Interim Audit Report

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

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Warden to Warden Notifications <p>On August 29, 2023 the facility provided two Warden to Warden notifications during the corrective action period. Both had a notification sent within 72 hours of the reported incident of sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-01 – Incarcerated Individual PREA Information 3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 5. PREA Card 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with First Responders 2. Interview with Random Staff 3. Interview with Inmates Who Reported Sexual Abuse <p>Findings (By Provision):</p>

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. PREA-02 (page 11) and PREA-03 (pages 12-13) state the first security staff on the scene of an incident of sexual abuse/assault shall: separate the alleged victim and perpetrator; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if it is alleged that a sexual abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, drinking, or eating. PREA-01 pages 7-8, state that if applicable to the circumstances, the alleged incarcerated victim shall be advised by the employee receiving the report or Shift Supervisor that showering or body cleaning, or if the alleged abuse was oral, drinking or brushing could damage or destroy evidence. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The facility provides all staff PREA Cards, which outline security and non-security first responder duties. The PAQ stated there were nine allegations of sexual abuse in the previous twelve months. All nine involved the first security staff first responder to separate the alleged victim and abuser. The PAQ further indicated that one was reported within a timeframe that still allowed for evidence collection and it involved the preservation of the crime scene. A review investigations indicated none involved any immediate first responder duties and none were reported within a timeframe to allow for collection of physical evidence. It should be noted that a few of the allegations involved the separation of the alleged victim and alleged abuser via housing changes. The security staff first responders stated if there was an incident of sexual abuse he would separate the individuals, lock down the area where it occurred, not allow the individuals to shower or anything, get them sent to the hospital and report the information to the Captain. The non-security first responder stated she would find the first security staff member and report the information and she would make sure the person is safe. Interviews with three inmates who reported sexual abuse indicated all three were reported verbally to staff. All three advised they were taken to talk to the investigator. Two advised the alleged perpetrator was moved to a different housing unit and one stated he was moved to the mental health observation unit.

	<p>115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. PREA-02 (page 11) and PREA-03 (page 12) state if the first responder is not security then, after ensuring that the alleged victim is free from harm, the staff member shall advise the alleged victim not to take any actions that could destroy physical evidence. The non-security staff member shall notify security of the situation immediately. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The facility provides all staff PREA Cards, which outline security and non-security first responder duties. The PAQ stated there were three allegation of sexual abuse that involved a non-security staff first responder. The PAQ further stated in all three instances the non-security staff member notified security and advised the victim not to take any action to destroy evidence. A review investigations indicated none involved any immediate first responder duties and none were reported within a timeframe to allow for collection of physical evidence. It should be noted that a few of the allegations involved the separation of the alleged victim and alleged abuser via housing changes. Two of the allegations reviewed were reported to non-security staff member and both reported the information to security staff. The security staff first responders stated if there was an incident of sexual abuse he would separate the individuals, lock down the area where it occurred, not allow the individuals to shower or anything, get them sent to the hospital and report the information to the Captain. The non-security first responder stated she would find the first security staff member and report the information and she would make sure the person is safe. The interviews with random staff confirm that staff are aware of first responder duties. Staff stated they would separate the individuals, secure the scene, not let the victim destroy any evidence and notify the supervisor.</p> <p>Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, PREA Card, investigative reports and interviews with random staff, first responders and inmate who reported sexual abuse, this standard appears to be compliant.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-02 (MCC) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/

	<p>Retaliation with Incarcerated Individuals</p> <p>3. PREA-03 (MCC) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</p> <p>Interviews:</p> <p>1. Interview with the Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. PREA-02 (MCC) and PREA-03 (MCC) confirm that they outline the duties and responsibilities for the Director’s Office, staff, contractors, volunteers, the Warden, the Shift Supervisor, Investigators and medical and mental health care staff. The Sexual Assault Checklists also outline first responder duties, health services duties, supervisor duties, investigator duties and leadership staff duties. The Warden indicated he would have to look but he believed the facility policy outlines the plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>Based on a review of the PAQ, PREA-02 (MCC), PREA-03 (MCC) and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p> <p>2. Collective Bargaining Agreement with the American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO</p>

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of the agreement confirmed it only deals with pay and wages. Nothing in the agreement limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview with the Agency Head confirmed that the agency has entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. She stated that nothing in the agreement prohibits the agency from removing staff abusers from contact with incarcerated individuals. She further stated that it does not prohibit them from disciplining staff for cause.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the collective bargaining agreement and the interview with the Agency Head, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 3. Monitoring for Retaliation Documents 4. Investigative Reports

Interviews:

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

Findings (By Provision):

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

115.67 (b): PREA-03, page 23 states the institutional shall employ multiple protective measure, such as housing changes or transfers for incarcerated individual victims or perpetrators, removal of alleged staff aggressors or incarcerated individual perpetrators from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting or cooperating with investigations. A review of investigative reports and monitoring documents indicated that there have been no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head stated depending on the situation, they could initiate protective measures including; housing changes, transfers and removal of the staff abusers. She confirmed they could also offer emotional support services. The Warden stated that with regard to protective measure they will have mental health and an outside advocate available. He stated the Major and Unit Manager would keep an eye on the individual. The Warden confirmed they can take protective measures including housing changes, facility transfers and removal of staff abusers. He further stated the number of housing units allow for separation from inmates and certain staff. The interview with the staff who

monitor for retaliation indicated his role is to track the individual the minute the case is closed. He stated he utilizes the online system, which gives guidelines for 30, 60 and 90 day reviews. The staff indicated if the individual is at the facility he meets with them and fills out the online form related to the different component. He stated he reviews housing changes, disciplinary reports, change in privileges, work assignments changes, classification reviews, treatment team reviews and any other things that may pertain to the PREA allegation related to retaliation. The staff indicated if the inmate leaves the facility he will forward the information for the other facility to complete but if they don't he at least reviews the screens and ICON information and complete the online form. Interviews with three inmates who reported sexual abuse indicated all three felt safe at the facility and two felt protected against retaliation. One inmate stated he did not feel protected because the alleged perpetrator was still at the facility. There were no inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. PREA-03, pages 23-24 state for at least 90 days following a report of sexual violence, the institution shall monitor the conduct and treatment of incarcerated individuals or staff who reported the sexual violence and of incarcerated individuals who were reported to have suffered sexual violence to see if there are changes that may suggest possible retaliation by incarcerated individuals or staff, and shall act promptly to remedy any such retaliation. The institution shall monitor any incarcerated individual disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The institution shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported they would ensure separation of the individuals and conduct a full investigation. The Warden stated if the investigation confirmed the retaliation occurred the person would be subject to discipline. The interview with the staff member responsible for monitoring retaliation indicated that he monitors for 90 days and that if they suspect retaliation they could monitor indefinitely. He stated he reviews housing changes, disciplinary reports, change in privileges, work assignments changes, classification reviews, treatment team reviews and any other things that may pertain to the PREA allegation related to retaliation. The staff indicated if the inmate leaves the facility he will forward the information for the other facility to complete but if they don't he at least reviews the screens and ICON information and complete the online form. A review of three sexual abuse investigative reports indicated all three required monitoring. One inmate was not at the facility at the time of the report and as such

monitoring was not completed. One allegation was deemed unfounded within 30 days and monitoring was not completed. The third inmate was monitored until his transfer from the facility 45 days later. It should be noted that the PCM conducted monitoring once after the inmate was transferred through a review of information on the electronic database. The documented monitoring included checks of the information under this provision.

115.67 (d): PREA-03, page 24 states that in the case of incarcerated individuals, such monitoring shall also include periodic status checks. The staff member responsible for monitoring confirmed that he conducts period status checks. He stated if the individual is at the facility he meets with them and fills out the electronic form. One inmate was not at the facility at the time of the report and as such monitoring was not completed. One allegation was deemed unfounded within 30 days and monitoring was not completed. The third inmate was monitored until his transfer from the facility 45 days later. It should be noted that the PCM conducted monitoring once after the inmate was transferred through a review of information on the electronic database. The staff documented an in-person status check with the inmate who had monitoring completed.

115.67 (e): PREA-03, page 24 states if any other individual who cooperates with an investigation expresses a fear of retaliation, the institution shall take appropriate measures to protect that individual against retaliation. The Agency Head stated that the same protective measures would be taken for an individual who cooperates with an investigation. She stated they utilize a database for retaliation monitoring and they utilize it for tracking purposes. The Warden stated that with regard to protective measure they will have mental health and an outside advocate available. He stated the Major and Unit Manager would keep an eye on the individual. The Warden confirmed they can take protective measures including housing changes, facility transfers and removal of staff abusers. He further stated the number of housing units allow for separation from inmates and certain staff. The Warden stated if the investigation confirmed the retaliation occurred the person would be subject to discipline.

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

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

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

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

individual in involuntary PC housing for less than 24 hours while completing the assessment. Page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. During the tour the auditor observed that the segregated housing unit had a separate recreation area. Posted information was observed by the showers and staff advised inmates have out cell access to recreation five days a week. Inmates in segregated housing status have access to the phone and kiosk once a week and mail can be placed in the locked drop box in the unit when out of cell. A review of housing documents for three inmates who reported sexual abuse indicated two remained in the same housing unit after the reported abuse and one was not at the facility at the time of the report. The interview with the Warden confirmed that agency policy prohibits placing inmates who reported sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. The Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they have never to involuntarily segregated an inmate victim of sexual abuse because they have so many housing units. He indicated they have many ways to move people without using segregated housing and that they move the individuals based on the options as quickly as they can. The interview with the staff who supervise inmates in segregated housing indicated that the facility does not place anyone in involuntary segregated housing due to an incident of sexual abuse. He stated they would accommodate separation for them from others but unless they wanted to be placed in segregated housing voluntarily they would not be housed there due to risk. The staff indicated they have numerous single cells and numerous medical areas that they can be housed temporarily in lieu of segregated housing. The staff member also confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing but that they would not have to as they do not place victims in segregated housing. There were no inmates identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted.

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

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. PREA-02 (page 12) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall assign specially trained sexual violence investigators and manage all sexual violence investigations, allegations, and incidents of sexual violence of retaliation. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. A review of eleven investigations indicated eleven were thorough and objective and ten were prompt. None of the allegations were reported by a third party or anonymously. The investigators stated that an investigation is typically initiated immediately, but it would not take more than a day or two. All three investigators confirmed that an allegation that is reported anonymously or through a third party would be investigated in the same manner as an allegation reported via another method. They stated all allegations are taken seriously and they look into every allegation.

115.71 (b): PREA-03, page 21 states that specialized training shall include techniques

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

115.71 (c): PREA-02 (page 18) and PREA-03 (page 19) state Sexual Violence Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses; review prior complaints and reports of sexual violence involving the suspected perpetrators and include an effort to determine if staff actions or failures to act contributed to the abuse. A review of eleven investigations confirmed that all eleven included statements and/or interviews of the alleged victim, perpetrator and witnesses, when applicable. Five of the eleven involved evidence collection, including phone calls, omail, letters, video and an address book. All eleven included a review of prior complaints. The interview with one facility investigator indicated the initial steps include interviewing the victim and witnesses. After that the investigator stated evidence would be reviewed (video, phone calls, kiosks and omail) and then conduct follow-up interviews. The second facility investigator stated her first steps include doing background on the allegation, interviewing the victim and perpetrator and reviewing evidence. The agency investigator stated that his initial steps be to assess the situation, gather any witnesses statements, collect any emails or other evidence the facility has, subpoena any phone records, order any video recordings, ensure the victim is safe, put together a plan, talk to anyone that needs to be interviewed, collect and review any evidence, review/research past similar incidents with people involved in the incident and complete a report. Both investigators stated they would be responsible for collecting any physical evidence, any paper documents, audio, video, statements and prior complaints.

115.71 (d): PREA-02 (page 12) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall assign specially trained sexual violence investigators and manage all sexual violence investigations, allegations, and incidents of sexual violence of retaliation. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. A review of investigative reports confirmed none involved compelled interviews. The interview with the agency investigator indicated they would consult with prosecutors before conducting any compelled interviews. The facility investigators stated the facility would not conduct any compelled interview that would be agency investigators.

115.71 (e): PREA-02 (pages 18-19) and PREA-03 (page 19) state the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. IDOC shall not require an incarcerated individual who alleges sexual violence submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interviews with the investigators indicated that credibility is based on the weight of the evidence. They indicated everyone is deemed credible until they prove they are not. All three investigators stated that they do not require a victim to submit to a truth device or truth telling device test. Interviews with three inmates who reported sexual abuse confirmed none were required to take a polygraph or truth telling device test.

115.71 (f): PREA-02 (page 19) and PREA-03 (pages 19-20) indicate the investigators shall prepare a final written report that includes a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments and investigative facts and findings. The report shall include whether staff actions or failures contributed to the abuse. Additionally, PREA-02 (page 18) and PREA-03 (page 19) state Sexual Violence Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses; review prior complaints and reports of sexual violence involving the suspected perpetrators and include an effort to determine if staff actions or failures to act contributed to the abuse. A review of eleven investigations confirmed that all were documented in a written report with information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, whether video was reviewed and investigatory facts and findings. The interviews with the facility investigators confirmed that all administrative investigations are documented in a written report. They stated the report includes: interviews, evidence, summary of the initial allegation and the investigative finding. The agency investigator also confirmed administrative investigations are documented in a written report that includes the allegation, investigator information, all evidence, a summary of the interviews, findings and recommendations. All three staff confirmed that they would determine if

staff actions or failure to act contributed to the sexual abuse through reviewing video and from information from interviews. The agency investigator stated that any violations would be documented in the written report.

115.71 (g): PREA-02 (page 19) and PREA-03 (pages 19-20) indicate the investigators shall prepare a final written report that includes a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments and investigative facts and findings. The report shall include whether staff actions or failures contributed to the abuse. Additionally, PREA-02 (page 19) and PREA-03 (page 20) state that IDOC shall make best efforts to ensure that criminal investigations by outside agencies are to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence are attached where feasible. There were zero criminal investigations available for review during the on-site portion of the audit as there were zero criminal investigations within the previous twelve months. The interviews with investigative staff confirmed that criminal investigations would be documented in written reports and the reports would be obtained from local law enforcement. Facility investigators stated they do not do criminal investigations.

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

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. PREA-02 (page 19) and PREA-03 (page 10) state the institution and IGO shall retain all written sexual violence investigation reports for as long as the alleged perpetrator is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): PREA-02 (page 19) and PREA-03 (page 10) state the departure of the

alleged perpetrator or victim from the employment or control of IDOC shall not provide a basis for terminating a sexual violence investigation. The interviews with the investigators confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

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

115.71 (l): PREA-02 (page 19) and PREA-03 (page 10) state when outside agencies investigate sexual violence, IDOC shall cooperate with outside investigators and shall endeavor to remain informed and keep the Deputy Director of Institution Operations informed about the progress of the investigations. The interview with the PREA Coordinator indicated when an outside agency investigates they coordinate efforts and work together with that agency. She indicated the outside agency would provide them information related to the investigation and progress. The Warden stated that they have never had an outside agency conduct an investigation. He stated they have had Central Office staff conduct investigation and they have an open line of communication with the investigative team. He indicated if they had to local law enforcement come in, they would make sure they have a line of communication with them to receive updates on the investigation. The PCM stated if an outside agency conducts an investigation the facility investigator would be assigned to assist them and they would remain informed that way. The interviews with the facility investigators indicated that when an outside agency investigates they would assist them with whatever they needed. The agency investigator further stated if an outside agency investigates he would provide technical support and get them access to whatever they needed.

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

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/

	<p>Retaliation with Incarcerated Individuals</p> <p>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</p> <p>4. Investigative Reports</p> <p>Interviews:</p> <p>1. Interview with Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. PREA-02 (page 20) and PREA-03 (page 10) indicate IDOC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual violence are substantiated. A review of eleven investigations indicated that two were substantiated and utilized a preponderance of the evidence to substantiated. The auditor confirmed the nine other investigations were adequate based on evidence and utilized a preponderance of the evidence as well. The interviews with the investigators confirmed that they utilize a preponderance of the evidence to substantiate an administrative investigation.</p> <p>Based on a review of the PAQ, PREA-02, PREA-03, investigative reports and information from the interviews with the investigators, it is determined that this standard appears to be compliant.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p> <p>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</p>

3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
4. Investigative Reports
5. PREA-02 F-4, Investigator’s Closure Letter to Incarcerated Individuals
6. PREA-03 F-3, Investigator’s Closure Letter to Incarcerated Individuals

Interviews:

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

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. PREA-02 (page 20) and PREA-03 (page 20) state following an investigation into an allegation of incarcerated individual sexual misconduct or an investigation into an allegation of sexual violence, the sexual violence investigator shall inform the incarcerated individual victim as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ stated there were eight completed sexual abuse investigations in the previous twelve months and sixteen inmate victims who were provided a verbal or written victim notification. Further communication with the PCM indicated that both the victim and alleged perpetrator are notified of the outcome. A review of three sexual abuse investigations indicated that all three were documented with an inmate victim notification. Additionally, a few of the sexual harassment investigations indicated they had a victim notification as well. The interviews with the Warden and the investigators confirm that inmates are informed of the outcome of the investigation into their allegation. Interviews with three inmates who reported sexual abuse indicated two were aware they were to be informed of the outcome of the investigation into their allegation. All three stated they were informed of the outcome, one verbally and two in writing. All three stated the notifications were provided a few weeks after the reported sexual abuse.

115.73 (b): The PAQ indicate that the agency conducts all administrative and criminal sexual abuse investigations and as such this provision is not applicable. The PAQ

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

115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months and in each case the agency subsequently informed the inmate of the provision under this standard. The PAQ further stated that the offender was notified that the officer was posted to the control center during the investigation. PREA-02 (page 20) states following a substantiated or unsubstantiated investigation of an allegation of staff sexual misconduct, the institution shall subsequently inform the incarcerated individual victim whenever: the staff member is no longer posted within the incarcerated individual's unit; the staff member is no longer employed at the facility; the institution learns that the staff member has been indicted on a charge related to sexual misconduct within the facility; or the institution learns that the staff member has been convicted on a charge related to sexual misconduct within the facility. A review of the three sexual abuse investigations indicated one was staff-on-inmate and was deemed unfounded and did not involve any notification under this provision. Interviews with three inmates who reported sexual abuse indicated all allegations were inmate-on-inmate and as such did not require any notifications under this standard.

115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. PREA-03 (page 21) states following a substantiated or unsubstantiated investigation of an allegation of sexual abuse, the institution shall subsequently inform the incarcerated individual victim whenever: the institution learns that the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; or the institution learns that the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility. A review of

three sexual abuse investigative reports indicated two were inmate-on-inmate but none were substantiated and as such there were zero notifications required under this provision. There were two sexual harassment allegation reviewed that were substantiated, however notifications under this provision were not required. Interviews with three inmates who reported sexual abuse indicated all allegations were inmate-on-inmate and none had notification under this provision. None of the allegations were criminal and as such none involved notification under this provision.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. PREA-02 (page 20) and PREA-03 (page 21) state all such notifications or attempted notifications shall be documented. The PAQ stated there were zero notifications made pursuant to this standard. Further communication with the PCM stated that there were eight victim notifications and sixteen total, as they notify the victim and alleged perpetrator. A review of three sexual abuse investigations indicated that all three were documented with an inmate victim notification. Additionally, a few of the sexual harassment investigations indicated they had a victim notification as well. All notifications were documented in a letter to the inmate victim.

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

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

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. Investigative Reports <p>Findings (By Provision):</p>

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

115.76 (b): PREA-02 (page 21) states termination shall be the presumptive disciplinary sanction for staff who engage in sexual misconduct. The PAQ indicated there were two staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and two staff members that were terminated or resigned during the investigation for violating the sexual abuse or sexual harassment policies. Further communication with the PCM indicated these were staff who violated the sexual abuse and sexual harassment policies against another staff member. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member.

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

115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. PREA-02 (page 21) states all terminations for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents or resignations by staff who would have been terminated if not for their resignation, shall be referred for criminal

	<p>prosecution by the Deputy Director of Institution Operations when the evidence is sufficient for a criminal referral, and by the appropriate institution management team member to any relevant licensing bodies. The PAQ indicated there were two staff member who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member.</p> <p>Based on a review of the PAQ, PREA-02 and investigative reports, this standard appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AD-GA-13 - Agreements and Contracts 3. AD-CI-01 - Volunteer Program 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. AD-GA-13, page 4 states that any contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant</p>

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

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

Based on a review of the PAQ, AD-GA-13, AD-CI-01, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. IO-RD-03 – Major Discipline Report Procedures
3. OP-SOP-08 – Sex Offense Program Referrals
4. Investigative Reports
5. Disciplinary Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The PAQ stated there were eight administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse. A review of investigative reports indicated there were two substantiated inmate-on-inmate sexual harassment investigations. In both instances the inmate perpetrator was issued discipline and went through the disciplinary process. One inmate received disciplinary detention as a sanction while the other received disciplinary detention and loss of earned time.

115.78 (b): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and

procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden indicated if an inmate violates the sexual abuse or sexual harassment policies they would be written a major disciplinary report and they would go through the disciplinary process. He stated the disciplinary process would determine sanction and it may include being removed from the facility. The Warden confirmed that they are consistent in the disciplinary process and that sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. A review of investigative reports indicated there were two substantiated inmate-on-inmate sexual harassment investigations. In both instances the inmate perpetrator was issued discipline and went through the disciplinary process. One inmate received disciplinary detention as a sanction while the other received disciplinary detention and loss of earned time.

115.78 (c): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden confirmed that the disciplinary process considers whether the inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A review of investigative reports indicated there were two substantiated inmate-on-inmate sexual harassment investigations. In both instances the inmate perpetrator was issued discipline and went through the disciplinary process. One inmate received disciplinary detention as a sanction while the other received disciplinary detention and loss of earned time. The disciplinary hearing noted any concerns related to mental health status.

115.78 (d): The PAQ indicated the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse and that they consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. OP-SOP-08, page 2 states that incarcerated individuals who score Aggressor Incarcerated (AI) on the Sexual Violence Propensity Assessment or incarcerated individuals who are found guilty of an assault of sexual nature or sexual misconduct or a sexually violence offense while in a residential facility or while in prison shall be reviewed by their institutional classification team and the team shall forward the incarcerated individual name and information for a STOP review to the STOP Director. Interviews with medical and mental health staff indicated that inmate perpetrators and/or inmates who have prior sexual abusiveness are offered services. The mental health staff member stated they would provide sex offender treatment services if

	<p>assigned by Newton CF. Both staff indicated that services are not required in order to gain access to other programs or benefits.</p> <p>115.78 (e): IO-RD-03, pages 48-49 state an incarcerated individual may be disciplined for proposing a consensual sexual contact or sexual relationship with staff only upon a finding that the staff member did not explicitly or implicitly consent to or encourage such a proposal. The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p>115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. IO-RD-03, page 62 states, an incarcerated individual commits an offense under this subsection when the incarcerated individual knowingly makes a false statement whether or not under oath or affirmation including, but not limited to, dishonesty, deception, cheating, plagiarism, etc. A report of sexual harassment and/or sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of investigations confirmed none of the alleged victims were disciplined.</p> <p>115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates. It further indicated that if the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Based on a review of the PAQ, IO-RD-03, OP-SOP-08, investigative reports, disciplinary reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

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

Documents Received During the Interim Report Period:

1. Inmate Risk Assessments
2. Mental Health Follow-Up Tracking Sheet
3. Mental Health Documents

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP)

assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior victimization were offered a follow-up with mental health within fourteen days. A review of documentation for ten inmates who disclosed prior sexual victimization during the risk screening indicated all ten were offered a follow-up with mental health. Nine were seen within fourteen days. The interview with the staff responsible for the risk screening indicated that inmates who disclose prior sexual victimization are offered a follow-up with mental health care staff. The staff indicated the inmate is offered a follow-up with the Psychologist very quickly, usually within a few days. Further communication with mental health care staff indicated they pick up SVP forms daily and go through the forms to look for prior victimization and/or abusiveness. Each individual is seen within a day or two after they pick up the forms. Interviews with inmates who disclosed prior sexual victimization indicated both were offered a follow-up with mental health within a couple of day or a couple of weeks. During the interim report period the facility provided the auditor examples of mental health follow-ups completed during the interim report period. The documentation illustrated inconsistencies with information and as such the auditor required additional information to determine compliance.

115.81 (b): The PAQ did not indicate where prison inmates who previously perpetrated sexual abuse are offered a follow-up with mental health. Further communication with the PCM indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 states that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that an incarcerated individual has previously perpetrated sexual violence, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. A review of twelve inmates with prior sexual abusiveness indicated eight were offered a follow-up with mental health. All eight were seen within fourteen days. The interview with the staff responsible for the risk screening indicated that all inmates are assigned a Psychologist and that identification of prior sexual abusiveness does not necessary dictate a mental health referral. Further communication with mental health care staff indicated they pick up SVP forms daily and go through the forms to look for prior victimization and/or abusiveness. Each individual is seen within a day or two after they pick up the forms. During the interim report period the facility provided the auditor examples of mental health follow-ups

completed during the interim report period. However, additional documentation and clarification is necessary in order to determine compliance.

115.81 (c): This standards is not applicable as the facility is not a jail.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PCM indicate that access is limited and that most security staff can only see the designation, not the information answered during the risk screening. HSP-628, page 6 states that any information related to sexual violence that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform of treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Inmate risk assessments are both electronic and paper. Medical and mental health records are electronic in the ICON system. Medical and mental health records are only accessible to health care staff. The records staff confirmed that security staff do not have access to medical records. The auditor confirmed that security staff were not able to view medical and mental health records in ICON. Risk screening information is completed on paper and via the ICON system. Paper records are maintained in the inmate file. Files are maintained in the records room, which is staffed during business hours and is locked after hours. Records are only reviewed by those with a need to know. During the tour the auditor had a Correctional Officer attempt to access the risk screening information in ICON. The Correctional Officer was provided assistance in navigating to the risk screening section in ICON, and did not have access to the risk screening information. Investigations are maintained in an electronic database. The database is only accessible to IGO staff and the facility investigators.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. HSP-628, page 6 states medical and mental health practitioners shall obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur within an institutional setting, unless the incarcerated individual is under the age of eighteen. Interviews with medical and mental health staff indicate that mental health would obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The medical staff member stated she is a mandated reporter and would report the information without consent. Both staff indicated they have mandatory reporting laws for youthful inmates and would not require consent. During the interim report period the facility provided training documents showing medical and mental health care staff completed mandatory reporting training, however this

training did not address the topic under this provision.

Based on a review of the PAQ, IS-RO-01, IS-RO-02, 72 Hour PREA Transfer Screening, inmate risk assessments, medical and mental health documents, documents receive during the interim report, information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed prior sexual victimization during the risk screening this standard appears to require corrective action. During the interim report period the facility provided the auditor examples of mental health follow-ups completed during the interim report period. The documentation illustrated inconsistencies with information and as such the auditor requires additional information to determine compliance. A review of twelve inmates with prior sexual abusiveness indicated eight were offered a follow-up with mental health. All eight were seen within fourteen days. The medical staff member stated she is a mandated reporter and would report the information without consent.

Corrective Action

The facility will need to train medical and mental health care staff on informed consent prior to reporting incidents of sexual abuse that did not occur in an institutional setting (with the exception of youthful inmates and vulnerable adults). A copy of the training will need to be provided. Additionally, the facility will need to ensure that all inmates who disclose prior sexual victimization and/or are identified with prior sexual abusiveness are offered a follow-up with mental health within fourteen days. This should be offered/provided to every inmate, regardless of prior risk screenings. Additional documentation and clarification will need to be provided related to the documentation provided during the interim report period.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Inmate Risk Assessments
2. Mental Health Documentation

	<p>3. Medical and Mental Health Staff Training</p> <p>During the corrective action plan the facility provided over 50 initial inmate risk assessments confirming that all inmates with prior sexual victimization and prior abusiveness were offered a follow-up with mental health the same date of the risk screening. Six of those reviewed indicated they wanted a follow-up with mental health care staff. Mental health documentation confirmed that all six were seen by mental health within fourteen days of the initial risk assessment.</p> <p>On July 11, 2023 the facility provided documentation indicating that an email was sent out to medical and mental health care staff on the proper utilization of HSF-628 Informed Consent Related to Prior Victimization Outside DOC. Additionally, documentation was provided that illustrated the topic was also discussed during the July nurses meeting.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. HSP-628 - Patient Sexual Abuse 3. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with First Responders 3. Interview with Inmates Who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. HSP-628, pages 1-2 state that it is the policy of the IDC that patients who report sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services; be offered psychological (mental health) and medical services; and, when appropriate, a forensic examination or sexual abuse examination will be completed by a qualified professional. During the tour, the auditor observed that the health services area included a reception space, exam rooms, treatment rooms, an infirmary, a medical intake area, holding cells and an emergency space. Exam and treatment rooms provided privacy through doors with windows and curtains. A review of the three sexual abuse allegations indicated two victims were provided medical and/or mental health services. One inmate was not at the facility at the time of the report so medical/mental health services were not required. None of the allegations involved immediate medical and/or mental health needs, such as emergency care and crisis intervention. Interviews with medical and mental health care staff confirmed that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated that services would be provided immediately. Medical and mental health care staff stated that the nature and scope of services would be based on their professional judgment as well as policy/guidelines. Interviews with three inmates who reported sexual abuse indicated one was provided medical and/or mental health services. A review of documentation indicated two of the inmates interviewed reported sexual harassment not sexual abuse.

115.82 (b): The security staff first responders stated if there was an incident of sexual abuse he would separate the individuals, lock down the area where it occurred, not allow the individuals to shower or anything, get them sent to the hospital and report the information to the Captain. The non-security first responder stated she would find the first security staff member and report the information and she would make sure

the person is safe. A review of the three sexual abuse allegations indicated two victims were provided medical and/or mental health services. One inmate was not at the facility at the time of the report so medical/mental health services were not required. None of the allegations involved immediate medical and/or mental health needs, such as emergency care and crisis intervention.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. HSP-628, page 5 states medical staff shall offer patients of sexual abuse timely information and access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. A review of the three sexual abuse allegations indicated two victims were provided medical and/or mental health services. One inmate was not at the facility at the time of the report so medical/mental health services were not required. Neither of the inmates at the facility had an allegation involving penetration that would necessitate emergency contraception and/or sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with three inmates who reported sexual abuse indicated one was provided medical and/or mental health services. One indicated the allegation involved penetration and he was provided prophylaxis and testing. A review of documentation indicated two of the inmates interviewed reported sexual harassment not sexual abuse.

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

Based on a review of the PAQ, HSP-628, medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. HSP-628 - Patient Sexual Abuse
3. IS-RO-01 - Incarcerated Individual Admission Procedures
4. IS-RO-02 - Incarcerated Individual Intake and Orientation
5. Medical and Mental Health Documents

Interviews:

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

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. HSP-628, pages 1-2 state that it is the policy of the IDC that patients who report sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services; be offered psychological (mental health) and medical services; and, when appropriate, a forensic examination or sexual abuse examination will be completed by a qualified professional. Additionally, IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. During the tour, the auditor observed that the health services area included a reception space, exam rooms, treatment rooms, an infirmary, a medical intake area, holding cells and an emergency space. Exam and treatment rooms provided privacy through doors with windows and curtains. A review of documentation for ten inmates who disclosed prior sexual victimization during the risk screening indicated all ten

were offered a follow-up with mental health. Nine were seen within fourteen days. A review of the three sexual abuse allegations indicated two victims were provided medical and/or mental health services. One inmate was not at the facility at the time of the report so medical/mental health services were not required. None of the allegations involved immediate medical and/or mental health needs, such as emergency care and crisis intervention.

115.83 (b): HSP-628, page 11 states the evaluation and treatment of victims of sexual violence in any prison, jail, lockup or juvenile facility shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of the three sexual abuse allegations indicated two victims were provided medical and/or mental health services. One inmate was not at the facility at the time of the report so medical/mental health services were not required. None of the allegations involved immediate medical and/or mental health needs, such as emergency care and crisis intervention. Interviews with medical and mental health care staff confirmed that they provide on-going and follow-up services to inmate victims of sexual abuse. A few of the services include individual treatment, medication, SANE and follow-up services as outlined by the hospital. Interviews with three inmates who reported sexual abuse indicated one was provided follow-up medical and/or mental health services. A review of documentation indicated two of the inmates interviewed reported sexual harassment not sexual abuse.

115.83 (c): HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. A review of the three sexual abuse allegations indicated two victims were provided medical and/or mental health services. One inmate was not at the facility at the time of the report so medical/mental health services were not required. None of the allegations involved immediate medical and/or mental health needs, such as emergency care and crisis intervention. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.. HSP-628, page 5 states medical staff shall offer patients of sexually abusive vaginal penetration pregnancy tests, if appropriate. If pregnancy results from the sexual abuse, patients shall receive timely access to all lawful pregnancy related medical services. There were zero female inmates who reported sexual abuse during the on-site portion of the audit.

There were zero allegations of sexual abuse or sexual harassment by a female inmate in the previous twelve months.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical service. HSP-628, page 5 states medical staff shall offer patients of sexually abusive vaginal penetration pregnancy tests, if appropriate. If pregnancy results from the sexual abuse, patients shall receive timely access to all lawful pregnancy related medical services. There were zero female inmates who reported sexual abuse during the on-site portion of the audit. There were zero allegations of sexual abuse or sexual harassment by a female inmate in the previous twelve months. Interviews with medical and mental health care staff confirm that if pregnancy results from sexual abuse while incarcerated, victims given timely information and access to all lawful pregnancy-related services. The staff stated the information and access would be provided immediately.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. HSP-628, page 5 states that medical staff shall explain to the patient reporting the sexual abuse that, as part of the examination, there may be a need to draw blood to evaluate their current status for infectious disease, and that follow-up infectious disease testing may be indicated. A review of the three sexual abuse allegations indicated two victims were provided medical and/or mental health services. One inmate was not at the facility at the time of the report so medical/mental health services were not required. Neither of the inmates at the facility had an allegation involving penetration that would necessitate testing. Interviews with three inmates who reported sexual abuse indicated one was provided medical and/or mental health services. One indicated the allegation involved penetration and he was provided prophylaxis and testing.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. Interviews with inmates who reported sexual abuse indicated one was provided medical and/or mental health services and he did not pay for the services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such

	<p>abuse history and offers treatment when deemed appropriate by mental health practitioners. HSP-628, page 6 states that all institutions shall attempt to conduct a mental health evaluation of all know patient-on-patient aggressors within 60 days of learning of such sexual violence history and offer treatment when deemed appropriate by mental health practitioners. There were zero inmate-on-inmate sexual abuse allegations that were substantiated and as such there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff indicate that they attempt to conduct a mental health evaluation on all known inmate-on-inmate abusers. The mental health care staff member stated the attempt would be a day or two of finding out the investigative finding.</p> <p>Based on a review of the PAQ, HSP-628, IS-RO-01, IS-RO-02, medical and mental health documents, documents received during the interim report period, observations made during the tour and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be corrected and a such compliant.</p>
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115.86 Sexual abuse incident reviews	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 4. Investigative Reports 5. PREA-02 F-5, Sexual Abuse Incident Review Report 6. PREA-03 F-4, Sexual Abuse Incident Review Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager

3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. PREA-02 (page 22) and PREA-03 (page 22) state that the institution, in association with the PREA Coordinator, shall conduct a sexual violence incident review at the conclusion of every sexual violence investigation that results in a substantiated or unsubstantiated finding. The PAQ stated there were six sexual abuse investigations completed at the facility that were substantiated or unsubstantiated. A review of eleven investigations indicated that two required a sexual abuse incident review. Both had a review completed within 30 days of the completion of the investigation through the electronic sexual abuse incident review. It should be noted that eight of the nine that did not require a sexual abuse incident review (harassment allegation or unfounded investigation) had a sexual abuse incident review completed.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that there were six sexual abuse incident review completed within 30 days over the previous twelve months. PREA-02 (page 22) and PREA-03 (page 22) state that such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. A review of eleven investigations indicated that two required a sexual abuse incident review. Both had a review completed within 30 days of the completion of the investigation through the electronic sexual abuse incident review. It should be noted that eight of the nine that did not require a sexual abuse incident review (harassment allegation or unfounded investigation) had a sexual abuse incident review completed.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. PREA-02 (page 22) and PREA-03 (page 22) state the review team shall include: Warden or designee; unit managers or other upper level management team members responsible for the area of the institution where the incident occurred; shift supervisors with the case or the shift which the misconduct occurred; at least one of the sexual violence investigators on the case; medical or mental health practitioners; the institution's PCM/PC and the PC in substantiated cases of staff sexual misconduct or incarcerated individual sexual abuse. The interview with the Warden confirmed the sexual abuse incident review team consists of the executive team. He stated mental health staff are not part of the

team. The completed sexual abuse incident reviews were documented with including the executive level team.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. PREA-02 (pages 22-23) and PREA-03 (pages 22-23) state the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual violence; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the institution; examine the area where the incident occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing level in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings using PREA-02 F-5 form or PREA-03 F-4 form. Policies further state that the report shall include but not necessarily be limited to determinations made pursuant to the above, and any recommendations for improvement. A review of the completed sexual abuse incident review indicated they included basic information of the allegation (date reported and those involved) as well as a synopsis of the investigation. The sexual abuse incident reviews documented touring the area and whether the allegation was motivated by different factors (i.e. race, ethnicity, gender identity, sexual preference, etc.), however most of the spaces said not applicable or were blank. The reviews also had a section of things that went well, however most did not have any documentation in this section. The reviews did not include information on staffing or video monitoring technology. The Warden stated that they utilize information from the sexual abuse incident review to determine if there are things they can improve such as operations, physical plant and staffing. He stated they conduct the reviews to see if they can put thing in place to prevent similar things from happening in the future. The interview with the PCM indicated that he is part of the review team and he has not noticed any trends. He stated they utilize information from the sexual abuse incident reviews to determine whether there needs to be a change, including job, housing, physical plant, etc.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. PREA-02 (page 23) and PREA-03 (page 23) states the institution shall implement the recommendations for improvement, or shall document its reasons for not doing so. A review of the completed sexual abuse incident reviews indicated that a section exists for recommendations and things that went well, however most of the reviews did not have any information in these sections.

Based on a review of the PAQ, PREA-02, PREA-03, investigative report, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of the completed sexual abuse incident review indicated they included basic information of the allegation (date reported and those involved) as well as a synopsis of the investigation. The sexual abuse incident reviews documented touring the area and whether the allegation was motivated by different factors (i.e. race, ethnicity, gender identity, sexual preference, etc.), however most of the spaces said not applicable or were blank. The reviews also had a section of things that went well, however most did not have any documentation in this section. The reviews did not include information on staffing or video monitoring technology.

Corrective Action

The facility will need to train staff on complete and thorough sexual abuse incident reviews and ensure the required components under provision (d) are included. The sexual abuse incident reviews should have narrative and not include a lot of N/As. A copy of the training will need to be provided to the auditor. A list of sexual abuse allegations during the corrective action period will need to be provided to the auditor as well as corresponding sexual abuse incident reviews.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training Records
2. Sexual Abuse Incident Reviews

On September 18, 2023 the facility provided documentation indicating that staff were trained on the process for completing sexual abuse incident reviews during the August Executive Team Meeting. It included information on ensuring appropriate boxes were checked in the electronic form to confirm necessary elements were

	<p>reviewed.</p> <p>On September 18, 2023 the facility provided five sexual abuse incident reviews that were completed during the corrective action period. Three sexual abuse incident reviews were completed for sexual abuse allegations and two were completed for sexual harassment allegations. All five were completed within 30 days of completion of the investigation and all included the required elements under this standard with narrative information.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance 3. PREA Database 4. Annual PREA Report <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. PREA-04, page 2 states the PREA Coordinator shall collect accurate, uniform data for every allegation of sexual violence at all institution using a standardized instrument and set of definitions. The PCM indicated that the agency utilizes the Sexual Violence Investigative Database in ICON to collect data. All allegations are reported and entered in the PREA database in ICON. This system allows for the agency to track sexual abuse and sexual harassment allegations. The PREA Investigation Definitions document outlines definitions for incarcerated individual sexual abuse, precursor behavior (incarcerated individual</p>

sexual harassment) staff sexual harassment, staff misconduct and retaliation.

115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. PREA-04, page 2 states the PREA Coordinator shall aggregate the incident based sexual abuse data at least annually. A review of documentation confirmed that the Annual PREA Report contains overall aggregated data as well as aggregated data broken down by type of allegation. Additionally, it includes aggregated data related to investigative outcomes.

115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. PREA-04, page 2 states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. A review of the Annual PREA Report confirmed that aggregated data is broken down by type associated with the definitions from the SSV.

115.87 (d): The PAQ was blank for this provision but further communication with the PCM indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. PREA-04, page 2 states the PREA Coordinator shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files and incident reviews.

115.87 (e): The PAQ indicated that this provision does not apply and the agency does not contract for the confinement of its inmates. The agency has contracts with Judicial Districts for community confinement, however as of July 1, 2023 they fall under IDOC. The agency has interstate compact agreements but they do not fall under this provision.

115.87 (f): The PAQ indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. PREA-04, page 3 the PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 each year.

Based on a review of the PAQ, PREA-04, the PREA Database and the Annual PREA Report this standard appears to be compliant.

115.88	Data review for corrective action
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1426 636" style="list-style-type: none"> <li data-bbox="256 412 668 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 1426 568">2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance <li data-bbox="256 602 616 636">3. Annual PREA Report <p data-bbox="256 748 416 781">Interviews:</p> <ol data-bbox="256 815 975 994" style="list-style-type: none"> <li data-bbox="256 815 783 848">1. Interview with the Agency Head <li data-bbox="256 882 844 916">2. Interview with the PREA Coordinator <li data-bbox="256 949 975 983">3. Interview with the PREA Compliance Manager <p data-bbox="256 1106 588 1140">Findings (By Provision):</p> <p data-bbox="256 1240 1474 2069">115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. PREA-04, page 3 states Office of the Deputy Director of Institution Operations shall review data collected and aggregated in order to assess and improve the effectiveness of IDOC’s sexual abuse prevention, detection and response policies, practices and training. Policy further states this will be done by: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action for each institution, as well as the department as a whole. A review of the Annual PREA Report indicates that it includes data comparison, trend analysis, investigative findings, a summary of goal accomplishments and a data assessment. The interview with the Agency Head indicated that incident-based sexual abuse data is collected and utilized to identify any problem areas or trends. She stated if they identify any issues they investigate and implement any corrective action, if necessary. The Agency Head confirmed that they take corrective action on an ongoing basis. She stated they implement corrective action immediately after issues are identified. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness</p>

of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. She indicate that the agency takes corrective action on an ongoing basis related to the data collection. She further stated that the agency has a database that information is securely entered into and retained related to sexual abuse and sexual harassment incidents. She confirmed only certain staff have access to the database. The interview with the PCM indicated facility data allows the agency to build a bigger picture. He stated it helps determine higher propensity of victimization and abusiveness and it identifies patterns.

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

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

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

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

	standard appears to be compliant.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance 3. Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. PREA-04, page 3 states IDOC shall ensure the data collected is securely retained. The interview with the PREA Coordinator indicated that data and information is securely retained. She stated they store information in a database that only certain staff have access to.</p> <p>115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. PREA-04, page 3 states IDOC shall make all aggregated sexual abuse data readily available to the public at least annually on the IDOC website and posted on the State Library. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p>115.89 (c): The PAQ indicated that before making aggregated sexual abuse data</p>

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

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

Based on a review of the PAQ, PREA-04, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the three year audit cycle.</p> <p>115.401 (b): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the three year audit cycle with one third being audited each year.</p> <p>115.401 (h) – (m): The auditor was provided access to all areas of the facility and was permitted to review and copy relevant policies, procedure and documents. The auditor conducted all staff and inmate interviews in a private office setting.</p> <p>115.401 (n): The facility provided photos indicating the audit announcement was posted in each housing unit six weeks prior to the audit. During the audit the audit</p>

	<p>announcement was observed on entrance doors, bulletin boards and/or next to kiosks in each of the housing units. The announcement was posted on red letter size paper and had adequate font size. The announcements were observed in both English and Spanish. The auditor received one letter from an inmate at IMCC, however the inmate was no longer at the facility during the on-site portion of the audit.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the previous three year audit cycle and reports have been posted to the website.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

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

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

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

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

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

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

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

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

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

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

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

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

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

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

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

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

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

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