

# State of Iowa Department of Corrections

## Policy and Procedures

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Applicability: CBC

Policy Code: Public Access

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Chapter 12: COMMUNITY-BASED CORRECTIONS

Sub Chapter: N/A

Related DOC Policies: VS-01, CBC-FS-02, CBC-FS-03, CBC-STOP-01

Administrative Code Reference: 201.38

Subject: ELECTRONIC MONITORING SYSTEMS

PREA Standards: N/A

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Authority:

### 1. PURPOSE

The purpose of this policy is to provide guidelines for Iowa Department of Corrections (DOC) staff to follow when utilizing the provision of Electronic Monitoring Systems (EMS) as allowed per Iowa Code 901B.1 Corrections Continuum. Electronic monitoring may be imposed as a condition of release or as an intermediate sanction for clients under supervision. In accordance with Iowa Code § 692A.124, clients on supervision for a sex offense may be required to participate in EMS based on validated risk assessments, criminal history, treatment progress, and other relevant factors.

### 2. POLICY

It is a policy of the DOC to utilize EMS, including Global Positioning Satellite (GPS) technology, as a supervision tool to enhance public safety, ensure compliance, protect victims, and support the effective monitoring of clients under community supervision. EMS supplements traditional supervision practices by

providing increased oversight of clients, verifying real-time client location, and monitoring unauthorized movement.

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### **3. DEFINITIONS - for the purpose of this policy:**

**Alcohol Monitoring:** SCRAM or other devices which monitor alcohol use continuously or at scheduled intervals.

**Electronic Monitoring System (EMS):** EMS is a collective term for technologies used to determine the location of clients with restricted movement while under community supervision.

**Global Positioning System (GPS):** GPS tracks and reports the client's movements, including arrivals and departures, travel paths, and violations of exclusion zones. It also alerts for tampering or removal of the ankle band or monitoring unit.

**Location-Sharing Applications** - Location-sharing applications refers to software or mobile applications that determine and share the real-time location of clients, used as a supplement to traditional EMS for community supervision to include, but not limited to, Life 360.

**Radio Frequency (RF):** RF is a home monitoring system with a receiver unit connected to the client's phone line and power source. The client wears a waterproof ankle transmitter that alerts the provider in case of tampering or

removal. This system monitors client arrivals, departures, and compliance with curfew hours.

**Sex Offender:** A sex offender is a person convicted of a sexually motivated offense pursuant to Iowa Code §§ 692A.126 and 708.15 or identified as a sex offender client under Department of Corrections policy.

**Substance Abuse Testing:** EMS may incorporate random substance abuse testing as part of the supervision process.

## 4. PROCEDURES

Appropriate levels of electronic monitoring will be applied based on client risk, behavior, supervision needs, and as part of the Department's Continuum of Sanctions. The Department will contract with qualified vendors for EMS services and maintain a Central Command Center (CCC) to monitor alerts statewide, ensuring timely and appropriate responses based on established protocols.

### A. Enrollment and Installation

#### 1. Referral and Eligibility

- a. **Sex Offender Clients:** shall be enrolled in EMS in accordance with requirements outlined in the Sex Offender Policy and Procedure Manual, **CBC-SOTP-01, Attachment A.**
- b. **Pretrial Clients:** may be enrolled in EMS based on pretrial risk assessment and court order. Also refer to DOC Pretrial policies **CBC-FS-02** and **CBC-FS-03.**
- c. **Clients (other than Sex Offender and Pretrial):** are eligible for EMS placement based on validated risk tools such as the DRAOR or IVVI, case manager discretion and/or identified public safety risk or through judicial orders, with supervisory approval if there is not a judicial order.

In exceptional circumstances, EMS requirements may be modified or overridden with supervisor approval, provided the rationale for the decision is clearly documented.

#### 2. Pre-Enrollment Requirements

- a. Unless court-ordered, staff shall consult with a supervisor to determine the appropriateness of an EMS referral. Referral documentation must be completed per local procedures prior to installation and may include a behavior contract. At minimum, specific behaviors staff intend to address while the client is on EMS must be documented per the behavior contract or case plan and shall include clear expectations communicated to the client then to meet in order to have the EMS unit removed. The use of EMS must be reviewed within a maximum of 30 days from installation. Note: for guidance regarding sex offenders, see **CBC-SOTP-01, Attachment A**.
- b. Criminal background checks and validated risk assessment results shall be reviewed prior to installation. Exclusion zones, including schools or other restricted areas, must be identified and entered into ICON Generic Notes >Note Category: GPS/EMS. Victim exclusion zones shall only be entered in Offender>Records Alerts>Victim Confidential Comments and not in Generic Notes. Clients must demonstrate an understanding of, and agree to, the terms of EMS participation prior to enrollment and signing the vendor agreement, **CBC-15 F-1 or F-2**. (See ICON Templates)
  - 1) Alcohol monitoring agreements are generated from the vendor site.
  - 2) All signed agreements shall be uploaded into ICON Offender Attachments using Attachment Type: Agreements.

### 3. Installation Procedures

- a. All EMS devices must be activated and tested at the time of installation. Staff shall verify real-time communication and tracking functionality prior to the client's release. Staff should use the strap sizing tool or follow the "two-finger, 1/4 inch rule" to ensure the unit is secure and cannot be slipped off by the client.
- b. Inclusion and exclusion zones, curfews, geographic restrictions, and alert thresholds must be programmed into the monitoring software.
- c. Supervisors are responsible for monitoring EMS usage in accordance with local procedures.

### 4. Documentation Requirements

- a. All EMS activity and decisions shall be documented in ICON Generic Notes >Note Category: GPS/EMS. This includes enrollment and removal dates, equipment types and serial numbers, reasons for placement, changes or removals, and updates to zone parameters or supervision levels.
- b. EMS participation shall be documented by entering the appropriate "Specialty" in the Supervision Status Information screen in ICON. When EMS type changes, the existing record shall be closed and a new record opened.

## **B. Monitoring and Supervision**

1. The CCC shall be housed within the 5th District and staffed by Residential Officers twenty-four hours a day, seven days a week.
  - a. At least one staff member shall be present at all times.
  - b. CCC staff are responsible for addressing alerts in a timely manner and contacting case managers or residential facilities when needed.
2. Case Managers shall respond to EMS violations within twenty-four hours or one business day.
  - a. Case Managers shall also check equipment functionality, counsel clients, and review reports at minimum during the clients' regular scheduled office appointment.
  - b. Residential facilities shall provide twenty-four-hour support and assist in client tracking and supervision as needed.

## **C. Violation Protocols**

1. Violations of EMS may include, but not limited to: tampering with or damaging devices, entering exclusion zones, deviating from approved travel routes, failing to meet curfew requirements, allowing a battery to die and evade tracking, noncompliance with alcohol monitoring, or otherwise refusing to comply with EMS conditions.
2. When a violation occurs, CCC staff must attempt immediate contact with the client to determine the cause. If the client cannot be reached, appears to be intentionally noncompliant, or poses a risk to public safety, the

matter must be further assessed and escalated to the High-Risk Unit (HRU) or local law enforcement as deemed necessary and per local procedures.

3. Case managers shall evaluate the violation within the context of the client's history to determine the appropriate response, which may include increased supervision, intervention, or revocation proceedings.
4. All violations must be thoroughly documented in ICON, including timelines, communication attempts, and actions taken. Case managers must ensure sanctions are applied consistently and progressively to encourage compliance while maintaining public safety.

#### **D. Victim Notification**

1. Utilize the EMS Notification letter located within the Victims screen in ICON (Offender>Records Alerts>Victims). Expand the record for the registered victim needing the EMS Notification Letter. Use the "Victim EMS Notification Letters" section to add/generate the letter. Refer to the ICON Business Rules via the "Help" button on the Victims screen for further assistance.
2. Victims who participate in a Victim Wrap-Around program may also be notified of EMS status changes in accordance with DOC Victim Notification Policy, **VS-01**.
3. In cases where EMS tampering results in absconding or escape status, DOC victim notification policies must be followed.
4. In pretrial cases, victims will only be notified of EMS status changes at the direction of the court.

#### **E. Removal Process**

1. EMS removal must be authorized by both the supervisor and case manager.
2. Removal decisions shall be based on validated risk assessments, supervision level, program progress, or other behavioral factors.
3. Emergency removals must be documented immediately and followed by reinstatement when appropriate.

4. All EMS removals shall be documented in ICON Generic Notes >Note Category: GPS/EMS and updating the "Specialty" in the Supervision Status Information screen in ICON.

## **F. Equipment Management**

1. Clients are responsible for the care of all EMS equipment. Equipment must be worn properly, kept charged, and maintained in working order at all times.
2. Clients are financially liable for damage, tampering, or loss of equipment caused by negligence, misuse, or intentional misconduct.
3. Clients may face sanctions, increased supervision, or legal action for repeated or deliberate equipment violations.
4. Equipment must be returned in good condition immediately upon program completion, change in supervision status, or staff request.
5. DOC staff are responsible for correct installation, activation, and testing of EMS equipment. They must follow vendor instructions for maintenance, troubleshooting, and reporting malfunctions.
6. Staff shall retrieve equipment within twenty-four hours of a client's EMS requirement ending. All issued EMS equipment must be tracked in department-approved inventory systems, with annual audits to ensure accuracy.
7. The Fifth District is responsible for managing statewide EMS operational costs based on usage. Districts shall notify the 5th District when a fee needs to be assessed for lost, stolen, or damaged equipment. The Fifth District will assess all EMS fees within the fee system. If a District collects fees on EMS, those funds shall be remitted to the Fifth District at least quarterly.

## **G. Quality Assurance**

1. Case managers are responsible for conducting regular reviews of EMS conditions compliance. This includes verifying that EMS units are functioning properly, violations are addressed, client contact information is up to date, and zones are accurately programmed.

2. Supervisors shall provide corrective feedback to staff and ensure deficiencies are resolved in a timely manner.
3. Quality assurance findings must be recorded and used to guide training, strengthen policy implementation, and address systemic issues. Annual equipment audits are mandatory to confirm inventory accuracy, device functionality, and compliance with vendor agreements.