

PREA Facility Audit Report: Final

Name of Facility: Newton Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/27/2023

Date Final Report Submitted: 10/10/2023

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

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	06/12/2023
End Date of On-Site Audit:	06/13/2023

FACILITY INFORMATION	
Facility name:	Newton Correctional Facility
Facility physical address:	307 South 60th Avenue West, Newton, Iowa - 50208
Facility mailing address:	PO Box 218, Newton Iowa, Iowa - 50208

Primary Contact

Name:	Dale Higgins
Email Address:	dale.higgins@iowa.gov
Telephone Number:	641-841-7051

Warden/Jail Administrator/Sheriff/Director

Name:	Shawn Howard
Email Address:	Shawn.Howard@iowa.gov
Telephone Number:	641-792-7552 EXT 114

Facility PREA Compliance Manager

Name:	Dale Higgins
Email Address:	dale.higgins@iowa.gov
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Sara VanMaaren
Email Address:	sara.vanmaaren@iowa.gov
Telephone Number:	671-792-7552 EXT 114

Facility Characteristics

Designed facility capacity:	1014
Current population of facility:	1214
Average daily population for the past 12 months:	1187
Has the facility been over capacity at any point in the past 12 months?	Yes

Which population(s) does the facility hold?	Males
Age range of population:	19-80+
Facility security levels/inmate custody levels:	Medium, and Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	259
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	85

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
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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

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-12
2. End date of the onsite portion of the audit:	2023-06-13

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CAASA and CIS

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1014
15. Average daily population for the past 12 months:	1187
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ 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:	1173
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:	15
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:	159
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	9
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:	9
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:	5

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:	24
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:	6
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:	7
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	259
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:	49

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:	85
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:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample of inmates were selected for interview. 40 total inmates were interviewed including; three from A; thirteen from B; ten from C; six from D; four from E and four from the minimum unit.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
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):	36 of the inmates interviewed were male and four were transgender female. Three were black, 28 were white, two were Hispanic and seven were another race/ethnicity. Four were eighteen to 25 years of age; fourteen were 26-35; six were 36-45; six were 46-55 and ten were over 56 years of age. Twelve of the inmates have been at the facility for less than a year; 26 have been at the facility from one to five years and two have been at the facility for six to ten years.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

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:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed documentation and spoke to medical staff.
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:	4

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:	4
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
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:	6
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:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed housing assignments for high risk inmates and inmates who reported sexual abuse.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	A few of the targeted inmates were interviewed using numerous targeted protocols.
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, six staff were interviewed from the 6am-2pm shift, four 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; ten were male and three were female. Ten of the staff interviewed were white, two were black and one was Hispanic. The rank of the staff interviewed varied and consisted of ten 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):	23
76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ 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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ 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)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ 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 12-13, 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 12, 2023. The tour included all areas associated with Newton CF to include; the housing units, laundry, intake, visitation, religious services, education, maintenance, food service, health services, recreation, industries, 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 PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units as well. The posters did not contain any information on reporting mechanisms or victim advocacy information. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited. Informal conversation with inmates indicated that the posted PREA information has been up for a while.

During the tour the auditor observed the PREA Third Party Poster in visitation and the front entrance. 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, but did observe some areas that would benefit from additional camera installation. These areas included: laundry, food service and industries. The auditor observed that the facility did have video monitoring in housing units and most work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Staff are able to monitor the cameras in each housing unit while central control, administrative staff and supervisors are able to view/monitor any cameras in the facility remotely through any facility computer.

During the tour the auditor observed that the facility provided privacy through doors with security windows, raised half walls, raised saloon style doors, painted/tinted half windows and enclosed public style toilets. A review of video monitoring technology confirmed there were no cross gender viewing concerns. Observation of the strip search areas confirmed that privacy was provided via doors and half walls. The auditor did observe one cross gender viewing issue at the minimum unit intake area. The facility had a curtain, but there was a side hallway that was open and could view the strip search area. 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 75% of the housing units. A few units had a delayed buzzer and the auditor was already in the housing unit when it went off. Another

housing unit had the light already on upon entry and no female staff were present. A third unit the buzzer system was not utilized but rather staff made an announcement. Informal conversation with inmates and staff confirmed that the inmates have privacy from opposite gender staff in the bathroom and shower areas. Both staff and inmates stated that the buzzer system was typically utilized for the female 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 via the ICON system. 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 it to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The mailroom staff advised when they receive the third party postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not

read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it to read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to the Ombudsman's Office is treated like legal mail. 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 a centrally located mailbox for kites, grievances and US mail was outside the library. Segregated housing unit mail was picked up by staff daily and taken to the mailroom.

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 includes 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 an office setting during the meet and greet with the counselor. Staff complete only one risk assessment and only ask about prior sexual

victimization. Staff utilize the file review process to complete the majority of the risk screening. The staff indicated they can utilize the Language Link and bilingual staff for LEP inmates.

The auditor tested two internal reporting mechanisms during the tour. The auditor had an inmate assist with submitting a kiosk message to the PREA inbox on June 12, 2023. The auditor was provided confirmation that the message was received on June 12, 2023. On June 13, 2023 the submitted a written kite through the mail process. The auditor received confirmation on June 14, 2023 that the kite 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 verbally contact the Captain and relay the information to the Captain. The Captain would then document the information. The staff advised they were not required to log it or complete a report.

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

The facility provides access to victim advocates through Crisis Intervention Service (CIS). The auditor was not provided a number to CIS and subsequently was not able to test the mechanism. The PCM advised that he tested the number the week prior and it was not functional. He indicated it is a 1-800 number and that they currently can't allow access through a 1-800 number.

The auditor was provided a demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed during orientation in the gym or classroom. A staff member facilitates orientation, but trained incarcerated individuals conduct the orientation. Incarcerated individuals watch the PREA What You Need to Know video. The video is available in English and Spanish. The video is shown on a 36 inch television with adequate audio. After the video concludes, staff go over the zero tolerance policy, reporting mechanism and advocacy

information. Incarcerated individuals are also provided the Staying Safe A Guide for Incarcerated Individual Conduct. Incarcerated individuals then sign a form acknowledging that they received the PREA education. The staff stated they can utilize bilingual staff and Language Link for 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 Karen translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for. It should be noted that auditor did have to wait a bit initially for an interpreter, as a Karen interpreter was not immediately available. The delay was no more than 30 minutes.

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 auditor reviewed a random sample of 39 staff personnel and/or training records that included four staff hired within the previous twelve months, one staff promoted within the previous twelve months and three staff that were hired over five years ago. The sample included three contractors hired in the previous twelve months and four total contractors. Additionally, personnel and/or training files for five volunteers and five medical and mental health care staff were included.

Inmate Files. A total of 55 inmate files were reviewed. 21 were of inmates that arrived in the previous twelve months, six were of disabled inmates, five were of LEP inmates, five were of transgender inmates and eleven 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 eighteen sexual abuse and sexual harassment investigations. Additionally, the auditor reviewed documentation for eleven 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 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 eighteen sexual abuse and sexual harassment investigations sampled.

Investigation Files. During the previous twelve months there were 95 sexual abuse and sexual harassment allegations reported. All 95 had an administrative investigation initiated and all 95 were closed during the on-site portion of the audit. There was one criminal investigation completed during the previous twelve months and the allegation was referred to the County Attorney. The auditor reviewed eighteen sexual abuse and sexual harassment investigations, including the one criminal investigation.

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	23	0	23	0
Staff-on-inmate sexual abuse	4	1	4	1
Total	27	1	27	1

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	62	0	62	0
Staff-on-inmate sexual harassment	6	0	6	0
Total	68	0	68	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	1	0	0	0
Total	0	1	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	11	8	4
Staff-on-inmate sexual abuse	0	3	0	1
Total	0	14	8	5

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	17	26	19
Staff-on-inmate sexual harassment	0	5	0	1
Total	0	22	26	20

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:

12

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	9
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

2

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ 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.

The one criminal investigation was reviewed.

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.

☐ Yes

☒ 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	
- 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	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: - Pre-Audit Questionnaire - PREA-01 – Incarcerated Individual PREA Information - PREA-01 (NCF) - Incarcerated Individual PREA Information - PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals - PREA-02 (NCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals - PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation - PREA-03 (NCF) - 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 (NCF) - 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 (NCF)] that mirror the agency policies but have additional facility specific information. The agency and facility policies outline the agency/facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. In addition to the PREA policies (agency and facility), the agency has numerous other policies that address portions of the sexual abuse prevention, detection and response strategies. The policies include: AD-GA-13, IS-CL-09, AD-PR-03, IO-SC-01, IS-CL-07, IO-SC-18, IO-SC-17, IS-RO-02, Chapter 28E, Code of Iowa (2017), AD-PR-05, AD-PR-07, AD-PR-11 and AD-GA-01. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PREA Compliance Managers, training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and inmate discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency and facility's approach to sexual safety.

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

	shall serve as IDOC's PREA Coordinator and shall be responsible to develop, implement and oversee IDOC efforts to comply with the requirements of the PREA standards. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The organizational chart confirms that the PC reports to the Deputy Director of Prison Operations who reports to the Director. The interview with the PC indicated that she has enough time to manage all of her PREA related responsibilities. She stated that each facility has a few PREA Compliance Managers and that she has quarterly meetings with the PCMs. She also stated she communicates with them via email and phone calls and that they reach out to her if they have any questions or concerns. The PC stated that if she identifies an issue complying with a PREA standard she communicates with the PCMs and works with them at the local level to resolve any issues. She stated she then would work on the agency level to ensure the issues are addressed and resolved. The PC indicated she makes sure she is available to assist with whatever is needed. 115.11 (c): The PAQ indicated the position of the PCM at the facility is an individual who reports to the Security Director. 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 reports to the Security Director who reports to the Deputy 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 indicated he coordinates the facilities efforts to comply with PREA through monthly reviews of the PREA cases, monthly checks on risk assessments and reviews of facility modifications and changes. The PCM further stated if he identifies an issue complying with a PREA standard he would initiate an immediate corrective action plan. He stated they take accountability on the issue, implement a way to fix it and then follow-up to make sure the issue is alleviated and on task. Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, PREA-04, PREA-01 (NCF), PREA-02 (NCF), PREA-03 (NCF), PREA-04 (NCF), 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.
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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

Documents Received During the Interim Report

1. Process Email From Agency Contract Administrator
2. Emails from States Related to PREA Compliance

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. The PAQ stated 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 all the contracts 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.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

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

Interviews:

1. Interview with the Warden
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 1187 inmates. The facility provided a staffing plan that was updated on July 24, 2023. The staffing plan outlined the physical plant of the facility along with staffing and video monitoring in each of those areas. The plan expressed the capacity in each area as well as any specialized inmate population in the area. The staffing plan addressed resources by shift, supervisors by shift, recommendations and additional resources that would benefit the facility. The facility employs 259 staff. Security staff mainly make up three shifts; 6am-2pm, 2pm-10pm and 10pm-6am. A review of the listing confirmed that each shift has Correctional Officers assigned to housing units, master control, perimeter and entrance/sally port. The day shifts also Correctional Officers assigned to yard, visitation, transportation and recreation. Additionally, the two day shifts have Sergeants to assist with additional supervisory level functions. 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, but did observe some areas that would benefit from additional camera installation. These areas included: laundry, food service and industries. The auditor observed that the facility did have video monitoring in housing units and most work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Staff are able to monitor the cameras in each housing unit while central control, administrative staff and supervisors are able to view/monitor any cameras in the facility remotely through any facility computer. Informal conversation with staff and inmates indicated staff make rounds at least every 30 minutes. Staff stated that the staffing at the time of the on-site was typical and that they do not have any overcrowding issues. 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 facility has daily rosters that allocate 140 Correctional Officers to the facility and are placed throughout the shifts based on operational needs. The Warden confirmed that video monitoring is part of the staffing plan and the staffing plan is documented. The interview with the Warden confirmed that the required elements under this provision are included in the staffing plan development and review. He stated it is his responsibility to know how many staff they have, how many posts they have and where staff are posted. He stated staff conducts rounds and identify any areas of weakness, including areas that may need cameras. He stated the staffing levels and video monitoring is constantly being reviewed. The Warden stated staffing levels are based on custody level and the make-up of the inmate population. He stated the most staff are on the 6am-2pm shift as that is the most active time of the day. He further stated they have some variants of shifts, to include some twelve hours shifts and weekend only shifts. The Warden stated they try to not be too traditional and they place staff where they are needed. He confirmed they check or compliance with the staffing plan through a review of the daily rosters. The interview with the PCM confirmed that all required components

under this provision are considered in the staffing plan. He stated they work through the annual update on the staffing plan and consider each piece. He indicated that policy is based off of the American Correctional Association and so a lot of the staffing is based on generally accepted detention practices. The PCM indicated there have been no findings of inadequacies and that when they review staffing they place people where things are happening. He also stated they place cameras in areas where they feel staffing is insufficient.

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 six most common reasons for deviations include: call ins, hospital emergencies, hospital watches and short staffing. The PAQ noted that the facility hires over time to cover set staffing numbers. 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 if they deviate he is required to notify Central Office and they would restrict movement in some way to compensate for the deviation. He indicated they may have to shut certain areas down to accommodate for the deviation. A review of seventeen documents, to include shift rosters and emails 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. Additionally, an email is sent from the Shift Supervisor to the Warden on any overtime, pulled posts and deviations.

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 auditor requested the last two staffing plan reviews. The facility provided documents related to emergency staffing plans and adjustment to plans for days during the year, but not the required annual review with 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 documents in the supplemental documentation illustrating Duty Warden level (Warden, Associate Warden, etc.) staff make unannounced rounds. The auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. The documentation provided was not adequate to determine compliance. Rounds were missing from the 10pm-6am shift across a date selected in each housing unit and rounds were missing across multiple shifts on multiple days for the minimum unit. Interviews with intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The staff stated they utilize the PDAs and that when they scan the QR codes everything is documented electronically in ICON. Both staff stated they do not conduct rounds in a pattern or routine, but that it is almost impossible to deter staff from notifying one another due to all the cameras. Both staff stated they do not go at the same time or same location though.

Based on a review of the PAQ, AD-PR-03, IO-SC-01, the Staffing Plan, daily staffing rosters, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden Designee and intermediate-level or higher-level staff, this standard appears to require corrective actions. The auditor requested the last two staffing plan reviews. The facility provided documents related to emergency staffing plans and adjustment to plans for days during the year, but not the required annual review with the PC. The auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. The documentation provided was not adequate to determine compliance. Rounds were missing from the 10pm-6am shift across a date selected in each housing unit and rounds were missing across multiple shifts on multiple days for the minimum unit.

Corrective Action

The facility will need to develop a process to ensure the staffing plan is reviewed annually as described under provision (c) in conjunction with the PREA Coordinator. A process memo will need to be provided as well as a review of the current staffing plan with the PREA Coordinator. The facility will need to provide the requested documentation related to rounds on the selected days. If documentation is not available, staff will need to be trained on the unannounced rounds requirement. A copy of the training will need to be provided. After the training date the auditor will select additional dates to confirm unannounced rounds are being made as required under this standard.

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. Annual Staffing Plan Review With PREA Coordinator
2. Documentation of Unannounced Rounds
3. Staff Training on Minimum Unit Unannounced Rounds

On August 2, 2023 the facility provided a the 2022 revised 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.

The facility provided documentation of the unannounced rounds requested prior to the on-site portion of the audit for the medium unit. 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. The facility did not provide adequate documentation for the minimum unit and determined that unannounced rounds were not being made on the 10pm-6am shift routinely. The facility provided training documents confirming that Shift Supervisors were trained on the unannounced rounds requirement for the minimum unit in February. The facility provided confirmation from March to September that unannounced rounds were made routinely on the 10pm-6am shift at the minimum unit.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Demographics Report 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 further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates. 115.14 (b): The PAQ indicated that the facility does not maintain sight, sound, and physical separation between youthful inmates and adult inmates in areas outside housing units. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates. 115.14 (c): The PAQ indicated that the facility does not document the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates. Based on a review of the PAQ and the demographics report, this standard appears to

	be not applicable and as such, compliant.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. IO-SC-18 – Searches 3. IO-SC-17 – Cross Gender Supervision 4. PREA Resource Center’s Guidance on Cross Gender and Transgender Pat Searches 5. Contraband and Searches Training Curriculum 6. Staff Training Records Documents Received During the Interim Report: 1. Training Email Related to Doorbell and Light Opposite Gender Announcement 2. Emails Related to Staff Volunteers for Cross Gender and Transgender Searches 3. Photos of New Intake Area Interviews: 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with Transgender Inmates Site Review Observations: 1. Observations of Privacy Barriers 2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The PAQ stated there were 153 searches of this kind were conducted at the facility over the past twelve months. The PAQ stated zero of the searches did not involve exigent circumstances. Further communication with the PCM indicated the facility had 153 cross gender searches of transgender female inmates (males searching transgender females). The PCM indicated that they cannot force staff to perform the searches and they have not had any female staff volunteer to conduct the searches. 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. During the interim report period the facility provided documentation confirming two female staff had volunteered to conduct transgender and intersex inmate searches.

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 29 pat-down searches of female inmates that were conducted by male staff and all involved exigent circumstances. Further communication with the PCM indicated there were 29 pat-down searches of transgender female inmates by male staff. The PCM stated they cannot force female staff to conduct the searches and they have not had any female staff volunteer to conduct the searches. 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 that transgender female inmates are not prohibited from programs and out-of-cell activities in order to comply with this provision. Interviews with four transgender inmates indicated that none were prohibited from programming or other out-of-cell opportunities in order to comply with this provision. Two of the transgender inmates advised that they had been searched by two male staff when female staff were not available (which is what policy outlines). A review of documentation confirmed that transgender female inmates were searched by two male staff when a female staff member was not available to conduct the search. The searches were documented in the electronic system, as all searches are documented. During the interim report period the facility provided documentation confirming two female staff had volunteered to conduct transgender and intersex inmate searches.

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. A review of documentation confirmed that all cross gender searches of the transgender female inmates were documented. Two of the transgender inmates advised that they had been searched by two male staff when female staff were not available (which is what policy outlines). A review of documentation confirmed that transgender female inmates were searched by two male staff when a female staff member was not available to conduct the search. The searches were documented in the electronic system, as all searches are documented. During the interim report period the facility provided documentation confirming two female staff had volunteered to conduct transgender and intersex inmate searches.

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, raised half walls, raised saloon style doors, painted/tinted half windows and enclosed public style toilets. A review of video monitoring technology confirmed there were no cross gender viewing concerns. Observation of the strip search areas confirmed that privacy was provided via doors and half walls. The auditor did observe one cross gender viewing issue at the minimum unit intake area. The facility had a curtain, but there was a side hallway that was open and could view the strip search area. 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 75% of the housing units. A few units had a delayed buzzer and the auditor was already in the housing unit when it went off. Another housing unit had the light already on upon entry and no female staff were present. A third unit buzzer system was not utilized but rather staff made an announcement. Informal conversation with inmates and staff confirmed that the inmates have privacy from opposite gender staff in the bathroom and shower areas. Both staff and inmates stated that the buzzer system was typically utilized for the female announcement. All thirteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes. 34 of the 40 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender. A few of the inmates voiced concern about cameras near the showers however the auditor confirmed through a review there were not cross gender viewing issues. Twelve of the thirteen staff indicated opposite gender staff announce their presence when entering an inmate housing unit via the door bell and light. Seventeen of the 40 inmates stated that staff of the opposite gender announce prior to entering housing units. Most stated they make an announcement here or there but not consistently. They also stated that there is a buzzer and light system but it is not utilized or the light is always on and as such is ineffective. During the interim report period the facility provided email training related to the use of the doorbell and light system. An email was sent out on July 11, 2023 to all facility staff on the appropriate use of the doorbell and light system for opposite gender announcements. Additionally, a PDA QR code was added to each housing unit door next to the doorbell to ensure staff scan and ring the doorbell prior to entry to document for accountability. Additionally, the facility discontinued the use of the old intake area where the cross gender viewing issue was identified. The facility provided numerous

photos of the new intake area to confirm there were no cross gender viewing issues. Additionally, during the tour the auditor observed that area (under construction) and was provided an overview of how it would be utilized. The photos detailed the strip search areas as indicated by the facility during the tour.

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 four transgender inmates indicated one though she had been searched for the sole purpose of determining their genital status. She stated she just thought they did it when she arrived. The auditor was unable to confirm this was the purpose of the search as the search was done upon arrival at the facility when all inmates are initially searched.

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 twelve of the thirteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. A review of fourteen security staff training records indicated ten had completed the PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches training.

Based on a review of the PAQ, IO-SC-17, IO-SC-18, PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches, the Contraband and Searches Training Curriculum, staff training records, documents received during the interim report, observations made during the tour and information from interviews with random staff and random inmates indicates this standard appears to require

corrective action. The PAQ stated there were 153 searches of this kind were conducted at the facility over the past twelve months. The PAQ stated zero of the searches did not involve exigent circumstances. Further communication with the PCM indicated the facility had 153 cross gender searches of transgender female inmates (males searching transgender females). The PCM indicated that they cannot force staff to perform the searches and they have not had any female staff volunteer to conduct the searches. The PAQ stated there were 29 pat-down searches of female inmates that were conducted by male staff and all involved exigent circumstances. Further communication with the PCM indicated there were 29 pat-down searches of transgender female inmates by male staff. The PCM stated they cannot force female staff to conduct the searches and they have not had any female staff volunteer to conduct the searches. Interviews with four transgender inmates indicated that none were prohibited from programming or other out-of-cell opportunities in order to comply with this provision. Two of the transgender inmates advised that they had been searched by two male staff when female staff were not available (which is what policy outlines). A review of documentation confirmed that transgender female inmates were searched by two male staff when a female staff member was not available to conduct the search. The searches were documented in the electronic system, as all searches are documented. 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. A review of fourteen security staff training records indicated ten had completed the PREA Resource Center's Guidance on Cross Gender and Transgender Pat Searches training.

Corrective Action

The facility will need to establish a process/procedure to ensure that transgender females are searched by a staff of the same gender, absent exigent circumstances. The PRC has issued guidance that the lack of female staff is not an exigent circumstance. The facility will need to provide a process memo as well as documentation to confirm that searches of transgender females are being completed by female staff (i.e. search logs, reports, etc.). The facility will need to train all staff on the prohibition of searching a transgender inmate for the sole purpose of determining genital status. The facility will also need to ensure all staff have completed the training on cross gender and transgender searches. The facility will need to provide copies of the training for those that were missing it, as well as an assurance memo that all staff at the facility completed the training.

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. NCF IO-SC-18 – Searches
2. NCF IO-SC-17 – Cross Gender Supervision
3. Emails Related to Transgender and Intersex Inmate Searches
4. Staff Training Records
5. Documentation of Searches of Transgender Inmates

The facility provided their updated facility specific policies that outline the requirements in agency policy for searches of transgender inmates (unclothed searches and pat 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) as well as an update outlining step-by-step direction for searches. The policies also note the prohibition of searching transgender and intersex inmates for the sole purpose of determining their genital status. The policies were uploaded into a training module and all staff were required to review the training module. Confirmation was provided to the auditor that all staff reviewed the training. Additionally, the facility provided emails from female staff at the facility who volunteered to conduct searches of transgender and intersex inmates. An email was also provided that was sent from the PCM to all staff emphasizing the policies for transgender and intersex inmate searches. The email also outlined that staff must verify with the Captain the transgender or intersex inmates search preference and the Captain will contact the identified female staff for the search. An example was provided illustrating that transgender and intersex searches are now completed by female staff.

On October 6, 2023 the facility provided the requested staff training records for cross gender pat searches and searches of transgender and intersex inmates. The documentation indicated staff completed the required training during the corrective action period. The PCM confirmed all staff have completed the training.

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 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. Deaf Services Unlimited Information 6. Staying Safe A Guide for Incarcerated Individual Conduct 7. PREA Posters 8. Other Reporting Options Poster 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 PREA Posters, Other Reporting Options Poster and the Staying Safe A Guide for Incarcerated Individual Conduct indicates that they are available in adequate size font and in Spanish. The facility has a contract with Language Link, which has services for VTI. Additionally, the agency has a contract with Deaf Services Unlimited which provides on-site American Sign Language interpretation services. The facility utilizes Language Link to provide translation services. Part of the translation service includes video translation with American Sign Language. The auditor confirmed through a review of documentation that this service is available for use when needed. The interview with the Agency Head confirmed that the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She stated the IDOC provides incarcerated individuals with education in accessible formats. She indicated they have policies and procedures in English and Spanish and that they have a translation service available for use when necessary. Interviews with three disabled inmates and four LEP inmates indicated five were provided information in a format that they could understand. During the tour the auditor observed PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units. The posters did not contain any information on reporting mechanisms or victim advocacy information. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IS-RO-02, page 6 states the IDOC shall take reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual assault, sexual abuse, and sexual harassment to incarcerated individuals who are limited English proficient, including steps to

provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. A review of the PREA Posters, Other Reporting Options 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 utilizes Language Link to provide translation services. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The facility has an account number they provide and the option to have a third party call if the individual is not in the same room as the staff member needing interpretation. The auditor utilized Language Link for two LEP inmate interviews. The auditor called the provided number, entered the pin and access code and selected Karen translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for. It should be noted that auditor did have to wait a bit initially for an interpreter, as a Karen interpreter was not immediately available. The delay was no more than 30 minutes. Interviews with three disabled inmates and four LEP inmates indicated five were provided information in a format that they could understand. During the tour the auditor observed PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units. The posters did not contain any information on reporting mechanisms or victim advocacy information. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited.

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 four 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 four LEP inmates indicated five received information in a format that they could understand. None advised they had another inmate assist with interpretation, translation or other type of assistance.

	Based on a review of the PAQ, IS-RO-02, PREA-01 (Spanish), CTS Language Link, Deaf Services Unlimited Information, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Posters, the Other Reporting Options Poster, 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. Interviews with thirteen random staff indicated four 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 train staff on the prohibition under provision (c). Additionally, the facility should educate staff on the available resources for disabled and LEP inmates, including CTS Language Link and Deaf Services Unlimited. 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 The facility provided documentation confirming that staff were trained on the prohibition of utilizing inmate interpreters, readers and assistants through a review of policy. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

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 four staff who were hired in the previous twelve months confirmed that all four had a criminal background records check completed. All four also completed Attachment F-1, however they completed the old form, which did not have all the questions under this standard. Additionally, the form did not have a date and the auditor was unable to determine when the forms were completed. A review of three contractor files confirmed all three had a criminal background records check completed prior to entry into the facility.

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 74 people were hired in the past twelve months that may have contact with inmates had a criminal background records check completed. A review of four personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. One of the four had prior institutional employers and the prior institutional employer was contacted related to prior sexual abuse and sexual harassment. The interview with Human Resource staff confirmed that policy requires that all new employees have a criminal background records check completed prior to hire. She also confirmed that prior institutional employers are contacted related to incidents/allegations of sexual abuse. She stated the facility conducts criminal background records checks through the NCIC system.

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 74 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 he was unsure of the specifics but knew there were 74 contractors approved to enter the facility and all 74 had a criminal background check completed.

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 over five years ago confirmed all three were documented with a criminal background records check at least every five years (typically done annually). The facility did not have any current contractors that have been at the facility longer than five years. The interview with the Human Resource staff member indicated the facility conducts criminal background records checks at least every five years for current employees and contractors. The staff stated there is a spreadsheet with all employees and a spreadsheet with all contractors and that is how five year background checks are tracked. She stated for contractors, every time they come into the facility a new background check is completed.

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

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 personnel files for four staff who were hired in the previous twelve months and one staff member who was promoted indicated that all five completed Attachment F-1, however they completed an old form, which did not have the required questions under this standard. Additionally, the form did not have a date and therefore the auditor was unable to determine when the questions were answered.

Corrective Action

The facility will need to ensure they are utilizing the most current Attachment F-1 form for new hires and promotions. The facility will need to ensure that a date is added to each form when filled out. The facility will need to provide a list of new hires and promoted staff (to include date hired/promoted) during the corrective action period with their corresponding Attachment F-1.

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. Completed Attachment F-1 For Newly Hired Staff and Promoted Staff The facility provided the updated Attachment F-1 for four staff hired during the corrective action period. All four were completed prior to hire. Additionally, the facility provided the updated Attachment F-1 for one staff member promoted during the corrective action period which was completed prior to promotion. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Documentation on New Intake Construction Area 3. Camera Maps Interviews: 1. Interview with the Agency Head 2. Interview with the Warden Site Review Observations: 1. Observations of Modification to the Physical Plant/New Unit 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 were no substantial expansions or modifications to the existing facility since the last PREA audit (that he is aware of as he is relatively new to the facility). He stated that they are currently in the process of modifying an area of the facility that they will utilize as an intake area. The Warden stated that they have been looking at PREA elements during the construction and that they have removed walls, built bathrooms and ensured that all the areas are PREA compliant. He stated they also plan on installing curtains in certain areas so that individuals can't observe strip searches. A review of documentation confirmed that the facility reviewed safety and privacy issues as it relates to sexual abuse and sexual harassment when discussing the construction and modification of the new intake area. During the tour the auditor observed the construction in the proposed intake area. Staff demonstrated how the space would be used and pointed out the privacy consideration that were considered as well as the safety and security consideration that were discussed. The auditor viewed the area to have adequate privacy, no blind spots and adequate lines of sight.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. A review of the maps of video monitoring coverage confirm that video monitoring is utilized to assist with supervision and monitoring and is utilized to promote safety and security through the reduction of blind spots. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. She stated the agency conducts incident reviews to determine if there are blind spots or areas that require video monitoring technology. She further indicated that any deficiencies are noted through the process and any identified concerns have action initiated. The Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect inmates from sexual abuse. He stated that PREA is always in the forefront when they look at areas that may be blind spots. He stated they do not want any blind spots other than in the cells where inmates can be alone or one-on-one. During the tour the auditor observed that the facility did have video monitoring in housing units and most work, program and common areas. Cameras are utilized to supplement staffing and assist with supervision and monitoring. Staff are able to monitor the cameras in each housing

	unit while central control, administrative staff and supervisors are able to view/monitor any cameras in the facility remotely through any facility computer. Based on a review of the PAQ, Documentation on New Intake Construction Area, Camera Maps, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-01 – Incarcerated Individual PREA Information 3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 5. IO-SC-22 – Evidence Handling/Contraband Control 6. HSP-628 – Patient Sexual Abuse 7. Sexual Assault Checklist 8. Memorandum of Understanding with Crisis Intervention Services (CIS) 9. Memorandum of Understanding with Skiff Medical Center 10. Documentation of Advocacy Services 11. Qualified Staff Documentation 12. Investigative Reports Documents Received During the Interim Report: 1. Updated Memorandum of Understanding with Crisis Intervention Services (CIS)

Interviews:

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

Findings (By Provision):

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

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful inmates. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further

clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. IO-SC-22 describes evidence protocol, including: scene security, general evidence collection, collection of evidence, disposition of evidence and disposition of contraband. Pages 4-6 specifically detail the evidence protocol for sexual assault. The Sexual Assault Checklist also directs staff on first responder duties related to obtaining usable physical evidence as well as duties for health services staff and those who collect(ed) evidence.

115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated 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 has an MOU with Skiff Medical Center that was signed December 2013. Further communication with the PCM indicated that the Skiff Medical Center is now MercyOne Newton. The PCM further stated that they are now utilizing MercyOne Des Moines for forensic medical examinations. The PCM indicated that they do not have an MOU with MercyOne Des Moines, however the hospital advised they do not need an MOU they just need to call the charge nurse ahead of time to ensure they have a SANE. The PAQ indicated that during the previous twelve months there were zero forensic medical examination conducted by a SANE/SAFE or qualified medical practitioner. The auditor contacted MercyOne Des Moines related to forensic medical examinations. The staff member advised that they perform forensic medical examinations at the hospital through on-call SAFE/SANE. The staff indicated that a SAFE/SANE is available to call 24 hours a day and all examination are performed by these staff. The auditor also contacted MercyOne Newton related to forensic medical examinations. The staff advised that they do not perform forensic medical examinations at the hospital. A review of eighteen investigations and the investigative log indicated there were zero inmates who had a forensic medical examination completed. Additionally, the review of the eighteen investigations confirmed none of the sexual abuse allegations involved a need for a forensic medical examination or were reported within the

timeframe for a forensic medical examination.

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 a mental health staff member has attended the qualified training. PREA-02 (page 15) and PREA-03 (page 14) state the incarcerated individual victim is offered the opportunity to meet with a victim advocate from a community crime victim center. If an advocate from the community is not available to provide advocate services, the Shift Supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. If the incarcerated individual victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the incarcerated individual victim so desires. HSP-628, page 5 further states that the Shift Supervisor shall attempt to make available to patients a victim advocate from a community crime victim center. If a community crime victim center is not available to provide victim advocate services, the Shift Supervisor shall make these services available through a qualified staff member from a community-based organization, or qualified IDOC staff member. The facility has a Memorandum of Understanding with Crisis Intervention Services (CIS) which was signed January 14, 2014. The MOU states that CIS will provide an advocate to be available to the victim and will provide the victim with information about options and resources and help assist with the criminal/civil justice system and administrative process. The MOU also states that CIS will provide accompaniment and support to the victim through the forensic medical examination process and investigatory interviews. During the interim report period the facility updated their MOU with CIS with an execution date of June 15, 2023. The MOU language was updated to state that CIS agrees to respond to requests from NCF to provide advocacy when inmates are brought to Jasper County Hospital for sexual assault forensic exams. Additionally, it states CIS agrees to provide follow-up services and crisis intervention contacts to victims of sexual assault at NCF, as resources allow. In addition, the facility has one staff member that is able to serve as qualified agency staff member. The staff completed the PREA Qualified Staff Training. 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 the facility requests a victim advocate through Crisis Intervention Services, the organization in which they have an MOU with. He further stated that advocacy is set up through mental health and the advocate calls the facility once a week to speak to individuals who request services. Interviews with five inmates who reported sexual abuse indicated all five were afforded access to a victim advocate. Four stated they spoke to the advocate and one stated he declined the advocacy services. A review of twelve sexual abuse investigations confirmed all twelve victims were offered an outside victim advocate. Three of the twelve accepted services and were provided services through CIS.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. PREA-02 (page 15) and PREA-03 (page 14) state if requested by the alleged victim, the victim advocate or qualified staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility has a Memorandum of Understanding with Crisis Intervention Services (CIS) which was signed January 14, 2014. The MOU states that CIS will provide an advocate to be available to the victim and will provide the victim with information about options and resources and help assist with the criminal/civil justice system and administrative process. The MOU also states that CIS will provide accompaniment and support to the victim through the forensic medical examination process and investigatory interviews. During the interim report period the facility updated their MOU with CIS with an execution date of June 15, 2023. The MOU language was updated to state that CIS agrees to respond to requests from NCF to provide advocacy when inmates are brought to Jasper County Hospital for sexual assault forensic exams. Additionally, it states CIS agrees to provide follow-up services and crisis intervention contacts to victims of sexual assault at NCF, as resources allow. In addition, the facility has one staff member that is able to serve as qualified agency staff member. The staff completed the PREA Qualified Staff Training. 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 the facility requests a victim advocate through Crisis Intervention Services, the organization in which they have an MOU with. He further stated that advocacy is set up through mental health and the advocate calls the facility once a week to speak to individuals who request services. The PCM confirmed Crisis Intervention Services is the local rape crisis center. Interviews with five inmates who reported sexual abuse indicated all five were afforded access to a victim advocate. Four stated they spoke to the advocate and one stated he declined the advocacy services. A review of twelve sexual abuse investigations confirmed all twelve victims were offered an outside victim advocate. Three of the twelve accepted services and were provided services through CIS.

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

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

115.21 (h): The facility has one mental health staff that can serve as a victim advocate. The staff is 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 CIS, the Sexual Assault Checklist, the Memorandum of Understanding with Skiff Medical Center, 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. MercyOne Newton advised that they do not provide forensic medical examinations. The facility advised they plan to use MercyOne Des Moines. The updated MOU with CIS indicates they will only provide hospital accompaniment at Jasper County Hospital (MercyOne Newton).

Corrective Action

The facility will need to work with CIS to determine if they will provide services at MercyOne Des Moines. If they will not, the facility will need to reach out and find the local rape crisis center that will provide services. The facility will need to either update their MOU with CIS or establish an agreement with another rape crisis center specifically for these services. A copy of the MOU will need to be provided to the auditor. Appropriate staff will need to be trained on the appropriate response. Copies of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Updated Memorandum of Understanding with Crisis Intervention Services (CIS)

	The facility provided an updated MOU with CIS that confirmed that they will provide victim advocacy services at Mercy One Hospital. The updated MOU was executed on August 3, 2023. 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
	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. 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 Log 8. Investigative Reports Interviews: 1. Interview with the Agency Head 2. Interview with Investigative Staff Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. The PAQ noted there were 110 allegations reported within the previous twelve months, all of which resulted in an administrative investigation. One allegation was investigated criminally. The PAQ stated that all six investigations were still active at the issuance of the PAQ. A review of documentation indicated there were 95 allegations reported during the previous twelve months, all of which had an administrative investigation and one which had a criminal investigation. A review of the investigative log and eighteen investigative reports confirmed all reported allegations had an administrative investigation completed. 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 eighteen investigative reports indicated all had an investigation completed by a facility or agency investigator and as such all were internal investigations. One investigation was completed by the facility and was deemed a criminal investigation and was forwarded to the county prosecutor. The interviews with the investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations, unless the activity is clearly not criminal. The agency investigator stated any investigations related to criminal aspects would be referred to local law enforcement. 115.22 (c): The agency/facility has the authority to conduct both administrative and criminal investigations. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. 115.22 (d): The auditor is not required to audit this provision. 115.22 (e): The auditor is not required to audit this provision. Based on a review of the PAQ, PREA-02, PREA-03, PREA-04, AD-PR-13, IO-RD-03, investigative log, 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.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 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

Interviews:

1. Interview with Random Staff

Findings (By Provision):

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 nineteen staff training records (security and non-security) indicated 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 on a quarterly basis and PREA is part of the quarterly training. All thirteen staff confirmed that the required components under this provision are discussed during the PREA training. Staff stated that the training discusses first responder duties, goals of PREA and signs of precursory behavior.

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. NCF houses adult males. A review of the training curriculum indicated that it went over general information related to common reactions, signs of threatened and actual sexual abuse and dynamics of sexual abuse, which are typically tailored toward the male population.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. The PAQ stated that staff are provided refresher training annually. 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 nineteen staff training records indicated that fifteen had PREA training biennially. Two staff were recently hired and as such would not have the biennial training. One staff member was missing the most recent training, however the facility had the staff member complete the PREA training prior to the interim report being submitted. A second staff member had not had training since 2020 but was no longer employed at the facility. 115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signatures or electronic verification. AD-TS-05, page 7 states that IDOC shall document, through employee signatures or electronic verification, that employees understand the training they have received. Staff complete PREA training online and complete a quiz at the end of the training. The quiz score confirms reception and understanding. A review of nineteen staff training records indicated that 100% of those reviewed were documented with PREA training through completion of the quiz with a score of 70% or better. Based on a review of the PAQ, AD-TS-04, AD-TS-05, the PREA training curriculum, the policy update emails, a sample of staff training records, as well as interviews with random staff indicate that this standard appears to be compliant.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 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 Interviews:

1. Interview with Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual 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 56 volunteers and contractors had received PREA training, which is equivalent to less than 100% of the total volunteers and contractors reported in the facility characteristics. Further clarification with the PCM indicated that the facility has 74 total contractors approved to enter the facility and 23 approved volunteers, all of which have completed training. Volunteer and contractor training is completed online via https://docs.google.com/presentation/d/1_8IcVvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-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. The auditor requested training documents for four contractors and five volunteers. All five volunteers were documented with PREA training. The auditor received dates for the contractor training, but not actual documentation confirming the training was received. Interviews with contractors confirmed that both were provided information on the agency's sexual abuse and sexual harassment policies and their responsibilities under the policies. One contractor stated he watched a video and took a quiz afterward while a second stated he completed an online training with a quiz at the end. During the on-site portion of the audit there were zero volunteers and as such no interviews were able to be conducted.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. It stated that all volunteers and contractors are sent a training link to complete PREA training prior to being allowed to enter the facility. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-CI-01, page 6 states the level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with incarcerated individuals. Volunteer and contractor training is completed online via https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3R

Ui6Oups7t6-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. The auditor requested training documents for four contractors and five volunteers. All five volunteers were documented with PREA training. The auditor received dates for the contractor training, but not actual documentation confirming the training was received. Interviews with contractors confirmed that both were provided information on the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and how and who to report information to. One contractor stated he watched a video and took a quiz afterward while a second stated he completed an online training with a quiz at the end. During the on-site portion of the audit there were zero volunteers and as such no interviews were able to be 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 volunteer training documents confirmed that all volunteers completed online training and completed a quiz. The auditor received dates for the contractor training, but not actual documentation confirming the training was received.

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. The auditor requested training documents for four contractors and five volunteers. All five volunteers were documented with PREA training. The auditor received dates for the contractor training, but not actual documentation confirming the training was received.

	Corrective Action The facility will need to provide the requested contractor training 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. Contractor Training Records The facility provided the requested contractor training documents. All contractors were documented with PREA training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 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. Other Reporting Options Poster
7. PREA Posters
8. CIS Flyer
9. CTS Language Link Information
10. Deaf Services Unlimited Information
11. Inmate Training Records

Documents Received During the Interim Report

1. CTS Language Link Quote for Karen Interpretation
2. Staying Safe A Guide for Incarcerated Individual Conduct in Karen
3. Training Email to Staff on LEP Inmate Education

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 1064 inmates received information at intake 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 Conduct. 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 PREA Posters confirm that they include information on the zero tolerance policy and/or methods to report sexual abuse and sexual harassment. Additionally, the Other Reporting Options Poster has multiple reporting methods listed. 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 includes 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 confirmed that inmates are provided information on the agency's zero tolerance policy and how to report incidents of sexual abuse upon intake. The intake staff stated when inmates arrive at the facility they go through the orientation class, where they watch a video and they are given a handout. The staff indicated they discuss the zero tolerance policy, how to report, who the PCM is and that they can ask for a victim advocate. The staff stated they play the PREA What You Need to Know video and they provide the Staying Safe A Guide for Incarcerated Individual Conduct. The staff stated the video is in English and Spanish and that they sometimes have staff who speak Spanish to assist. The staff also stated the Staying Safe A Guide for Incarcerated Individual Conduct is in English and Spanish. Interviews with 40 inmates indicated that 32 were provided information on the agency's sexual abuse and sexual harassment policies. A review of 21 inmate files of those received in the previous twelve months indicated 20 had received intake information at NCF and/or at another IDOC facility. All IDOC policies related to sexual abuse and sexual harassment are the same, with the exception of the victim advocacy contact information. It should be noted that all inmates that arrive at Newton CF come from another IDOC facility where they have already received information on PREA.

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 875 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. A review of the Staying Safe A Guide for Incarcerated Individual Conduct confirms that it includes information on ways to keep safe, definitions, rights under PREA, actions to take after an incident of sexual abuse, reporting mechanisms, possible outcomes of an investigation and recovering from sexual assault. The auditor was provided a demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed during orientation in the gym or

classroom. A staff member facilitates orientation, but trained incarcerated individuals conduct the orientation. Incarcerated individuals watch the PREA What You Need to Know video. The video is available in English and Spanish. The video is shown on a 36 inch television with adequate audio. After the video concludes, staff go over the zero tolerance policy, reporting mechanism and advocacy information. Incarcerated individuals are also provided the Staying Safe A Guide for Incarcerated Individual Conduct. Incarcerated individuals then sign a form acknowledging that they received the PREA education. The staff stated they can utilize bilingual staff and Language Link for LEP inmate. The interview with intake staff confirmed that inmates are provided information their rights under PREA and the facility's response to an allegation. The intake staff stated when inmates arrive at the facility they go through the orientation class, where they watch a video and they are given a handout. The staff indicated they discuss the zero tolerance policy, how to report, who the PCM is and that they can ask for a victim advocate. The staff stated they play the PREA What You Need to Know video and they provide the Staying Safe A Guide for Incarcerated Individual Conduct. The staff stated the video is in English and Spanish and that they sometimes have staff who speak Spanish to assist. The staff also stated the Staying Safe A Guide for Incarcerated Individual Conduct is in English and Spanish. The staff stated that orientation is completed every Tuesday, so it is done within seven days of arrival at the facility. Interviews with 40 inmates indicated that 36 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and facility policies and procedures in response to an allegation of sexual abuse or sexual harassment. Inmates stated that they received the information during orientation via video and in person. A review of 21 inmate files of those received in the previous twelve months indicated 20 had received comprehensive PREA education at NCF and/or at another IDOC facility. All IDOC policies related to sexual abuse and sexual harassment are the same, with the exception of the victim advocacy contact information. It should be noted that inmates that arrive at Newton CF have come from another IDOC facility and have already completed comprehensive PREA education at another facility.

115.33 (c): The PAQ indicated that of those inmates not educated within 30 days of intake, all inmates have been educated subsequently except those that are released prior to 30 days. 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. The interview with intake staff confirmed that inmates are provided information on the agency's zero tolerance policy and how to report incidents of sexual abuse upon intake. The intake staff

stated when inmates arrive at the facility they go through the orientation class, where they watch a video and they are given a handout. The staff indicated they discuss the zero tolerance policy, how to report, who the PCM is and that they can ask for a victim advocate. The staff stated they play the PREA What You Need to Know video and they provide the Staying Safe A Guide for Incarcerated Individual Conduct. The staff stated the video is in English and Spanish and that they sometimes have staff who speak Spanish to assist. The staff also stated the Staying Safe A Guide for Incarcerated Individual Conduct is in English and Spanish. The staff stated every inmate that arrives goes through the orientation process. A review of 55 total inmate files indicated that 50 had received comprehensive PREA education. Two of the inmates files selected were of those that arrived in 2016 and at the issuance of the interim report were no longer at the facility. Three records had not been provided at the issuance of the interim report. The intake staff stated when inmates arrive at the facility they go through the orientation class, where they watch a video and they are given a handout. The staff indicated they discuss the zero tolerance policy, how to report, who the PCM is and that they can ask for a victim advocate. The staff stated they play the PREA What You Need to Know video and they provide the Staying Safe A Guide for Incarcerated Individual Conduct. The staff stated the video is in English and Spanish and that they sometimes have staff who speak Spanish to assist. The staff also stated the Staying Safe A Guide for Incarcerated Individual Conduct is in English and Spanish. The staff stated that orientation is completed every Tuesday, so it is done within seven days of arrival at the facility.

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

company provides the facility a phone number that they can call that connects the staff member with a translator who can translate information between the staff member and LEP inmate. The facility has an account number they provide and the option to have a third party call if the individual is not in the same room as the staff member needing interpretation. A review of the PREA Posters, Other Reporting Options Poster and the Staying Safe A Guide for Incarcerated Individual Conduct indicates that they are available in adequate size font and in Spanish. The facility has a contract with Language Link, which has services for VTI. Additionally, the agency has a contract with Deaf Services Unlimited which provides on-site American Sign Language interpretation services. The facility utilizes Language Link to provide translation services. Part of the translation service includes video translation with American Sign Language. CTS Language Link also provides the facility a phone number that they can call that connects the staff member with a translator who can translate information between the staff member and LEP inmate. The facility has an account number they provide and the option to have a third party call if the individual is not in the same room as the other individual. The auditor utilized Language Link for an LEP inmate interview. The auditor called the provided number, entered the pin and access code and selected Spanish translation. The auditor was required to provide the incarcerated individual information in order for them to track who the services were being utilized for. A review of six disabled inmate files and five LEP inmate files indicated nine had signed that they received and understood the PREA information. Two inmates with a cognitive disability did not have education documents (both arrived in 2016) and had left the facility prior to the issuance of the interim report. During the interim report period the facility provided a quote from Language Link for translation of the Staying Safe A Guide for Incarcerated Individual Conduct information in Karen (facility had at least two inmates who spoke Karen). The auditor was provided a copy of the translated document as well as confirmation that the documents were provided to the LEP inmates. Additionally, during the interim report period a training email was sent to the staff responsible for education that advised that for LEP inmate education inmates should sign an appropriate acknowledgment form and/or there should be documentation of accommodations.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. PREA-01, page 5 states IDOC shall maintain documentation of incarcerated individuals participation in these education sessions either by generic note or the signed copy of Form 1 scanned into ICON incarcerated individual attachments. The facility utilizes acknowledgment forms to document PREA education. A review of 55 total inmate files indicated 50 had completed the education and 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 the Staying Safe A Guide for Incarcerated Individual Conduct, PREA Posters, the Other Reporting Options Poster and the CIS Flyer confirmed that they included information on the zero tolerance policy, reporting mechanisms and victim advocacy information. During the tour the auditor observed PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units. The posters did not contain any information on reporting mechanisms or victim advocacy information. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited. Informal conversation with inmates indicated that the posted PREA information has been up for a while.

Based on a review of the PAQ, PREA-01, IS-RO-02, Staying Safe A Guide for Incarcerated Individual Conduct, PREA What You Need to Know Video, PREA Posters, PREA Brochure, Language Link Information, 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 appears to require corrective action. A review of 55 total inmate files indicated that 50 had received comprehensive PREA education. Two of the inmates files selected were of those that arrived in 2016 and at the issuance of the interim report were no longer at the facility. Three records had not been provided at the issuance of the interim report.

Corrective Action

The facility will need to ensure every inmate at NCF is documented with comprehensive PREA education (after 2013). The facility will need to identify any inmates who did not receive the education and provide them the comprehensive education. Copies of the education, including those originally requested that were missing, will need to be provided to the auditor.

Recommendation

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

	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 Comprehensive PREA Education Documents The facility provided confirmation that all inmates that had received PREA education. A sample of the education documents was provided as confirmation, including those requested by the auditor during documentation review. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 3. IDOC Interview to Confession Training Curriculum 4. Investigator Training Records Interviews: 1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. PREA-03, page 21 states in addition to the general training provided to all employees, the Deputy Director of Institution Operations shall ensure that, to the extent IDOC conducts sexual violence investigations, its sexual violence investigators have received specialized training in conducting such investigations in confinement settings. A review of documentation indicated 21 facility/agency staff were documented with the specialized investigations training. The interviews with the investigators confirmed they both received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. The facility investigator stated he received a three to four day training that went over how to complete an investigation, how to conduct an interview and the role to play when interviewing. 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 21 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 fifteen 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 eighteen investigations revealed they were completed by eleven investigators, all of which were included in the training records. 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.
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115.35 Specialized training: Medical and mental health care	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. HSP-628 – Patient Sexual Abuse 3. National Commission on Correctional Health Care Training Videos 4. Medical and Mental Health Staff Training Records Interviews: 1. Interview with Medical and Mental Health Staff Findings (By Provision): 115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. HSP-628, page 7 states that each institution shall ensure that all full and part-time medical and mental health care staff who work regularly in its facilities have be 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 video 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 the they encompass the required elements under this provision. The PAQ indicated that the facility has eighteen medical and mental health staff and 100% had received the specialized training. A review of five medical and mental health care staff training records indicated four were documented with the specialized medical and mental health training. The one missing specialized medical and mental health training was a temporary employee. The auditor requested documentation related to additional temporary medical and mental health staff to confirm if they are receiving this training as they work regularly they in the facility, they just are not long term staff. At the issuance of the interim report the documentation had not yet been provided. Interviews with medical and mental health staff confirmed that they received specialized medical and mental health training through the NCC training for healthcare professionals. One staff member stated the training focused on scenarios and what the health care role is with regard to follow-up. She stated the training was a half day course. The second staff member stated the training went over how to identify and know limitations. Both staff confirmed the required topics under this standard were covered during the training.

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

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

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

Based on a review of the PAQ, HSP-628, National Commission on Correctional Health Care Training Videos, a review of medical and mental health care staff training records, as well as interviews with medical and mental health care staff indicate that this standard appears to require corrective action. A review of five medical and mental health care staff training records indicated four were documented with the specialized medical and mental health training. The one missing specialized medical and mental health training was a temporary employee. The auditor requested documentation related to additional temporary medical and mental health staff to confirm if they are receiving this training as they work regularly they in the facility, they just are not long term staff. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the documentation requested related to temporary medical and mental health employee specialized training. If documentation does not exist the facility will need to develop a process to ensure all temporary medical and mental health staff complete this training. A process memo will need to be provided. A list of all temporary medical and mental health care staff will need to be provided as well as their corresponding specialized training records.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Memorandum Related to Medical and Mental Health Care Staff

The facility provided a memo that advised that the staff identified by the auditor as not having specialized medical and mental health care training was a temporary staff member hired during COVID-19. The memo indicated this was an emergency situation due to circumstances and that they no longer utilize temporary medical and/or mental health care staff. The auditor confirmed that all current medical and mental health care staff were current fulltime employees.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.41	Screening for risk of victimization and abusiveness
	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. Sexual Violence Propensity Assessment Scoring Guide for Offenders 5. 72 Hour PREA Transfer Screening 6. Inmate Assessment and Reassessment Documents Documents Received During the Interim Report Period: 1. Inmate Assessment and Reassessment Documents Interviews: 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager Site Review Observations: 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. IS-RO-01, page 3 states that all incarcerated individuals shall be assessed immediately upon arrival using the paper SVP-Intake Screening Tool, IS-RO-01 F-2, and shall be assessed during an intake screening for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals. Policy further states the tool is confidential for staff use only and shall not be self-administered by the incarcerated individual and shall only be administered by the intake staff. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon arrival. Interviews with twelve inmates that arrived within the previous twelve months indicated seven 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 an office setting during the meet and greet with the counselor. Staff complete only one risk assessment and only ask about prior sexual victimization. Staff utilize the file review process to complete the majority of the risk screening. The staff indicated they can utilize the Language Link and bilingual staff for LEP inmates.

During the interim report period the facility sent a training email to staff who conduct risk assessments advising that a 72 hour SVP is required for all inmates that leave the facility and return, such as those who go on quick medical trips. During the interim report period the facility provided lists of inmates that arrived at NCF and their corresponding initial risk screening documents. Additional documentation is required for corrective action.

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 1030 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 21 inmate files of those that arrived within the previous twelve months indicated seventeen had an initial risk screening completed. Only one of the seventeen had the initial risk completed within 72 hours. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours. Interviews with twelve inmates that arrived within the previous twelve months indicated seven were asked questions related to risk of victimization and abusiveness. Most stated they were asked the risk screening questions the first day they arrived. During the interim

report period the facility sent a training email to staff who conduct risk assessments advising that a 72 hour SVP is required for all inmates that leave the facility and return, such as those who go on quick medical trips. During the interim report period the facility provided lists of inmates that arrived at NCF and their corresponding initial risk screening documents. Additional documentation is required for corrective action.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening has two section, one for victimization and one for abusiveness. The victimization section of the screening considers whether the resident has an intellectual/physical disability or is severely mentally ill; the residents age, height and weight; whether it is the residents first time incarcerated or in a residential community facility or feels threatened/traumatized by prison or a residential community facility; whether the resident displays sexual orientation in a way that projects vulnerability; whether the resident has a conviction for a current or previous sexual offense against a child thirteen years or under; whether the resident has a history of sexual violence victimization; whether the resident is unassertive, lacks confidence, projects weakness or fear and whether the resident has nonviolence crime or property crime only. Each response has a score based on the response. A score of ten or more on questions ten through seventeen indicate the resident is a victim potential (VP) and a yes response on question 15.A results in a victim incarcerated (VI) designation. The abusiveness section considers whether the resident has two or more felony convictions; whether the resident has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated predatory violence (other than sex offenses); whether the resident is a sex offender (victim over the age of fourteen); whether the resident has an intimidating or aggressive attitude; whether the resident is highly familiar with prison or residential community facility or present as prison wise or street smart; whether the resident has a history of sexual predatory behavior or sexual assault of offenders; whether the resident has two or more convictions for serious or aggravated misdemeanor assaults, domestic abuse assault, or one felony Class D willful injury and whether the resident has a felony drug conviction plus confirmed/suspected STG (serious threat group) plus two or more felony incarcerations. Each questions is awarded a point score depending on the response. If the score is ten or more for questions one through nine, the resident is considered an aggressor potential (AP). If the response to question 7.A is yes, the resident is considered an aggressor Incarcerated (AI). If the resident does not score out on the section she/he is considered a no score. Sexual Violence Propensity Assessment (SVP) Scoring Guide for Offenders is very detailed and directs staff on each question how to derive responses and information. It explains how is question should be scored as well as when to consult with staff related to any manual overrides.

115.41 (d): A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening considers whether the inmate has an intellectual/physical disability or is severely mentally ill; the 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 staff responsible for the risk screening indicated that they generally use information from the file for the risk screening and they determine what questions need to be asked based on that information. The staff stated they ask about prior sexual victimization and sometimes about perception of vulnerability. Staff advised that they use the information from the risk screening conducted at the prior facility (usually reception center). One staff member stated that the risk screening is completed during the social history interview and they talk about different topics that lead to some of the questions such as LGBTI, prior victimization and safety/vulnerability. Both staff confirmed the elements under this provision are included in the risk screening tool/process.

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 that they generally use information from the file for the risk screening and they determine what questions need to be asked based on that information. The staff stated they ask about prior sexual victimization and sometimes about perception of vulnerability. Staff advised that they use the

information from the risk screening conducted at the prior facility (usually reception center). One staff member stated that the risk screening is completed during the social history interview and they talk about different topics that lead to some of the questions such as LGBTI, prior victimization and safety/vulnerability. Both staff confirmed the elements under this provision are included in the risk screening tool/process.

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 875 inmates were reassessed within 30 days, which is equivalent to 100% of the inmate who arrived and stayed longer than 30 days. The interviews with the staff responsible for the risk screening indicated that inmates are reassessed. One staff indicated reassessment are completed within 30 days and the other stated that if there were not an incident reassessments would be done once a year. One staff advised the reassessment is done only through a file review as all the information is in the file. Interviews with twelve inmates that arrived within the previous twelve months indicated one had been asked questions related to their risk of victimization and abusiveness more than once. A review of 21 inmate files of those that arrived in the previous twelve months indicated five had a reassessment. All five reassessments were past the 30 day timeframe. During the tour the auditor had the staff provide a demonstration of the reassessment process. Staff indicated that they only complete one risk assessment. During the interim report the facility sent out a training email to all staff who complete the risk screening advising that all inmates are required to have a 30 day reassessment in person and should at minimum be asked if any responses have changed since their initial risk screening. During the interim report period the facility provided lists of inmates that arrived at NCF and their corresponding risk screening documents. Additional documentation is required for corrective action.

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 individuals risk level shall be reassess when warranted due to significant events, a referral, request, incident of sexual assault or sexual abuse, or receipt of

additional information that bears on the incarcerated individual's SVP code. The interviews with staff responsible for the risk screening indicated that inmates are reassessed when warranted based on referral, request, incident of sexual abuse or receipt of additional information. One staff member stated that the reassessment is only via file review as information needed is contained in the file. Interviews with twelve inmates that arrived within the previous twelve months indicated that one had been asked questions related to their risk of victimization and abusiveness more than once. A review of 21 inmate files of those that arrived in the previous twelve months indicated five had a reassessment. All five reassessments were past the 30 day timeframe. A review of the twelve reported sexual abuse allegations indicated six required a reassessment of the victim and five required a reassessment of the perpetrator. A review of documentation indicated three of the six victims were reassessed, however two of the three reassessments were over 45 days after the conclusion of the investigation. Three of the five perpetrators were documented with a reassessment, however all three were over 45 day of the conclusion of the investigation.

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

115.41 (i): IS-RO-01, page 4 and IS-RO-02, page 3 state that IDOC shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. The interview with the PREA Coordinator confirmed that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. The interview with the PCM stated that the agency has outlined who has access to the risk screening information so it is not exploited. He stated that policy drives who has access and that a Sergeant or above can view the risk assessment analysis. The staff responsible for the risk screening stated that the agency has implemented appropriate controls on the dissemination of responses to the questions. One staff stated that only those who conduct the assessments can see the questions and responses. Risk screening information is completed via the ICON system. 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 21 inmate files of those that arrived within the previous twelve months indicated seventeen had an initial risk screening completed. Only one of the seventeen had the initial risk completed within 72 hours. Interviews with twelve inmates that arrived within the previous twelve months indicated seven were asked questions related to risk of victimization and abusiveness. Most stated they were asked the risk screening questions the first day they arrived. The interview with the staff responsible for the risk screening indicated that inmates are reassessed. One staff indicated reassessments are completed within 30 days and the other stated that if there was not an incident a reassessment would be done once a year. One staff advised the reassessment is done only through a file review as all the information is in the file. 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. One staff member stated that the reassessment is only via file review as information needed is contained in the file. A review of 21 inmate files of those that arrived in the previous twelve months indicated five had a reassessment. All five reassessments were past the 30 day timeframe. A review of the twelve reported sexual abuse allegations indicated six required a reassessment of the victim and five required a reassessment of the perpetrator. A review of documentation indicated three of the six victims were reassessed, however two of the three reassessments were over 45 days after the conclusion of the investigation. Three of the five perpetrators were documented with a reassessment, however all three were over 45 day of the conclusion of the investigation.

Corrective Action

The facility will need to develop a process for initial risk assessments, 30 day reassessments and reassessments due to incident of sexual abuse and/or receipt of additional information. This includes all inmates who leave for court or medical trips and return to the facility after being in the custody of another facility/agency. All appropriate staff will need to be trained on the process. A copy of the training will need to be provided to the auditor. The facility will need to provide a list of inmates that arrive during the corrective action period as well as corresponding initial and 30 days reassessments. A systematic approach to the examples provided should be utilized (i.e. every fifteenth inmate on the list). Additionally, a list of sexual abuse

allegations reported during the corrective action period (to include allegation type and outcome) should be provided as well as corresponding risk reassessments for applicable victims and perpetrators.

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 Documentation
2. List of Inmates that Arrived During the Corrective Action Period
3. List of Sexual Abuse Allegations During the Corrective Action Period
4. Inmate Risk Assessments

On September 5, 2023 the facility provided confirmation (sign-in sheets) that staff were trained on the requirements and process for initial risk assessments and reassessments. The facility provided a list of inmates that arrived during the corrective action period and selected a systematic sample (i.e. every X number on the list) to provide to the auditor. Thirteen inmate risk assessments were provided from the sample. All thirteen provided had an initial risk assessment completed within 72 hours and a reassessment completed within 30 days.

Additionally, the facility provided a list of substantiated and unsubstantiated sexual abuse allegations reported during the corrective action period. Both the alleged victims and alleged perpetrators in the two sexual abuse allegations were reassessed after the allegation. Additionally, the facility provided reassessments for a few alleged victims and alleged perpetrators in sexual harassment allegations. Additionally, the facility provided two reassessments of alleged inmate victims that were reassessed immediately following the interim report for allegations that were recently reported.

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

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 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/Intersex Biannual Assessments 6. LGBTI Housing Assignments Interviews: 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. The PAQ stated the electronic system alerts staff who may try to house individuals together that are

not compatible based on the risk assessment. 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 tied to the offender network system and that if someone is a high risk victim they cannot be housed with a high risk aggressor. He stated the system will not allow the housing assignment. He further stated they use the information during classification with the offender. The interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized to make housing determinations on an individual basis. The codes from the risk screening allow them to house people appropriately and safely. One staff also stated that significant information from the risk screening it used to determine work assignments and to keep an eye on people who may be more vulnerable. 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 interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized to make housing determinations on an individual basis. The codes from the risk screening allow them to house people appropriately and safely. One staff also stated that significant information from the risk screening it used to determine work assignments and to keep an eye on people who may be more vulnerable.

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 a case-by-case basis. The interview with the PCM indicated original housing determinations are done at Oakdale, where classification decisions are made. He stated after they are received at Oakdale and transferred to Newton CF they have a meeting to discuss the individual. The meeting includes what they are allowed to bring, what they feel comfortable with and acceptable roommates. The PCM confirmed that placement would take into consideration the safety of the inmate and the presentation of any security or management problems. Interviews with four transgender inmates indicated that all four were asked how they felt about their safety with regard to housing and programming assignments. All four 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 confirmed that transgender and intersex inmates are reviewed at least every six months. The staff responsible for the risk screening confirmed that transgender and intersex inmates would be assessed at least biannually. A review of documentation for five transgender inmates indicated that one had biannual assessments completed.

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

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 all showers were single person and provided privacy through raised walls, raised saloon style doors and painted half windows. 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 have a separate shower time. During that time showers are closed to the rest of the inmate population. Interviews with four transgender inmates confirmed

that all four 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 three LGB inmates and four transgender inmates confirmed all seven 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 all the different facility housing units, confirming that LGBTI inmates were not placed in one dedicated unit or wing at NCF.

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 be require corrective action. A review of documentation for five transgender inmates indicated that one had biannual assessments completed.

Corrective Action

The facility will need to train staff on the requirement of biannual assessments. A copy of the training will need to be provided. All current transgender inmates will need to have a biannual assessment completed. A copy of the assessments will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

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

	facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Staff Training Documents 2. List of Current Transgender Inmates and Biannual Assessments On September 5, 2023 the facility provided training documents (sign-in sheets) confirming appropriate staff were trained on the requirement of biannual assessments for transgender and intersex inmates. The facility also provided a list of all current transgender and intersex inmates and corresponding updated biannual assessments. All transgender and intersex inmates had an updated assessments completed during the corrective action period. 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 Documents: 1. Pre-Audit Questionnaire 2. IO-HO-06 – Protective Custody (PC) Housing 3. Inmates at High Risk of Victimization Housing Assignments Interviews: 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing. IO-HO-06, page 6 states that incarcerated individuals at high risk for sexual victimization shall not be placed in involuntary PC housing unless an assessment has been made that there is not available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual in involuntary PC housing for less than 24 hours while completing the assessment. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation form likely abusers. He stated that they utilize the most least restrictive method. A review of housing assignments for current inmates at high risk of sexual victimization indicated eight VPs were housed in the segregated housing unit. All eight were documented to be placed in segregated housing due to reasons other than their risk of victimization (i.e. fighting, sexually harassing a staff member, being an alleged perpetrator of a sexual abuse allegation, etc.).

115.43 (b): During the tour the auditor observed that the segregated housing unit included single cells and a shower area. The housing unit had a separate recreation area and inmates come out of their cell for showers, medical, recreation and visitation. Inmates receive two 20 minute phone calls a week via a rolling phone. Mail is given to staff who then place it in the mailbox. Strip searches are conducted in the cells or showers. The interview with the staff who supervise inmates in segregated housing indicated that they have not had to involuntarily segregate an inmate at high risk in the last year but if it was done the individual would still have access to programs, privileges, education and work opportunities to the extent possible. She stated the individual would be treated with the same privilege level they were in prior to being placed in segregation. The staff further confirmed that any restrictions would be documented, to include why they could not provide it. 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 would utilize the least restrictive means as possible. The Warden stated an assessment would be made and that every situation is different depending on investigation and comfort. He indicated they would try to conduct an assessment within 24 hours to find alternative housing, but if it occurs on a Friday it may but until Monday until the movement can occur. 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. She stated it would be their number one priority to get the individual separated and not in segregated housing. The staff stated they would do this as soon as possible and they have not had to do this in the last year. She indicated these instances would be few and far between. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The PAQ indicated there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current inmates at high risk of sexual victimization indicated eight VPs were housed in the segregated housing unit. All eight were documented to be placed in segregated housing due to reasons other than their risk of victimization (i.e. fighting, sexually harassing a staff member, being an alleged perpetrator of a sexual abuse allegation, etc.).

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. She stated they review individual in segregated housing weekly. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted. Based on a review of the PAQ, IO-HO-06, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates this standard appears to be compliant.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-01 – Incarcerated Individual PREA Information 3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 5. Staying Safe A Guide for Incarcerated Individual Conduct 6. PREA Posters 7. Other Ways to Report Poster Documents Received During the Interim Report: 1. Updated Staying Safe A Guide for Incarcerated Individual Conduct 2. Photos of Updated Documentation Posted Around the Facility Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. PREA-01 (pages 5-6), PREA-02 (pages 9-10) and PREA-03 (pages 11-12) state that an incarcerated individual may report incarcerated individual-on-incarcerated individual sexual harassment or sexual abuse, or staff, contractor or volunteer sexual harassment or sexual misconduct, or retaliation by other incarcerated individuals or staff for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to the incident in any way. Policy provides the methods including: to any employee, contractor or volunteer; by sending a kite, kiosk message or letter to the institution Warden; or by sending a letter to the Victim Restoration Justice Director (address included) or the Iowa Ombudsman Office (address included). A review of additional documentation to include the Staying Safe A Guide for Incarcerated Individual Conduct and PREA Posters confirm that inmates are advised of reporting methods including: telling a trusted staff member; sending a kite to the Warden or Investigator; writing to the Victim and Restorative Justice Director or writing to the Ombudsman. Further the Other Ways to Report Poster advises inmates they can report to a staff member or volunteer, through a kite or letter to the Warden, by writing to Victim and Restorative Justice and by writing to the Ombudsman. During the tour the auditor observed PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units. The posters did not contain any information on reporting mechanisms. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited. The auditor tested two internal reporting

mechanisms during the tour. The auditor had an inmate assist with submitting a kiosk message to the PREA inbox on June 12, 2023. The auditor was provided confirmation that the message was received on June 12, 2023. On June 13, 2023 the submitted a written kite through the mail process. The auditor received confirmation on June 14, 2023 that the kite was received. Interviews with 40 inmates confirmed that all 40 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through the phone, to staff, through the kiosk or through the Ombudsman. Interviews with thirteen random staff indicate that inmates can report through the kiosk, their counselor, the Ombudsman and in writing. During the interim report the facility posted the Other Ways to Report Poster on legal size paper in English and Spanish in each housing unit. Photos of the posted information were provided to the auditor.

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 Conduct confirmed that it included the address to the Victim and Restorative Justice Director and the Ombudsman's Office. Further the Other Ways to Report Poster advises inmates they can report to a staff member or volunteer, through a kite or letter to the Warden, by writing to Victim and Restorative Justice and by writing to the Ombudsman. Th Poster advises that the Ombudsman is the external reporting party and all phone calls and mail is considered confidential. The Poster also advises that inmates are able to remain anonymous when reporting to the Ombudsman. During the tour the auditor observed PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units. The posters did not contain any information on reporting mechanisms. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited. During the tour the auditor observed the mail process. The facility does not receive physical incoming mail, other than religious and legal mail. All regular mail is forwarded to a third party agency who reviews the mail, scans the mail and provides it to the facility electronically to approve or deny. If the mail is approved, the information is sent on a postcard from the third party agency. The mailroom staff advised when they receive the third party

postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it to read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff confirmed that incoming and outgoing mail to the Ombudsman's Office is treated like legal mail. During the tour the auditor observed that a centrally located mailbox for kites, grievances and US mail was outside the library. Segregated housing unit mail was picked up by staff daily and taken to the mailroom. Incarcerated individuals are able to contact the external reporting entity via phone or written correspondence. In order for the individual to call the Ombudsman's Office, the phone number has to be added to the individual's call list. The PC advised that the Ombudsman's Officer requested that individuals be charged for calls to reduce the amount of frivolous calls they were receiving. On May 10, 2023 the auditor called the Ombudsman's Office via personal cell phone. A receptionist took the auditors information and advised she would open a case and have someone return the call. On May 12, 2023 the auditor received a call from the Ombudsman's Office advising that they accept reports of sexual abuse and sexual harassment from incarcerated individuals. The staff advised that once the information is received they get in touch with or forward a message to the Deputy Secretary. The Ombudsman's Office staff confirmed that incarcerated individuals are able to remain anonymous upon request and they can also send a letter to the office where they can remove the individual's contact information. The auditor further tested the written method of contacting the Ombudsman's Office. The auditor sent a letter from another IDOC facility on June 14, 2023. The auditor received confirmation via email on June 21, 2023 from a staff member at the Ombudsman's Office confirming that the letter was received. The interview with the PCM indicated that inmates can report to an external agency via the Ombudsman. He stated inmates can write to them and inmate families can also contact them. The PCM confirmed there is a process with the Ombudsman to ensure information is forwarded back to the agency/facility for investigation. He stated the Ombudsman has a direct line of reporting to the PC, who would turn over the information for investigation. Interviews with 40 inmates indicated 35 were aware of the Ombudsman. 29 of the 40 were aware they could report sexual abuse to the Ombudsman. 20 of the 40 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 Conduct 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 Conduct was also updated to advise inmates that they can remain anonymous when reporting to the Ombudsman's Office. During the interim report period the facility also provided

photos confirming that the Other Reporting Options Poster was placed in each housing unit across the facility, in English and Spanish on legal size paper.

115.51 ©: 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 40 inmates indicate that all 40 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. Most of the thirteen staff indicated that they would document verbal reports in an email. A few staff stated they were not required to document the verbal report, only verbally advise the supervisor who would then document the information in a written report. A review of eighteen investigations indicated twelve were verbally reported to staff, three were witnessed or observed by staff, two were from a third party and one was anonymous. The auditor observed that the verbal reports were documented in a report in the incident reporting system by the supervisor and/or investigator, but the initial staff receiving the verbal report did not document the information. 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 verbally contact the Captain and relay the information to the Captain. The Captain would then document the information. The staff advised they were not required to log it or complete a report. During the interim report the facility provided the auditor with an incident report written by staff who received a verbal report, an email from a staff member who received an allegation through a kiosk message and an email from a staff member who received a verbal report.

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. 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). Interviews with thirteen staff indicated that all thirteen were aware that they could privately report sexual abuse of an inmate. During the tour staff advised that they can report sexual abuse or sexual harassment of an inmate privately through email to a Unit Manager, Warden to Assistant Warden. Staff confirmed they can bypass the chain of command.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, the Staying Safe A Guide for Incarcerated Individual Conduct, the Sexual Assault in Prison Brochure, PREA Posters, Other Reporting Options 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. 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 verbally contact the Captain and relay the information to the Captain. The Captain would then document the information. The staff advised they were not required to log it or complete a report. Most of the thirteen staff indicated that they would document verbal reports in an email. A few staff stated they were not required to document the verbal report, only verbally advise the supervisor who would then document the information in a written report. A review of eighteen investigations indicated twelve were verbally reported to staff, three were witnessed or observed by staff, two were from a third party and one was anonymous. The auditor observed that the verbal reports were documented in a report in the incident reporting system by the supervisor and/or investigator, but the initial staff receiving the verbal report did not document the information.

Corrective Action

The facility will need to develop a process for documenting verbal reports and train staff on their process. A copy of the training will need to be provided. Additional examples of the written reports will need to be provided during the corrective action period.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Training Email to Staff on Verbal Reports
2. Written Documentation of Verbal Reports

	The facility provided an email that was sent to staff advising that verbal reports of sexual abuse or sexual harassment are required to be documented in an to email the Captain and PCM. The facility provided numerous examples during the corrective action period of emails from staff on verbal sexual abuse and sexual harassment allegations they received. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. IO-OR-06 – Incarcerated Individual Grievance Procedures 3. Grievance Log 4. Sample Grievances Interviews: 1. Inmates who Reported Sexual Abuse 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 five grievances coded under PREA confirmed none were reporting sexual abuse or sexual harassment. One involved being removed from the victim advocate case load, one involved an allegation of sexual abuse by the inmate's toilet and Vladimir Putin (mental health issue was addressed) and three were related to false PREA allegations being filed on them. It should be noted that all five had a response to the inmate within two weeks of filing the grievance. Additionally, the auditor reviewed fourteen sample grievances and the grievance log, none of which were related to sexual abuse.

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 five grievances coded under PREA confirmed none were reporting sexual abuse or sexual harassment. One involved being removed from the victim advocate case load, one involved an allegation of sexual abuse by the inmate's toilet and Vladimir Putin (mental health issue was addressed) and three were related to false PREA allegations being filed on them. Additionally, the auditor reviewed fourteen sample grievances and the grievance log, none of which were related to sexual abuse.

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 five grievances coded under PREA confirmed none were reporting sexual abuse or sexual harassment. One involved being removed from the victim advocate case load, one involved an allegation of sexual abuse by the inmate's toilet and Vladimir Putin (mental health issue was addressed) and three were related to false PREA allegations being filed on them. Additionally, the auditor reviewed fourteen sample grievances and the grievance log, none of which were related to sexual abuse. 115.52 (g): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. Based on a review of the PAQ, IO-OR-06, the grievance log and a sample of grievances indicates that this standard appears to be not applicable and as such compliant.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 4. Memorandum of Understanding with Crisis Intervention Services (CIS) 5. Staying Safe A Guide for Incarcerated Individual Conduct 6. Crisis Intervention Services Flyer

Documents Received During the Interim Report:

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

Interviews:

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

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential a manner as possible. The PAQ stated that the does not house inmates solely for civil immigration purposes. The PAQ stated that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential manner as possible. PREA-02 (page 11) and PREA-03 (page 7) indicate that the institution shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual violence by giving incarcerated individuals mailing addresses and telephone numbers. Policies further state that the institution shall enable reasonable communication between incarcerated individuals and these organizations and agencies, in as confidential a manner as possible. The MOU with CIS was signed by the facility only on January 14, 2014. It states that NCF agrees to provide referrals to CIS including a 24 hour hotline number. The MOU also states that CIS will provide an advocate to be available for the victim. During the interim report period the facility updated their MOU with CIS. The June 15, 2023 executed MOU states CIS agrees to respond to calls from NCF inmates received on the 24/7 crisis line. A review of the Staying Safe A Guide for Incarcerated Individual Conduct indicates it states that counseling and support service for sexual assault

victims are available and can be requested. Contact information, including the phone number and mailing address is provided for Center Against Abuse and Sexual Assault (CAASA). It further states 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. It states CAASA is not a reporting mechanism and any information provided related to an incident of sexual abuse cannot be reported without written consent. CAASA is the agency victim advocacy service and while the services can be utilized across the State Of Iowa, the facility specifically has an MOU with CIS. A review of the CIS Flyer indicates it advises inmates that if they have been a victim prior to incarceration they can reach out through the phone number. The Flyer provides direction that the number will need to be added to the inmates account and that if a person is indigent they may set up the call through a counselor. Additionally, it states all services by CIS are confidential, free and survivor centered. The Flyer also advises that if an inmate wants to speak to an advocate for victimization that occurred while in person, they are to set up victim advocacy services through medical staff. Interviews with 40 inmates, including those who reported sexual abuse, indicated seventeen were aware of outside victim advocacy services and sixteen were provided contact information for a local, state or national rape crisis center. Many of the inmates advised that they believed the information was in the written documents they received or was posted around the facility. During the tour the auditor observed PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units. The posters did not contain any information on victim advocacy. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited. The facility provides access to victim advocates through Crisis Intervention Service (CIS). The auditor was not provided a number to CIS and subsequently was not able to test the mechanism. The PCM advised that he tested the number the week prior and it was not functional. He indicated it is a 1-800 number and that they currently can't allow access through a 1-800 number. 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 mailroom staff advised when they receive the third party postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it to read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom

staff 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 a centrally located mailbox for kites, grievances and US mail was outside the library. Segregated housing unit mail was picked up by staff daily and taken to the mailroom. During the interim report period the facility sent out a training email to appropriate staff on the process for inmates to contact victim advocates. The CIS Flyer was provided and staff were directed that if an inmate was indigent that a counselor should set up the call with the advocate in the hearing room to ensure confidentiality. Staff were advised to hang the CIS Flyer in each housing unit. The facility provided photos of the CIS Flyer (English only) posted in each housing unit.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The PAQ also stated the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. PREA-02 (page 12) and PREA-03 (page 7) state that the institution shall inform incarcerated individuals, prior to giving them access, of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU with CIS was signed by the facility only on January 14, 2014. It states that NCF agrees to provide referrals to CIS including a 24 hour hotline number. The MOU also states that CIS will provide an advocate to be available for the victim. During the interim report period the facility updated their MOU with CIS. The June 15, 2023 executed MOU states CIS agrees to respond to calls from NCF inmates received on the 24/7 crisis line. A review of the Staying Safe A Guide for Incarcerated Individual Conduct indicates it states that counseling and support service for sexual assault victims are available and can be requested. Contact information, including the phone number and mailing address is provided for Center Against Abuse and Sexual Assault (CAASA). It further states 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. It states CAASA is not a reporting mechanism and any information provided related to an incident of sexual abuse cannot be reported without written consent. CAASA is the agency victim advocacy service and while the services can be utilized across the State Of Iowa, the facility specifically has an MOU with CIS. A review of the CIS Flyer indicates it advises inmates that if they have been a victim prior to incarceration they can reach out through the phone number. The Flyer provides direction that the number will need to be added to the inmates account and that if a person is indigent they may set up the call through a counselor. Additionally, it states all services by CIS are confidential, free and survivor centered. The Flyer also advises that if an inmate wants to speak to an advocate for victimization that occurred while in person, they are to set up victim advocacy services through medical staff.

Interviews with 40 inmates, including those who reported sexual abuse, indicated seventeen were aware of outside victim advocacy services and sixteen were provided

contact information for a local, state or national rape crisis center. Many of the inmates advised that they believed the information was in the written documents they received or was posted around the facility, however they did not know specifics. During the tour the auditor observed PREA Posters at the entrance hall of each of the housing units. The Posters advised of the zero tolerance policy. Posters were on letter size paper and most were in English and Spanish. Additionally, the auditor observed PREA Posters inside some of the housing units. The posters did not contain any information on victim advocacy. Additionally, there were a few units where the entrance halls were not accessible to inmates, such as in segregated housing, and as such access to the posters was limited. 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 mailroom staff advised when they receive the third party postcard they still scan and read it for certain key words. The staff advised that legal mail is received by the facility and is marked legal. Legal mail is provided to the security staff and is opened by the inmate in front of the security staff. Legal mail is not read or monitored. Outgoing regular mail is provided to the staff unsealed. Staff have the ability to read and scan the regular mail prior to sealing it and sending it up to the mail room. Staff will seal and sign the regular mail. If regular mail comes to the mailroom unsealed and unsigned by the staff, the mailroom staff will scan it to read through it. The mailroom staff confirmed that any staff member is able to read through and scan any outgoing regular mail. Outgoing legal mail is not read by the staff, but is sealed in front of the offender so the staff can confirm that it does not contain contraband. The mailroom staff 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 a centrally located mailbox for kites, grievances and US mail was outside the library. Segregated housing unit mail was picked up by staff daily and taken to the mailroom. During the interim report period the facility sent out a training email to appropriate staff on the process for inmates to contact victim advocates. The CIS Flyer was provided and staff were directed that if an inmate was indigent that a counselor should set up the call with the advocate in the hearing room to ensure confidentiality. Staff were advised to hang the CIS Flyer in each housing unit. The facility provided photos of the CIS Flyer (English only) posted in each housing unit.

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. A review of documentation confirms that the facility has an MOU with CIS that was signed on

January 14, 2014. During the interim report period the facility updated their MOU with CIS. The updated MOU was executed on June 15, 2023.

Based on a review of the PAQ, PREA-02, PREA-03, the MOU with CIS, Staying Safe A Guide for Incarcerated Individual Conduct, Crisis Intervention Services Flyer, documents received during the interim report and interviews with random inmates and inmates who reported sexual abuse this standard appears to require corrective action. While the facility had documentation related to victim advocacy, the information was conflicting related to CAASA and CIS.

Corrective Action

The facility will need to alleviate the conflicting information contained in the Staying Safe A Guide for Incarcerated Individual Conduct and the CIS Flyer. The Staying Safe A Guide for Incarcerated Individual Conduct provides information on CAASA while the CIS Flyer provides information on CIS. If CAASA is to be utilized as well as CIS, the facility will need to provide direction on the ability to contact both organizations and how to contact both organizations (i.e. CAASA can be contacted the same way as CIS or CAASA can be reached through the inmate phone system without adding it to an inmates list). If CAASA is not to be utilized the facility will need to update the Staying Safe A Guide for Incarcerated Individual Conduct with CIS information, to include the mailing address and phone number, and provide a copy to the auditor. The Staying Safe A Guide for Incarcerated Individual Conduct will need to be redistributed (i.e. posted, electronically delivered, provided a paper copy) to the inmate population. If CAASA is to be utilized in addition to CIS, direction should be posted around the facility for the inmates on this information. Photos of the posted information should be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Updated Staying Safe a Guide for Incarcerated Individual Conduct
2. Photos of Updated Posted Information

	On August 25, 2023 the facility provided the updated Staying Safe A Guide for Incarcerated Individual Conduct which included both CAASA and CIS as victim advocacy organizations. CIS information was added to state that they are the local provider for advocacy and their phone number can be added to the inmates phone list. Additionally, it advised that if they are not able to pay for a call, a free confidential call can be set up through the counselor. On September 5, 2023 the facility provided photos of the updated Staying Safe a Guide for Incarcerated Individual Conduct posted around the facility. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. PREA Third Party Poster Documents Received During the Interim Report: 1. Updated PREA Third Party Poster 2. Photos of Updated Poster Around Facility Findings (By Provision): 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. On May 10, 2023 the auditor sent an email to the above email address to test the functionality of the third party reporting mechanism. The auditor received a response on May 10, 2023 from the PC confirming the email was received and that if a report of sexual abuse or sexual harassment was sent it would be forwarded to the IGO to initiate an investigation. During the tour the auditor observed the PREA Third Party Poster in visitation and the front entrance. The PREA Third Party Poster was on letter size paper in English and Spanish and included the telephone number to the Warden and the agency website information. During the interim report period the facility updated their PREA Third Party Poster to include the agency PREA email address (rather than the website address). Photos of the updated PREA Third Party Poster in visitation and the front entrance was provided to the auditor. Based on a review of the PAQ, the PREA Third Party Poster, the documents provided during the interim report period, the agency’s website and observations during the tour, this standard appears to be compliant.
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115.61	Staff and agency reporting 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 Reports Interviews: 1. Interview with Random Staff

2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

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

	related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to the Shift Supervisor. 115.61 (c): A review of eighteen investigations indicated twelve were verbally reported to staff, however they did not indicate the staff member it was reported to. It should be noted that all twelve were reported to the Captain, entered into the incident report database and investigated. 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 interview with the Warden indicated that any reports of sexual abuse by those under eighteen or considered a vulnerable adult would be reported to local law enforcement. He also stated the facility would also still be responsible for conducting an investigation. 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 facility investigators. A review of eighteen investigative reports indicated that all eighteen allegations were investigated by facility/agency investigators. Twelve of the allegations were reported verbally, three were observed by staff, two were reported through a third party and one was reported anonymously. 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.
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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 Reports

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 94 determinations made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse and that all cases required a separation of the individuals. The PAQ further indicated that protective actions were taken immediately. A review of documentation indicated there were 68 allegations of sexual harassment, which the facility deemed imminent risk. In the six investigative reports for sexual harassment the inmate victim was separated from the alleged perpetrator, usually through removal of the alleged perpetrator from the housing unit. In five of the six instances, the victim was seen by medical and/or mental health care. All six allegations involved an investigation and in fact all 68 sexual harassment allegations involved an investigation. 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 interview with the Warden indicated that if they deemed at inmate at imminent risk of sexual abuse they would immediately remove the inmate from the situation and look for the least restrictive way to protect them. He stated this may mean moving the other inmate or placing the inmate in protective custody. Interviews with thirteen random staff confirmed that they would take immediate action to protect the inmate. Most staff stated they would contact their supervisor and remove the inmate from the situation/harm. 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
	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 Documents Received During the Interim Report Period: 1. Staff Training Records Interviews: 1. Interview with the Agency Head 2. Interview with the Warden

Findings (By Provision):

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

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

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

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 were zero allegations reported to them from another facility in the previous twelve months. 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 confirmed that when they receive an allegation from another facility they would assign it to an investigator. The Warden stated he does not remember any specific examples of these at Newton CF, however he has had examples of those across all the facilities he has worked at within IDOC. A review of eighteen investigative reports and the investigative log confirmed all were reported at NCF. Based on a review of the PAQ, PREA-02, PREA-03, investigative reports and interviews with the Agency Head and Warden, this standard appears to be compliant.
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115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-01 – Incarcerated Individual PREA Information 3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 5. PREA Card 6. Investigative Reports Interviews: 1. Interview with First Responders 2. Interview with Random Staff 3. Interview with Inmates Who Reported Sexual Abuse Findings (By Provision):

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 45 allegations of sexual abuse in the previous twelve months. All 45 involved the first security staff first responder to separate the alleged victim and abuser. The PAQ further indicated that fifteen were reported within a timeframe that still allowed for evidence collection and all fifteen involved the preservation of the crime scene. All fifteen also included instruction to the victim and alleged perpetrator not to take any action to destroy evidence. A review of twelve sexual abuse investigation indicated none involved immediate first responder duties. However, for all inmate-on-inmate sexual abuse allegations, the victim was separated from the alleged abuser, usually through a housing change for the alleged abuser. None of the allegations were reported within a timeframe that still allowed for evidence collection and none involved advising/ instructing the individuals not to take action to destroy evidence. The interview with the security staff first responder indicated he would separate the individuals, preserve the evidence, take the victim to health services, not let anyone shower or change clothes and follow up with supervisors with additional instruction. The non-security first responder stated she would talk to the person, have them stay with her, tell them it has to be reported, contact the Shift Captain immediately and not let the individual out of her sight. Interviews with five inmates who reported sexual abuse indicated all five were separated from the alleged abuser through a housing change of the alleged abuser. None involved any other first responder duties. Four of the five felt the situation was handled quickly and appropriately.

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 PAQ stated there was one allegation of sexual abuse that involved a non-security staff first responder. The PAQ further stated that it occurred outside the 72 hour timeframe so the inmates were not advised not to take any action to destroy evidence. The facility provides all staff PREA Cards, which outline security and non-security first responder duties. The PAQ also stated that there were zero instances where the non-security first responder notified security. The PAQ further stated they do not track who the allegation is reported as all staff are required to report. A review twelve sexual abuse allegations indicated none involved any immediate first responder duties. Additionally, many of the investigative reports did not include information on how the initial allegation was received and who it was received by, therefore the auditor was unable to determine if the allegations reported to security or non-security first responders. However, because all were immediately reported and investigated, the auditor determined that if reported to non-security staff, that staff notified security. The interview with the security staff first responder indicated he would separate the individuals, preserve the evidence, take the victim to health services, not let anyone shower or change clothes and follow up with supervisors with additional instruction. The non-security first responder stated she would talk to the person, have them stay with her, tell them it has to be reported, contact the Shift Captain immediately and not let the individual out of her sight. Interviews with thirteen random staff confirmed they were aware of first responder duties.

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

Recommendation

The auditor highly recommends that reports document how the allegation was initially received and who the information was received by so that the observation of appropriate first responder duties is better documented.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-02 (NCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. PREA-03 (NCF) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 4. Sexual Assault Response Checklists Interviews: 1. Interview with the Warden Findings (By Provision): 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 (NCF) and PREA-03 (NCF) confirm that they outline the duties and responsibilities for the Director's Office, staff, contractors, volunteers, the Warden, the Shift Supervisor, Investigators and medical and mental health care staff. The facility policies mirror the agency policies, however they provide facility specific information under certain sections related to duties and responsibilities. The Sexual Assault Checklists also outline first responder duties, health services duties, supervisor duties, investigator duties and leadership staff duties. The Warden confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. Based on a review of the PAQ, PREA-02 (NCF), PREA-03 (NCF), the Sexual Assault Response Checklists and information from the interview with the Warden, this standard appears to be compliant.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreement with the American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO Interviews: 1. Interview with the Agency Head Findings (By Provision): 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. 115.66 (b): The auditor is not required to audit this provision. Based on a review of the PAQ, the collective bargaining agreement and the interview with the Agency Head, this standard appears to be compliant.

115.67	Agency protection against retaliation
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 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 Administrative Captain. 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 they have part of policy that addresses retaliation and that the Administrative Captain tracks the monitoring information. He stated they monitor reports and allegations and they go through every PREA incident each month. He confirmed in order to protect inmates they can move housing, transfer facilities, remove staff abusers from contact and offer emotional support services. The interview with the staff who monitor for retaliation indicated his role is to make sure individuals feel safe reporting any incident. He also stated his role is to track discipline, how many times they have been turned in for something, staffing issues, generic notes and things of that nature. He indicated he looks into if anything is linked to the individual, if they have had any unnecessary discipline or if other inmates are snitching on them. The staff confirmed they can take protective measures such as housing moves, facility transfers, removal of staff abuser and emotional support services. The staff who monitor stated he does not typically meet with the individual in person, but he does check in when he is doing rounds and they can also sent him a kiosk if they are having issues/concerns. Interviews with five inmates who reported sexual abuse indicated three felt safe and protected from retaliation. One inmate advised he felt he is always retaliated against by inmates and staff due to his current sex offense. The auditor determined this was not directly related to the allegation of sexual abuse but rather in general. 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 two incidents of retaliation reported in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported they would investigate the allegation at the administrative level and if warranted, discipline. The interview with the staff member responsible for monitoring retaliation indicated that during monitoring he reviews discipline, housing assignments, if the individual was moved to segregation or protective custody, generic notes and staffing issues. He confirmed he also reviews staff reassignments. The staff stated he monitors for 90 days and that he will monitor for longer if needed. A review of twelve sexual abuse investigative reports indicated eight required monitoring (four were closed unfounded within 30 days). All eight had monitoring initiated and seven had a full 90 day monitoring completed. One allegation had just been reported and only 30 days of monitoring had been completed. All involved the monitoring of housing changes, job changes and disciplinary reports.

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 who monitor for retaliation stated he does not typically meet with the individual in person, but he does check in when he is doing rounds and they can also sent him a kiosk if they are having issues/concerns. A review of twelve sexual abuse investigative reports indicated eight required monitoring (four were closed unfounded within 30 days). All eight had monitoring initiated and seven had a full 90 day monitoring completed. None of the documents reviewed indicated that in-person status checks were completed (i.e. notes of the in-person check or comments from the individual being monitored). During the interim report period the facility provided emails of current monitoring for retaliation confirming that in-person status checks were 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 they have part of policy that addresses retaliation and that the Administrative Captain tracks the monitoring information. He stated they monitor reports and allegations and they go through every PREA incident each month. He confirmed in order to protect inmates they can move housing, transfer facilities, remove staff abusers from contact and offer emotional support services. He further stated that if retaliation is suspected or reported they would investigate the allegation at the administrative level and if warranted, 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 require corrective action. The staff who monitor stated he does not typically meet with the individual in person, but he does check in when he is doing rounds and they can also sent him a kiosk if they are having issues/concerns. A review of twelve sexual abuse investigative reports indicated eight required monitoring (four were closed unfounded within 30 days). All eight had monitoring initiated and seven had a full 90 day monitoring completed. None of the documents reviewed indicated that in-person status checks were completed (i.e. notes of the in-person check or comments from the individual being monitored).

Corrective Action

The facility will need to provide training to appropriate staff on the periodic in-person status checks. A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and corresponding monitoring documents showing in-person status checks.

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 Documents
2. Monitoring for Retaliation Documents

On September 5, 2023 the facility provided training records confirming that appropriate staff were trained on monitoring for retaliation, specifically the requirement of in-person status checks. Throughout the corrective action period the facility provided numerous examples of in-person status checks (via email) that were completed.

	The facility provided a list of sexual abuse allegations reported during the corrective action period. Both allegations had monitoring for retaliation conduct and both included in-person status checks. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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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 included single cells and a shower area. The housing unit had a separate recreation area and inmates come out of their cell for showers, medical, recreation and visitation. Inmates receive two 20 minute phone calls a week via a rolling phone. Mail is given to staff who then place it in the mailbox. Strip searches are conducted in the cells or showers. Additionally, a review of the current segregated housing unit roster indicated two inmates were in segregated housing that reported sexual abuse, but neither were in segregated housing as a result of the allegation. One inmate was there as an alleged perpetrator in another sexual abuse allegation and one was there under mental health observation status. A review of documents for twelve inmates who reported sexual abuse indicated nine remained in the same housing unit they were in prior to the report of sexual abuse, one was moved to another general population housing unit and two were placed in segregated housing. Further communication and documentation indicated that the two that were placed in segregated housing were placed there because the facility could not determine who was the victim and who was the abuser. In both instances the allegation was deemed unfounded as the contact was deemed consensual and not PREA. 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 form likely abusers. He further 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 would utilize the least restrictive means as possible. The Warden stated an assessment would be made and that every situation is different depending on investigation and comfort. He indicated they would try to conduct an assessment within 24 hours to find alternative housing, but if it occurs on a Friday it may but until Monday until the movement can occur. The Warden indicated he did not remember any specifics of a victim being involuntarily segregated but they may have done it. He

	stated if they did it would have been because there were no other alternatives. The interview with the staff who supervise inmates in segregated housing indicated that they have not had to involuntarily segregate an inmate who reported sexual abuse (victim) in the last year but if it was done the individual would still have access to programs, privileges, education and work opportunities to the extent possible. She stated the individual would be treated with the same privilege level they were in prior to being placed in segregation. The staff further confirmed that any restrictions would be documented, to include why they could not provide it. 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. She stated it would be their number one priority to get the individual separated and not in segregated housing. The staff stated they would do this as soon as possible and they have not had to do this in the last year. She indicated these instances would be few and far between. The interview also confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. She stated they review individual in segregated housing weekly. 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.
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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 eighteen investigations confirmed that all were timely, thorough and objective and reviewed prior complaints against the perpetrator. Two of the investigations were reported by a third party and one was reported anonymously. All three were investigated in the same manner as those reported via another methods (i.e. verbally to staff by the alleged victim). The investigators stated that an investigation is typically initiated immediately, but it would not take more than two days to initiate. Both confirmed that an allegation that is reported anonymously or through a third party would be investigated in the same manner as an allegation reported via another method. They stated all allegations are taken seriously and they look into every allegation.

115.71 (b): PREA-03, page 21 states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, the impact of the Peace Officers' Bill of Rights, sexual abuse evidence collection in confinement settings, characteristics and behavior indicators of sexual violence perpetrators and victims in correctional settings, credibility assessments, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; IDOC Interview to Confession Training Curriculum (it should be noted this training has had numerous name changes over the years). A review of the training curriculum confirmed it is an in-depth 190 slide training that extensively covers the investigative process. The auditor confirmed the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated 21 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 eighteen investigations confirmed that all eighteen included statements and/or interviews of the alleged victim, perpetrator and witnesses, when applicable. Seven of the investigations involved the collection of evidence, including: letters, generic notes, video and housing records. The interview with the facility investigator indicated his initial investigative steps include interviewing appropriate individuals. He stated if there is not any physical evidence he would start his file and if there is any evidence he would review video and that specific evidence. He stated he would conduct all interviews, with the perpetrator being interviewed last. 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 interviews with the investigators indicated they would consult with prosecutors before conducting any compelled interviews. The facility investigator stated the facility would not conduct any compelled interviews.

115.71 (e): PREA-02 (pages 18-19) and PREA-03 (page 19) state the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. IDOC shall not require an incarcerated individual who alleges sexual violence submit to a polygraph examination or other truth-telling device as a condition for proceeding with

the investigation of such an allegation. The interviews with the investigators indicated that credibility is based on the weight of the evidence. They indicated everyone is deemed credible until they prove they are not. Both investigators stated that they do not require a victim to submit to a polygraph or truth telling device test. Zero of the five inmates who reported sexual abuse stated they were required to take a polygraph or truth telling device test.

115.71 (f): PREA-02 (page 19) and PREA-03 (pages 19-20) indicate the investigators shall prepare a final written report that includes a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments and investigative facts and findings. The report shall include whether staff actions or failures contributed to the abuse. Additionally, PREA-02 (page 18) and PREA-03 (page 19) state Sexual Violence Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses; review prior complaints and reports of sexual violence involving the suspected perpetrators and include an effort to determine if staff actions or failures to act contributed to the abuse. A review of the eighteen investigations confirmed seventeen 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. One investigation was documented in a written report, but the report detail was not adequate in that it did not provide information on what the evidence showed (i.e. what the review of video showed and what the letter stated). The interview with the facility investigator confirmed that all administrative investigations are documented in a written report. He stated the report includes: interviews, digital evidence, photos, a summary of the whole investigation and the 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. Both staff confirmed that they would determine if staff actions or failure to act contributed to the sexual abuse through reviewing video and from information from interviews. The agency investigator stated that any violations would be documented in the written report.

115.71 (g): PREA-02 (page 19) and PREA-03 (pages 19-20) indicate the investigators shall prepare a final written report that includes a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments and 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 was one criminal

investigations during the previous twelve months. A review of the investigative report confirmed that it included the same elements as the administrative report, including the initial allegation, investigator information, evidence reviewed, summary of interviews, facts and findings and recommendation. Additionally, it included information on the referral for prosecution. The interviews with investigative staff confirmed that criminal investigations would be documented in written reports and the reports would be obtained from local law enforcement.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. PREA-02 (page 8) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented. The PAQ noted there were two allegations referred for prosecution since the last PREA audit. A review of documentation indicated only one allegation was referred for prosecution. There was one substantiated criminal investigation that was referred to Jasper County prosecutor. The interviews with the investigators indicated that an allegation would be referred for prosecution if it involves a prosecutable offense and/or if a preponderance of the evidence has been met.

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

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

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

115.71 (l): PREA-02 (page 19) and PREA-03 (page 10) state when outside agencies investigate sexual violence, IDOC shall cooperate with outside investigators and shall endeavor to remain informed and keep the Deputy Director of Institution Operations

	informed about the progress of the investigations. The interview with the PREA Coordinator indicated when an outside agency investigates they coordinate efforts and work together with that agency. She indicated the outside agency would provide them information related to the investigation and progress. The Warden stated if an outside agency conducts an investigation they would stay in contact with them on the status and any needs that they may have that the facility could assist with. The PCM stated that outside agencies do not conduct investigation, rather they can conduct a supplemental criminal investigation. He indicated if they conduct a criminal investigation the facility follows up with communication with the prosecutor or Jasper County law enforcement. The interview with the administrative investigator indicated that when an outside agency investigates he 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.
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115.72	Evidentiary standard for administrative 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 Interviews: 1. Interview with Investigative Staff Findings (By Provision):

	115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. PREA-02 (page 20) and PREA-03 (page 10) indicate IDOC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual violence are substantiated. A review of the investigative log and eighteen investigations indicated numerous sexual abuse and sexual harassment allegations were substantiated. A review of the investigative reports confirmed that facility investigators utilized a preponderance of the evidence when determining findings. The interviews with the investigators confirmed that they utilize a preponderance of the evidence to substantiate an administrative investigation. Based on a review of the PAQ, PREA-02, PREA-03, investigative reports and information from the interview with the investigators, it is determined that this standard appears to be compliant.
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115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals 3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation 4. Investigative Reports 5. PREA-02 F-4, Investigator’s Closure Letter to Incarcerated Individuals 6. PREA-03 F-3, Investigator’s Closure Letter to Incarcerated Individuals Interviews: 1. Interview with the Warden

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 45 completed sexual abuse investigations in the previous twelve months and 90 inmate victims who were provided a verbal or written victim notification. Further communication with the PCM indicated there were 45 cases but that both victim and perpetrator are advised of the outcome. A review of twelve sexual abuse investigations indicated eleven had a notification to the victim on the outcome of the investigation. The one missing notification was from an unfounded investigation that was deemed consensual and as such did not fall under PREA. The interviews with the Warden and the investigators confirm that inmates are informed of the outcome of the investigation into their allegation. Interviews with five inmates who reported sexual abuse indicated all five were aware they were to be informed of the outcome of the investigation into their allegation. Two of the five stated they were advised of an outcome. One stated the notification was verbal a few months after the allegation and one stated the notification was in writing a month after the allegation.

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 twelve sexual abuse investigations indicated three were staff-on-inmate sexual abuse, one of which was substantiated. The allegation was referred for prosecution and the staff member resigned prior to the investigation being completed. The auditor requested documentation related to the notification of the staff no longer employed at the facility, however the facility did not have the notification. Interviews with five 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 twelve sexual abuse investigative reports indicated nine were inmate-on-inmate, four of which were substantiated. While the allegations were substantiated, none of the investigation were criminal and none were referred to prosecutors. As such, no notifications under this provision were completed or required. Interviews with five inmates who reported sexual abuse indicated all allegations were inmate-on-inmate, but none were criminal allegations that involved any notifications 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 90 notifications made pursuant to this standard and all 90 notifications were documented. A review of twelve sexual abuse investigations indicated eleven had a notification to the victim on the outcome of the investigation. Each notification is completed in writing via a letter to the victim. The one missing notification was from an unfounded investigation that was deemed consensual and as such did not fall under PREA.

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 require corrective action. A review of the twelve sexual abuse investigations indicated three were staff-on-inmate sexual abuse, one of which was substantiated. The allegation was referred for prosecution and the staff member resigned prior to the investigation being completed. The auditor requested documentation related to the notification of the staff no longer employed at the facility, however the facility did not have the notification.

Corrective Action

The facility will need to ensure appropriate notifications are made under this standard. Appropriate staff will need to be trained on the notification process. A copy of the training will need to be provided. The facility will need to provide any examples during the corrective action period related to notifications under provision (c).

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 Documents

	2. Victim Notification Letters On September 5, 2023 the facility provided training documentation confirming that appropriate staff were provided training on the required notifications related to staff no longer being in the unit, staff no longer being employed at the facility, staff convicted of a charge and staff indicted on a charge. The facility did not have any instances during the corrective action period where these notifications were required (only two sexual abuse allegations were reported and both were inmate-on-inmate), however the facility did provide two blanket victim notification letters illustrating how they will document the notifications for any future instances. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.76	Disciplinary sanctions for staff
	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. Investigative Reports Findings (By Provision): 115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. PREA-02 (pages 20-21) states staff shall be subject to disciplinary sanctions up to and including termination for violating IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents.

115.76 (b): PREA-02 (page 21) states termination shall be the presumptive disciplinary sanction for staff who engage in sexual misconduct. The PAQ indicated there was one staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and one staff member that were terminated or resigned during the investigation for violating the sexual abuse or sexual harassment policies. A review of the investigative log and investigative reports indicated there was one substantiated staff-on-inmate sexual abuse allegation and one substantiated staff-on-inmate sexual harassment allegation. The staff member involved in the sexual abuse incident was placed on administrative leave pending the investigation and resigned prior to the completion of the investigation. Once substantiated, the incident was referred to the prosecutor. The staff member involved in the sexual harassment allegation resigned prior to the completion of the investigation.

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 the investigative log and investigative reports indicated there was one substantiated staff-on-inmate sexual abuse allegation and one substantiated staff-on-inmate sexual harassment allegation. The staff member involved in the sexual abuse incident was placed on administrative leave pending the investigation and resigned prior to the completion of the investigation. Once substantiated, the incident was referred to the prosecutor. The staff member involved in the sexual harassment allegation resigned prior to the completion of the investigation.

115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. PREA-02 (page 21) states all terminations for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents or resignations by staff who would have been terminated if not for their resignation, shall be referred for criminal prosecution by the Deputy Director of Institution Operations when the evidence is sufficient for a criminal referral, and by the appropriate institution management team member to any relevant licensing bodies. The PAQ indicated there was one 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 the investigative log and investigative reports indicated there was one substantiated staff-on-inmate sexual abuse allegation and one substantiated staff-on-inmate sexual harassment allegation. The staff member involved in the sexual abuse incident was placed on administrative leave pending the investigation and resigned prior to the completion of the investigation. Once substantiated, the incident was referred to the prosecutor. The staff member involved in the sexual harassment allegation resigned prior to the completion of the investigation. Based on a review of the PAQ, PREA-02 and investigative reports, this standard appears to be compliant.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. AD-GA-13 – Agreements and Contracts 3. AD-CI-01 – Volunteer Program 4. Investigative Reports Interviews: 1. Interview with the Warden Findings (By Provision): 115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. AD-GA-13, page 4 states that any contractor who engages in sexual

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

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

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 Report 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 38 administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse. Further communication with the PCM indicated not all 38 were substantiated. A review of the investigative log indicated there were four substantiated inmate-on-inmate sexual abuse allegations and nineteen substantiated inmate-on-inmate sexual harassment allegations. A review of a sample of the investigative reports and disciplinary records confirmed that all perpetrators, abuse and harassment, were issued discipline and went through the disciplinary process. All perpetrators received disciplinary sanctions, including loss of earned time and disciplinary detention.

115.78 (b): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden indicated if an inmate violates the sexual abuse or sexual harassment policies they would be subject to the disciplinary policy. He stated sanction could include 30 days of disciplinary detention, removal from treatment, reduction of level, reduction of privileges, criminal charges and facility transfers. The Warden confirmed 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. He stated the facility is independent from the disciplinary process and the staff that review discipline has as matrix they utilized for sanctions. A review of the investigative log indicated there were four substantiated inmate-on-inmate sexual abuse allegations and nineteen substantiated inmate-on-inmate sexual harassment allegations. A review of a sample of the investigative reports and disciplinary records confirmed that all perpetrators, abuse and harassment, were issued discipline and went through the disciplinary process. All perpetrators received disciplinary sanctions, including loss of earned time and disciplinary detention.

115.78 (c): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden 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 the investigative log indicated there were four substantiated inmate-on-inmate sexual abuse allegations and nineteen substantiated inmate-on-inmate sexual harassment allegations. A review of a sample of the investigative reports and disciplinary records confirmed that all perpetrators, abuse and harassment, were issued discipline and went through the disciplinary process. All perpetrators received disciplinary sanctions, including loss of earned time and disciplinary detention. The disciplinary records outline the reason for each sanction, including any mental health issues.

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. Further communication with the PCM indicate that the facility is a sex offender treatment facility and that while they do not require the inmate perpetrator to participate in mental health services, most are already required due to their charge/conviction. 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 treat and the team shall forward the incarcerated individual name and information for a STOP review to the STOP Director. Interviews with medical and mental health staff indicated that the facility offers sex offender treatment but that it is court driven and they cannot require an inmate to participate unless court ordered. Both staff stated they would offer regular mental health services to perpetrating inmates on a voluntary basis.

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

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

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

Based on a review of the PAQ, IO-RD-03, OP-SOP-08, investigative reports, disciplinary report and information from interviews with the Warden and medical and mental

	health care staff, this standard appears to be compliant.
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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. Tracking Spreadsheet 7. Medical/Mental Health Documents Interviews: 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff 3. Inmates who Disclose Sexual Victimization at Risk Screening Site Review Observations: 1. Observations of Risk Screening Area 2. Observation of Inmate Medical and Classification Files Findings (By Provision): 115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting

was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior victimization were offered a follow-up with mental health within fourteen days. The facility utilizes a tracking spreadsheet for those who disclose prior sexual victimization and those who are identified with prior sexual abusiveness. The spreadsheet has a section to indicate if the inmate wanted a follow-up with mental health, the date of the follow-up (if accepted), date of any community equivalent counseling, and reason for session termination. A review of documentation for eight inmates who disclosed prior sexual victimization during the risk screening indicated none were offered a follow-up with mental health related to the victimization disclosed during the risk screening. A few of the inmates were documented with mental health follow-ups prior to their most recent arrival at the facility while others were documented with mental health follow-ups related to reported sexual abuse allegations at the facility. It should be noted that many inmates leave the facility on medical and mental health trips and return a few weeks later. The PCM indicated many of these inmates have had numerous risk assessments where they have been offered mental health services and they are seen routinely by mental health due to their sexual offender treatment. The interviews with the staff responsible for the risk screening indicated that inmates who disclose prior sexual victimization are offered a follow-up with mental health. One staff member stated they would be seen by mental health the same day or the next day while the second staff member stated that they only suggest that there is a follow-up and they tell the inmate to kiosk mental health to schedule services. Interviews with three inmates who disclosed prior sexual victimization during the risk screening confirmed that all three were offered a follow-up with mental health. One inmate advised he declined the follow-up while two stated they saw mental health, one within two weeks and one a while later.

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 six inmates with prior sexual abusiveness indicated none were offered a follow-up related to abusiveness identified during the risk screening. A few of the inmates were documented with a follow-up with mental health prior to their most recent arrival, while a few other were documented with mental health services after a report of sexual abuse. It should be noted that many inmates leave the facility on medical and mental health trips and return a few weeks later. The PCM indicated many of these inmates have had numerous risk assessments where they have been offered mental health services and they are seen routinely by mental health due to their sexual offender treatment. The interviews with the staff responsible for the risk screening indicated that inmates who are identified with prior sexual abusiveness are offered a follow-up with mental health. One staff member stated they would be seen by mental health the same day or the next day while the second staff member stated that they only suggest that there is a follow-up and they tell the inmate to kiosk mental health to schedule services.

115.81 (c): This provision 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 indicated that Sergeant and above may have some level of access to the risk screening information for security and management purposes. HSP-628, page 6 states that any information related to sexual violence that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform of treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Inmate risk assessments are both electronic and paper. Medical and mental health records are electronic in the ICON system. Medical and mental health records are only accessible to health care staff. The records staff confirmed that security staff do not have access to medical records. The auditor confirmed that security staff were not able to view medical and mental health records in ICON. Risk screening information is completed via the ICON system. 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 they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The staff indicated that they do not have inmates under eighteen.

Based on a review of the PAQ, IS-RO-01, IS-RO-02, 72 Hour PREA Transfer Screening, inmate risk assessments, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed prior sexual victimization during the risk screening this standard appears to require corrective action. A review of documentation for eight inmates who disclosed prior sexual victimization during the risk screening indicated none were offered a follow-up with mental health related to the victimization disclosed during the risk screening. A few of the inmates were documented with mental health follow-ups prior to their most recent arrival at the facility while others were documented with mental health follow-ups related to reported sexual abuse allegations at the facility. A review of six inmates with prior sexual abusiveness indicated none were offered a follow-up related to prior abusiveness identified during the risk screening. A few of the inmates were documented with a follow-up with mental health prior to their most recent arrival, while a few other were documented with mental health services after a report of sexual abuse. The interviews with the staff responsible for the risk screening indicated that inmates who disclose prior sexual victimization or are identified with prior sexual abusiveness are offered a follow-up with mental health. One staff member stated they would be seen by mental health the same day or the next day while the second staff member stated that they only suggest that there is a follow-up and they tell the inmate to kiosk mental health to schedule services. While the auditor is cognizant of the fact that the facility has inmate transfer in and out multiple times where they were previously offered/provided mental health services and that mental health services are provided for sexual offender treatment, the process as required under this standard is not adequate and documentation was not adequate to show compliance.

Corrective Action

The facility will need to ensure they have a process to offer/provide a follow-up to each inmate who discloses prior sexual victimization or is identified with prior abusiveness during the risk screening. This should be offered within fourteen days of the risk screening. The facility can have a way to document refusals so they do not have to provide services to those who do not want the services or are already

receiving services. Training with appropriate staff will need to be conducted and a copy of the training will need to be provided. Examples during the corrective action plan will need to be provided.

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. Process Email Related to Mental Health Follow-Ups
2. Staff Training Documents
3. Email Related to Mental Health Follow-Ups
4. Tracking Spreadsheet
5. Mental Health Documentation

The facility provided a process email indicating that mental health complete the 72 hour risk assessment (initial risk assessment) and ask during that time if the inmate wants a mental health follow-up related to prior victimization and/or prior abusiveness. The mental health staff will notate on the tracking spreadsheet the response and if the inmate wants a mental health follow-up they will schedule it and complete it within fourteen days. Staff training confirmation and an email that was sent out to staff related to policy and procedure for mental health follow-ups were provided to the auditor as well.

The facility provided a copy of the tracking spreadsheet for inmates with prior sexual victimization and prior sexual abusiveness. The spreadsheet included the date of the initial risk assessment, whether the individual had prior sexual victimization or prior sexual abusiveness, whether the inmate wanted a follow-up with mental health and the date that mental health completed the follow-up. A review of the tracking spreadsheet indicated only two inmates accepted mental health services. The facility provided mental health documents in addition to the spreadsheet confirming that both were provided mental health services within fourteen days of the initial risk assessment.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. HSP-628 – Patient Sexual Abuse 3. Medical and Mental Health Documents Interviews: 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 the health services area and noted it included a small waiting area, exam rooms and treatment rooms. The exam and treatment rooms contained large windows. None of the rooms had any barriers or curtains. The facility provided confirmation that mobile privacy barriers are available for use when needed. A review of the twelve sexual abuse allegations indicated all twelve were offered/provided medical and/or mental health services, typically the same day of the reported allegation. 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 are provided as soon as they are notified. The medical staff member stated they provide services as soon as the inmate is brought to health services. She stated they find out if the victim wants an advocate. The mental health staff member stated they provide services as soon as possible and that if it occurred on a weekend they would see them Monday. 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. Interviews with five inmates who reported sexual abuse indicated three were provided medical and/or mental health services. The two that indicated they were not provided services were documented with services.

115.82 (b): The interview with the security staff first responder indicated he would separate the individuals, preserve the evidence, take the victim to health services, not let anyone shower or change clothes and follow up with supervisors with additional instruction. The non-security first responder stated she would talk to the person, have them stay with her, tell them it has to be reported, contact the Shift Captain immediately and not let the individual out of her sight. A review of the twelve sexual abuse allegations indicated all twelve were offered/provided medical and/or mental health services, typically the same day of the reported allegation.

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 twelve sexual abuse allegations indicated all twelve were provided medical and/or mental health services, typically the same day of the reported allegation. Three of the allegations indicated there was some type of penetration. Two inmates denied the penetration and overall allegation and refused

	services and one was provided prophylaxis and testing. 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 five inmates who reported sexual abuse indicated three were provided medical and/or mental health services. Two of the inmates indicated their allegation involved oral/anal penetration and one advised he received testing/prophylaxis. 115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. Based on a review of the PAQ, HSP-628, medical and mental health documents, and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.
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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 the health services area and noted it included a small waiting area, exam rooms and treatment rooms. The exam and treatment rooms contained large windows. None of the rooms had any barriers or curtains. The facility provided confirmation that mobile privacy barriers are available for use when needed. A review of the twelve sexual abuse allegations indicated all twelve were offered/provided medical and/or mental health services, typically the same day of the reported allegation. A review of documentation for eight inmates who disclosed prior sexual victimization during the risk screening indicated none were offered a follow-up with mental health related to the victimization disclosed during the risk screening. A few of the inmates were documented with mental health follow-ups prior to their most recent arrival at the facility while others were documented with mental health follow-ups related to reported sexual abuse allegations at the facility.

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 twelve sexual abuse allegations indicated all twelve were offered/provided medical and/or mental health services, typically the same day of the reported allegation. One inmate that was documented with penetration had follow-up services for testing. Additionally, most inmates are on the mental health case load for

sexual offender treatment and therefore receive follow-up services with mental health. 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 therapy, trauma treatment, psychiatry services, medication, outside advocacy, SAFE/SANE and testing/labs. Interviews with five inmates who reported sexual abuse indicated three were offered/provided follow-up services with medical and/or mental health.

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 twelve sexual abuse allegations indicated all twelve were offered/provided medical and/or mental health services, typically the same day of the reported allegation. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

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

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

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. HSP-628, page 5 states that medical staff shall explain to the patient reporting the sexual abuse that, as part of the examination, there may be a need to draw blood to evaluate their current status for infectious disease, and that follow-up infectious disease testing may be indicated. A review of the twelve sexual abuse allegations indicated all twelve were provided medical and/or mental health services, typically the same day of the reported allegation. Three of the allegations indicated there was some type of penetration. Two inmates denied the penetration and overall allegation

and refused services and one was provided prophylaxis and testing. Interviews with medical and mental health care staff indicated they do not typically attempt to conduct a mental health evaluation on known inmate-on-inmate abusers. The staff stated they just offer standard follow-up services to all victims and abusers. Interviews with five inmates who reported sexual abuse indicated three were provided medical and/or mental health services. Two of the inmates indicated their allegation involved oral/anal penetration and one advised he received testing/prophylaxis.

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 inmate who reported sexual abuse confirmed that the three who advised that they were provided medical and/or mental health services were not charged 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 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 four substantiated inmate-on-inmate sexual abuse allegations. The auditor requested documentation related to the attempted mental health evaluation, however at the issuance of the interim report the documentation had not yet been received. Interviews with medical and mental health staff indicate that they do not typically attempt to conduct an evaluation of known inmate-on-inmate abusers. Staff stated they would just conduct their standard follow-up. It should be noted that the facility is a sexual offender treatment program facility and most inmates receive consistent mental health care and evaluations.

Based on a review of the PAQ, HSP-628, IS-RO-01, IS-RO-02, medical and mental health documents, documents received during the interim report period, observations made during the tour and information from interviews with medical and mental health care staff and inmate who reported sexual abuse, this standard appears to require corrective action. A review of documentation for eight inmates who disclosed prior sexual victimization during the risk screening indicated none were offered a follow-up with mental health related to the victimization disclosed during the risk screening. A few of the inmates were documented with mental health follow-ups prior to their most recent arrival at the facility while others were documented with mental health

follow-ups related to reported sexual abuse allegations at the facility. There were four substantiated inmate-on-inmate sexual abuse allegations. The auditor requested documentation related to the attempted mental health evaluation, however at the issuance of the interim report the documentation had not yet been received. Interviews with medical and mental health staff indicate that they do not typically attempt to conduct an evaluation of known inmate-on-inmate abusers. Staff stated they would just conduct their standard follow-up.

Corrective Action

The facility will need to ensure they have a process to offer/provide a follow-up to each inmate who discloses prior sexual victimization or is identified with prior abusiveness during the risk screening. This should be offered within fourteen days of the risk screening. The facility can have a way to document refusals so they do not have to provide services to those who do not want the services or are already receiving services. Training with appropriate staff will need to be conducted and a copy of the training will need to be provided. Examples during the corrective action plan will need to be provided. The facility will need to provide the requested attempted mental health evaluations on known inmate-on-inmate perpetrators. If documentation is not available, the facility will need to train staff on the process and provide a copy of the training. Additionally, the facility will need to provide a list of sexual abuse allegations, to include the investigative outcome, and associated known inmate-on-inmate perpetrator mental health evaluations.

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. Process Email Related to Mental Health Follow-Ups
2. Staff Training Documents
3. Email Related to Mental Health Follow-Ups
4. Tracking Spreadsheet
5. Mental Health Documentation

	The facility provided a process email indicating that mental health complete the 72 hour risk assessment (initial risk assessment) and ask during that time if the inmate wants a mental health follow-up related to prior victimization and/or prior abusiveness. The mental health staff will notate on the tracking spreadsheet the response and if the inmate wants a mental health follow-up they will schedule to complete within fourteen days. Staff training confirmation and an email that was sent out to staff related to policy and procedure for mental health follow-ups were provided to the auditor as well. The facility provided a copy of the tracking spreadsheet for inmates with prior sexual victimization and prior sexual abusiveness. The spreadsheet included the date of the initial risk assessment, whether the individual had prior sexual victimization or prior sexual abusiveness, whether the inmate wanted a follow-up with mental health and the date that mental health completed the follow-up. A review of the tracking spreadsheet indicated only two inmates accepted mental health services. The facility provided mental health documents in addition to the spreadsheet confirming that both were provided mental health services within fourteen days of the initial risk assessment. On September 7, 2023 the facility provided staff training records confirming that mental health staff were trained on the requirement of attempted mental health evaluations on known inmate-on-inmate perpetrators. Additionally, the facility provided the attempted mental health evaluation for the perpetrator of the one substantiated allegation during the corrective action period. The inmate declined the evaluation/service. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/

Retaliation with Incarcerated Individuals

3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
4. Investigative Reports
5. PREA-02 F-5, Sexual Abuse Incident Review Report
6. PREA-03 F-4, Sexual Abuse Incident Review Report

Interviews:

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 26 sexual abuse investigations completed at the facility that were substantiated or unsubstantiated. A review of twelve sexual abuse investigations indicated eight required a sexual abuse incident review (four were deemed unfounded). A review of documentation indicated all twelve, even those deemed unfounded, had a completed sexual abuse incident review. Additionally, five of the six sexual harassment allegations also 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 26 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 twelve sexual abuse investigations indicated eight required a sexual abuse incident review (four were deemed unfounded). A review of documentation indicated all twelve, even those

deemed unfounded, had a completed sexual abuse incident review. Additionally, five of the six sexual harassment allegations also had a sexual abuse incident review completed. All sexual abuse incident reviews were completed within 30 days of the conclusion of the investigation.

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 and PCM confirmed that the sexual abuse incident review team consists of upper level management, line officials, investigators, medical and mental health care staff. A review of the completed sexual abuse incident reviews confirmed they were completed by a four person team that included upper level management, line officials and the investigator. Medical and mental health also provided input but were not part of the 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 reviews 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 interview with the Warden confirmed the facility conducts sexual abuse incident reviews and the information from the reviews is utilized to review who was involved, how they were housed, what took place and how it can be eliminated/prevented in the future. The PCM stated that he reviews all the sexual abuse incident review reports. He indicated the basic trend he has noticed is the increase in reporting and a lot of precursory behavior. He stated due to the highly sexualized population (sex offenders) they try to curb the behavior through staff identifying behaviors and reporting any and all information. The PCM stated that information from the sexual abuse incident reviews is used to review and address any issues/concerns and make appropriate changes/modifications.

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 reviews 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. 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.

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 25, 2023 the facility provided documentation indicating that staff were trained on the process for completing sexual abuse incident reviews. The facility provided eleven examples, including two sexual abuse incident reviews that were completed on allegations reported during the corrective action period. All eleven examples were still the checklist form, however they included narrative under the checkboxes that were specific to each allegation. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 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

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. PREA-04, page 2 states the PREA Coordinator shall collect accurate, uniform data for every allegation of sexual violence at all institution using a standardized instrument and set of definitions. The PCM indicated that the agency utilizes the Sexual Violence Investigative Database in ICON to collect data. All allegations are reported and entered in the PREA database in ICON. This system allows for the agency to track sexual abuse and sexual harassment allegations. The PREA Investigation Definitions document outlines definitions for incarcerated individual sexual abuse, precursor behavior (incarcerated individual sexual harassment) staff sexual harassment, staff misconduct and retaliation.

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.
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115.88 Data review for corrective action	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance 3. Annual PREA Report Interviews: 1. Interview with the Agency Head 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. PREA-04, page 3 states Office of the Deputy Director of Institution Operations shall review data collected and aggregated in order to assess and improve the effectiveness of IDOC's sexual abuse prevention, detection and response policies, practices and training. Policy further states this will be done by: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action for each institution, as well as the department as a whole. A review of the Annual PREA Report indicates that it includes data comparison, trend analysis, investigative findings, a summary of goal accomplishments and a data assessment. The interview with the Agency Head indicated that incident-based sexual abuse data is collected and utilized to identify any problem areas or trends. She stated if they identify any issues they investigate and implement any corrective action, if necessary. The Agency Head confirmed that they take corrective action on an ongoing basis. She stated they implement corrective action immediately after issues are identified. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. She 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 that the agency utilizes the facility data to review situations, staffing, housing, cameras and risk assessments.

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
	Documents: 1. Pre-Audit Questionnaire 2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance 3. Annual PREA Report Interviews: 1. Interview with the PREA Coordinator

Findings (By Provision):

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

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

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

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

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Findings (By Provision): 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. 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. 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. 115.401 (n): The facility provided photos of the audit announcement as well as an assurance memo indicating the audit announcement was posted around the facility six weeks prior to the audit. During the audit the audit announcement was observed the audit announcement at the entrance to each housing unit. The announcements were on red and pink letter size paper in English and Spanish. The audit announcements advised that information provided to the auditor, with limited exceptions, would be confidential. The auditor received eight letters from inmates at Newton CF.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the previous three year audit cycle and reports have been posted to the website.

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).)	na
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).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
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).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
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.)	yes
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.)	yes
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.)	yes
	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.)	yes
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

	Garrrity 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?	no
	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?	no
	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?	no
	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?	no
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.)	na
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.)	na
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.)	na
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