

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

Interim Final
Date of Report August 20, 2021

Auditor Information

Name: Amy J. Fairbanks	Email: fairbaa@comcast.net
Company Name: AJF, Correctional Consulting & Auditing, L.L.C.	
Mailing Address: 3105 S. Martin Luther King Blvd. #236 Lansing, MI 48910	City, State, Zip: Lansing, MI 48910
Telephone: 517 303 4081	Date of Facility Visit: March 27-29, 2021

Agency Information

Name of Agency: Iowa Department of Corrections	Governing Authority or Parent Agency (If Applicable): State of Iowa		
Physical Address: 510 East 12th St.	City, State, Zip: Des Moines, IA 50319		
Mailing Address: 510 East 12th St.	City, State, Zip: Des Moines, IA 50319		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://doc.iowa.gov/administration/prison-rape-elimination-act			

Agency Chief Executive Officer

Name: Beth A Skinner, Phd.	
Email: beth.skinner@iowa.gov	Telephone: (515) 725-5704

Agency-Wide PREA Coordinator

Name: Robin Bagby	
Email: robin.bagby@iowa.gov	Telephone: (515) 218-4462
PREA Coordinator Reports to: IDOC Deputy Director - Operations	Number of Compliance Managers who report to the PREA Coordinator 9 with an additional 8 back ups

Facility Information

Name of Facility: Fort Dodge Correctional Facility

Physical Address: 1550 L St.

City, State, Zip: Fort Dodge, IA 50501

Mailing Address (if different from above):
Click or tap here to enter text.

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://doc.iowa.gov/administration/prison-rape-elimination-act>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Robert A. Johnson

Email: Robert.johnson@iowa.gov

Telephone: (515) 574-4711

Facility PREA Compliance Manager

Name: Joshua McNeil

Email: Joshua.mcneil@iowa.gov

Telephone: (515) 705-7086

Facility Health Service Administrator N/A

Name: Karen Anderson

Email: karen.anderson@iowa.gov

Telephone: (515) 705-7208

Facility Characteristics	
Designated Facility Capacity:	1162
Current Population of Facility:	1157
Average daily population for the past 12 months:	1165
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 to 78
Average length of stay or time under supervision:	10.2 months
Facility security levels/incarcerated individual custody levels:	Medium/Minimum
Number of inmates admitted to facility during the past 12 months:	1120
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1118
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1034
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A

Number of staff currently employed by the facility who may have contact with inmates:	252
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	30
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	213
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	11
<p>Number of incarcerated individual housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	15
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	14
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	26

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	4 agency, 10 facility
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-incarcerated individual or incarcerated individual-on-incarcerated individual), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: LE agency) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	64 agency wide
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-incarcerated individual or incarcerated individual-on-incarcerated individual), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department

<p>apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>
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Audit Findings

Audit Narrative

On March 27-29, 2021, an audit was conducted at the Fort Dodge Correctional Facility to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility from 9:00am to 6:30pm Monday, 8:00am to 6:15pm Tuesday and 8:00am to 2:00pm Wednesday. The facility was previously audited in October 2017 and found to be in compliance with all standards. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to the Request for Proposal and being awarded the bid.

Audit Methodology:

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

Pre-audit:

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on January 29, 2021 announcing the audit and identifying the auditor address in English and Spanish. Photographs were also sent to the auditor for further verification. They were observed by the auditor throughout the facility during the tour(s). The posters indicated that any correspondence sent to the auditor would be confidential and not disclosed unless required by law. The exceptions in the law were noted. No confidential correspondence letters were received in Response to the posters announcing the audit prior to arriving for the on-site audit. One incarcerated individual asked to be interviewed, presented a copy of a letter sent which was found in the auditor's PO Box upon return. The Pre-Audit Questionnaire (statistical information) was reviewed prior to the on-site audit.

The Agency website was reviewed. Prior PREA Audit reports were available (twenty-one total), the previous PREA audit report for Fort Dodge Correctional Facility, and How to Make a Third-Party Allegation was available. Annual reports for 2014 to 2020 were accessible for review. The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the State of Iowa prior to the audit. The auditor researched the Internet and found neither evidence of Department of Justice involvement, nor any concerning information.

External Entities:

Contact was made with Just Detention International, (a health and human rights organization that seeks to end sexual abuse in all forms of detention.) No concerns regarding this facility were provided by this organization.

Iowa has a state-wide organization, CASA (coalition Against Sexual Assault). Per the website, "the Iowa Coalition Against Sexual Assault represents 24 victim service programs across the state. Our mission is to improve services for survivors of sexual harassment, abuse, and assault, and to prevent sexual violence before it occurs".

The Ombudsman office is the office that accepts outside reports, allowing the incarcerated individuals to remain anonymous and immediately forwarding to the appropriate investigation entity. Contact was made with the Ombudsman office. It was confirmed that they would accept reports, forward them immediately to the Supervisor of the Inspector General Office, Iowa Department of Corrections.

The auditor contacted the SANE Coordinator for the State of Iowa. There are now two main hospitals designated for SANE exams, one on the east side of the state, one on the west side of the state. The Coordinator indicated that they are well staff with certified SANE examiners available 24 hours a day. She indicated they have not had a situation where one could not be provided. She confirmed that residents/incarcerated individuals would be provided a SANE exam in accordance with the Iowa law. A tentative schedule was sent to the facility five days prior to the audit. In addition, the facility was provided specific requests for documentation of a random nature which assisted the auditor in determining compliance.

On-site audit:

A brief formal meeting was held with members of the Executive Team (seven members), the agency PREA Coordinator and the auditor the morning of the first day of the audit. The following items were reviewed: purpose of audit, goals and expectations. Tentative schedules were developed regarding the tour, interviews and review of additional documentation. It had been arranged for interviews to be conducted in a private setting. Rosters of staff and incarcerated individuals were provided; a list of specialized, random and targeted interviews was developed. At this agency, offenders are referred to as incarcerated individuals.

A complete tour of the facility was conducted on March 29, 2021, and outside operations on March 31, 2021. The following areas and operations were visited and observed: incarcerated individuals living areas, medical operations, receiving and discharge operations, library/education areas, programming areas, hobby craft, maintenance operations, recreational areas, Iowa Prison Industries - IPI (textile, braille, balloon factory), powerplant, and recycling. All areas of the facility were visited that have incarcerated individuals' access. Supervision practices, blind spots, bathroom facilities, and placement and number of telephones were observed. Additionally, the facility uses a scanning system to electronically record rounds. Cross-gender announcements were made prior to the opposite gender auditors entering the living units (green light and a sound). Posters announcing the audit were observed throughout the facility.

Staff interviews:

Formal interviews were conducted with the following:

Agency Head - Director

Warden

PREA Coordinator

Two PREA Compliance Managers

Two Intermediate or higher-level facility staff who conduct unannounced rounds
One Medical staff
One Mental Health staff
Two Administrative (Human resource) staff
One Contractor who has contact with incarcerated individuals
Two Investigative staff – administrative investigations
Inspector Generals Office (IGO)
One Staff who performs screening for risk of victimization/abusiveness
One Staff who supervise incarcerated individuals in restrictive housing/isolation
Two Staff on the sexual abuse incident team
One Counselor who has transgender/intersex incarcerated individuals on her caseload
One Designated staff charged with monitoring retaliation
One Security staff first responders
One Intake staff
One Grievance staff
One Training staff
One Volunteer Coordinator
One Staff who reviews disciplinary reports
Human Resources staff
Unit Manager orientation unit
Fourteen random staff interviews (representing all three shifts and/or staff who can perform searches)
Counselor (who is trained to conduct searches on transgender females, if requested)
Two dental staff and two laundry supervisors (custody staff) were informally interviewed during the tour.

Incarcerated individual interviews:

A total of number of forty incarcerated individuals were interviewed. There are no youthful offenders are housed at this facility. Targeted incarcerated individual interviews included the following:

Two with limited English

One self-admitted as homosexual (pansexual)

Four self-identified as transgender

Two who initiated a sexual harassment complaint

Three who self-reported as having prior victimization

Three who required assistive devices

One hard of hearing incarcerated individual

One legally blind incarcerated individual

Two cognitively impaired incarcerated individual (interview was attempted)

One who was diagnosed with serious mental illness

The youngest incarcerated individual, the oldest incarcerated individual, one who had been at the facility the longest and one who had recently arrives

An additional six incarcerated individuals were informally interviewed during the tour regarding knowledge of PREA, knowledge of the PREA audit, opposite gender announcements and supervisory rounds. Random incarcerated individual interviews included at least one from each housing unit, and two PREA peer reviewers.

Investigations:

Investigations are conducted by trained staff at the facility (four total) and staff from the Inspector Generals Office (IGO). Investigations from January 2020 to present were reviewed, there were twelve.

- one staff on incarcerated individual sexual abuse allegation
- two staff on incarcerated individual sexual harassment allegation

- six incarcerated individual on incarcerated individual sexual abuse allegations
- two incarcerated individual on incarcerated individual sexual harassment allegation
- one retaliation allegations

Six allegations were deemed substantiated, two were deemed unsubstantiated, two was deemed unfounded, two were concluded to be consensual sexual activity. The auditor reviewed the appropriate notifications with each investigation.

Any and all allegations that may appear to meet the definition are investigated until the investigation established that it was not a "PREA" investigation. During the past 12 months, no allegations were referred for criminal prosecution. Investigations reflected the following: direct inmate reports – one through use of the in-cell call button, third party (another incarcerated individual) report, report through the kiosk to staff, report to a nurse, one investigation where the staff resigned pending the investigation which continued, and investigation that continued were the alleged perpetrator left the facility).

The auditor was allowed free access to all areas of the facility, access to interview incarcerated individuals and staff selected randomly and intentionally, and to see any documentation requested. A brief exit meeting was conducted with the auditor and PREA facility staff.

Post-Audit Phase:

Subsequent documentation was provided to the auditor reflecting corrections in areas of concern. Please see comments throughout the report.

Facility Characteristics

The Fort Dodge Correctional Facility (FDCF) is a medium security prison located on 60 acres of land in southern area of the city of Fort Dodge originally designed to house 762 adult male incarcerated individuals in a double occupancy celled environment. Construction began in 1996 and the facility opened in April 1998. Recognizing the ongoing need for public safety even before the first incarcerated individuals arrived at the facility, the legislature and Governor approved an expansion for an additional 400 beds and program space. Work on this addition was completed in late 1999. In FY01 127 two-man cells were converted to house three incarcerated individuals. The current rated capacity is 1162. The facility consists of eleven buildings. Inside the perimeter are seven housing units with varying designs and functions. In addition to the housing units the facility consists of administration and treatment buildings, a greenhouse, a power plant, a warehouse, and two ancillary buildings – annex and a pole barn.

Each unit has a small kitchen operation as they are feed in the unit. Kiosks are available in each unit so incarcerated individuals can send “omails” (emails) to family. They can also purchase tablets and have the same access. Call buttons are located in each cell. Each housing unit has a designated mission.

A - Unit A houses protective custody, investigative segregation, short term restrictive housing, and disciplinary detention incarcerated individuals. This unit is supervised by security director and shift captains.

B - Boone Unit East Wing is classified as the Administrative Segregation and Level 1 incarcerated individuals (FDCF's lowest level of general population) along with Protective Custody Incarcerated individuals. It also houses some special needs incarcerated individuals and other hard to place as well as incarcerated individuals who work on the unit. Boone Unit West Wing houses orientation incarcerated individuals coming in from Iowa Medical Classification Center (IMCC) and other facilities. Boone Unit West Wing has 107 beds. It is supervised by the treatment services director. The psychologist is located at this unit.

C - Cedar Unit is classified as medium custody and houses a total of 264 incarcerated individuals. This unit is supervised by the treatment services director.

D - Dolliver is classified as medium custody unit. This unit utilizes 4-man cells to house up to 194 incarcerated individuals. This unit has a multi-purpose room for the incarcerated individuals to use in their free time. It contains vending machines, toasters, pizza and toaster ovens, television, board games, and computers for email and personal business use. The focus for staff working on the unit is to help incarcerated individuals make positive changes in their behavior and prepare them for success upon their return to the community. It is supervised by the treatment services director.

E - Emmet Units is classified as medium custody and utilizes 4-man cells to house up to 194 incarcerated individuals. This unit has a multi-purpose room for the incarcerated individuals to use in their free time. It contains vending machines, toasters, pizza and toaster ovens, television, board games, a ping pong table, and computers for omail and personal business use. The focus for staff working on the unit is to help incarcerated individuals make positive changes in their behavior and prepare them for success upon their return to the community. It is supervised by the treatment services director. The psychologist's office is located here.

F - Floyd Unit houses 192 incarcerated individuals. It contains vending machines, toasters, pizza and toaster ovens, television, board games, a ping pong table, and computers for email and personal business use. The focus for staff working on the unit is to help incarcerated individuals make positive changes in their behavior and prepare them for success upon their return to the community. Supervised by the treatment services director and a psychologist is located here.

G - Grove Unit is a general population unit designed to hold 264 incarcerated individuals. The majority of the incarcerated individuals housed on Grove unit lives in three-man cells. The center area of Grove unit houses incarcerated individuals who work for/on the unit. These incarcerated individuals live in two-man cells and work with staff on who they would like to cell with. It is supervised by the treatment services director.

I building consists of three main areas, IPI, hobby craft, and the greenhouse. These areas are in operation during day shift and evening shift.

M building contains the following: Education Library and Offender Group sales. Incarcerated Individuals are encouraged to participate in educational programming if they lack a HiSET/GED, high school diploma, or have a reading level below the sixth-grade level. Per state law, specified sanctions can be applied if the offender chooses not to participate. These can include eligibility only for a minimum allowance, placement on idle status, ineligibility for work bonuses, for minimum-out or minimum-live-out status, and for other privileges as determined by the Department. Approximately 26% of the offender population requires such schooling. School capacity is 192 students for the HiSET, Title 1, and literacy. State licensed instructors' contract with Iowa Central Community College (ICCC) to provide instruction focusing on completion of a HiSET diploma and/or a 6th grade reading level.

H-Building houses a number of the facilities main services – Laundry, Clothing, Dietary, Recycling, Maintenance, Receiving and Distribution, Classification, Master Control, Gym, Captains Office, Health Center, Records, Mail Room, Employee Muster Room, Visiting Rooms, Multiple Purpose Rooms and Chapel.

K building has the business office, warden's office, human resources, training specialist, and the reception desk.

H building has the volunteer program, Executive officer (reentry services) and Iowa Central Community College (ICCC) Education. The facility has a robust volunteer program; however, it has been on hold due to the coronavirus pandemic. Additional programming available to the incarcerated individuals are as follows: Cognitive Behavioral, Interventions for Substance Abuse, Seeking Safety, Achieving Change Through Value-Based Behavior, Thinking for a Change, Moral Reconciliation Therapy, 12 Step Programs and Religious Activities.

Count on the first day of the audit was 1160. Incarcerated individuals consist of minimum and medium security incarcerated individuals. The facility assesses risk for sexual abuse on the following categories and provided the statistics for the date of the audit:

Aggressor incarcerated - 3

Aggressor potential - 409

Victim incarcerated - 3

Victim potential - 3

No score - 637

Sexual Predator – 0

All staff are IDOC employees except the contract staff who provide educational services. Iowa Prison Industries is on site; they are IDOC employees. On the day of the audit there were 252 IDOC staff, twenty two contractual staff and no volunteers (due to the coronavirus pandemic). Custody staff consists of captains, sergeants and corrections officers exercising direct supervision of the incarcerated individuals. They work eight-hour shifts. Post orders are in place for twenty-three assignments. There are fifteen counselors available who provide individual assistance in addition to specialized areas they may perform. The facility uses controlled movement and direct supervision of the incarcerated individuals.

The mission of the IDOC is Offender Success is our goal Reentry is our process Evidence Based Practices are our tools Staff is our most important asset.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0

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

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

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

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

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

115.11 (b)

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

Yes No

115.11 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -01 Offender PREA Information
- Fort Dodge Correctional Facility PREA -02 Prison Rape Elimination Act Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Offenders
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation
- Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance
- Organization chart – agency and facility
- Interview with PREA Coordinator
- Interview with PCMs
- Observations during the on-site audit

(a)The following policies/procedures support compliance with this standard.

Fort Dodge Correctional Facility PREA -01 Offender PREA Information, states,

- To inform offenders of Iowa Department of Corrections' (IDOC) zero tolerance standard for unwanted sexual behavior and to provide offenders with information relative to their rights and responsibilities under the Prison Rape Elimination Act.
- It is the policy of the IDOC to provide a safe, humane, and secure environment, free from the threat of unwanted sexual behavior for all offenders in all IDOC facilities. The IDOC prohibits sexual abuse and sexual harassment of offenders through offender orientation, screening, assessment, classification, monitoring, counseling, and investigation of alleged sexual violence. The IDOC has a "zero tolerance" position for sexual abuse and sexual harassment of all offenders under correctional supervision whether in institutional, residential, parole, probation and work release status. This policy shall be available to all offenders and unless updates are needed this policy shall be reviewed every three years.

It includes definitions consistent with the PREA definitions.

Fort Dodge Correctional Facility PREA -02 Prison Rape Elimination Act Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Offenders states, *It is the policy of the IDOC to prohibit all staff, contractors, and volunteers from engaging in sexual misconduct, sexual harassment, and retaliation with offenders. The inherent difference in power makes any consensual relationship between staff, contractors, or volunteers and offenders impossible. Engaging in an unauthorized relationship may result in criminal prosecution and/or employment termination. IDOC has zero tolerance for sexual misconduct of any kind.*

It defines the following: PREA Coordinator - The person designated by the Director with the sufficient time and authority to serve as the department-wide coordinator to develop, implement, and oversee agency efforts to comply with the PREA standards in all IDOC institutions.

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act *Staff Response to Offender on Offender Sexual Violence or Retaliation*

- It is the policy of the IDOC to prohibit all staff, contractors, and volunteers from engaging in sexual misconduct, sexual harassment, and retaliation with offenders. The inherent difference in power makes any consensual relationship between staff, contractors, or volunteers and offenders impossible. Engaging in an unauthorized relationship may result in criminal prosecution and/or employment termination. IDOC has zero tolerance for sexual misconduct of any kind.
- It defines the department's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
- Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance To provide guidelines for compliance with the PREA Standards on data collection, reporting, and PREA audit compliance (28 CFR Part 115 National Standards to Prevent, Detect, and Respond to Prison Rape Final Rule) in Iowa Department of Corrections (IDOC) institutions and community corrections districts.

(b) An Organization chart for the agency shows direct access by the Agency PREA Coordinator to the Deputy Director then to the Director. An interview with the Iowa Department of Corrections PREA Coordinator was conducted on March 29, 2021. She confirmed she has sufficient time and authority to manage PREA related duties. She indicates there are 9 PCMs and 8 PCM assistant/back up staff that oversee operations for the nine facilities. She indicates she meets with them quarterly to discuss any concerns arising with compliance with the standards in addition to having a group email for ongoing communication. She was present at each audit conducted for the scheduled prisons in March 2021.

(c) The facility organization chart reflects that the Treatment Director (PCM) reports to the Deputy Warden then to the Warden. The PCM interview, which included the PCM support/back up person confirmed the following: This facility has one staff who is responsible for the coordination of efforts to comply with the standards. He has a backup PCM to assist him with the duties. They both indicated they have sufficient time and authority to conduct these duties. The PCM indicated that he is a member of the Management Team which meets bi-monthly to discuss all matters regarding the facility, including any PREA related issues. They participate in annual staffing plans vulnerability assessments, and risk assessments.

Policy supports the requirements of the standard, including outlining the department's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Observations of the interactions with the PREA Coordinator and the PCMs during the on-site audit demonstrated that staff

are responsive to their direction and input regarding compliance with the standards. All interviews confirmed that they have the time and authority to manage the PREA responsibilities. The auditor concluded that this facility is compliance with the provisions of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- 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 No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the Response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

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

- Correctional Facility Administration and Management General Administration
- Contracts with eight judicial districts
- PREA Coordinator interview

Correctional Facility Administration and Management General Administration addresses the following: 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 the PREA standards. Any new contract or contract renewal shall provide for IDOC contract monitoring to ensure the entity is complying with the PREA standards and therefore supporting the requirements of the standard.

(a) There are eight contracts with for the confinement of work release incarcerated individuals - one for each of eight judicial districts in the State of Iowa. The auditor reviewed each contract. It requires that the agency adopt and comply with PREA standards.

(b) The interview with the PREA Coordinator indicated the following: Monitoring of the contract is imbedded throughout the contract to include access to records for the purpose of monitoring compliance. Specifically, for PREA compliance, this includes providing the final PREA audit report, and the Interim report, if applicable.

The interview with the PREA Coordinator/contract monitor indicated the following: “We monitor this by the Purchase of Service (POS) and we update the POS when we renew the contracts. PREA results are always entered into our PREA annual report and the Governor Certification form for all facilities being audited for contract facilities.”

Additionally, as the auditor has conducted PREA audits at some residential facilities, it was confirmed that they use the IDOC data base for entries for investigations, including suspicions. Therefore, the agency, IDOC, receives ongoing information from these contracted facilities.

Finding of compliance based on the following: Policy, contracts, PREA reports and interview with the PREA Coordinator verified to the auditor that the agency is compliant with the provisions of this standard.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?

Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the incarcerated individual population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

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

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

- PAQ
- Fort Dodge Correctional Facility Administration & Management, Review of Staffing Requirements
- Fort Dodge Correctional Facility Management of the Security Program, CONFIDENTIAL
- Staffing plan review February 2021
- Staffing rosters – randomly requested October 2020
- Documentation that supports why the plan had deviations – sick call in, FMLA, vacancy and covid related absents.
- List of cameras/diagrams of the facility and each building
- Documentation of unannounced supervisory rounds including night shift
- Random staff interviews
- Supervisory interviews
- Internal security audit and vulnerability assessment
- Interview with Warden
- Interview with PREA Compliance Manager
- Interview with PREA Coordinator

The PAQ indicates that the staffing plan is based on a population of 1267 incarcerated individuals; this population number is the basis for which the staffing plan is predicated.

Fort Dodge Correctional Facility Administration & Management Review of Staffing Requirements, states the following:

PREA Requirements

1. *IDOC shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staff plan as set by the executive and legislative branches that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:*

- a. *Generally accepted detention and correctional practices, as in planning their budget process;*
 - b. *Any judicial findings of inadequacy;*
 - c. *Any findings of inadequacy from Federal investigative agencies;*
 - d. *Any findings of inadequacy from internal or external oversight bodies;*
 - e. *All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);*
 - f. *The composition of the offender population;*
 - g. *The number and placement of supervisory staff;*
 - h. *Institution programs occurring on a particular shift;*
 - i. *Any applicable State or local laws, regulations, or standards;*
 - j. *The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
 - k. *Any other relevant factors.*
2. *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.*
 3. *Whenever necessary, but no less frequently than once each year, for each facility the IDOC operates, in consultation with the PREA coordinator required by § 115.11, the IDOC shall assess, determine, and document whether adjustments are needed to:*
 - a. *The staffing plan established pursuant to paragraph (a) of this section;*
 - b. *The facility's deployment of video monitoring systems and other monitoring technologies; and*
 - c. *The resources the facility has available to commit to ensure adherence to the staffing plan.*

Fort Dodge Correctional Facility Management of the Security Program, Review of Staff Requirements CONFIDENTIAL requires shift supervisors to tour every main living unit of the institution at least once each shift. It also confirms that staff are prohibited from alerting other staff of supervisory rounds. Additionally, it requires that intermediate level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff abuse and sexual harassment. These rounds are to be implemented for all shifts and documented in the supervisor's report. It further indicates,

Rounds:

Rounds will be done by PDA scan points. If they cannot scan for some reason, they can manually enter those rounds with an explanation as to why it was manually entered. If ICON is down, then they can be entered on log.

(a) See policy

(b) The PAQ indicates the following reasons for deviating from the staffing plan: sick leave, FMLA, unscheduled hospital trips, construction escorts, hospital watches and training. The auditor randomly requested and received a staffing roster for the 6th of October 2020. Review of this roster supported that reasons for changes in staffing were documented and the use of overtime occurred, when deemed necessary.

(c) February 21, 2021, a review of the staffing plan with all required subparts was conducted for Fort Dodge Correctional Facility. This included a review of the following: population information, education/programming, access to medical/mental health, physical plant characteristics, privacy considerations, staffing levels, and investigation reviews. The vulnerability assessment addresses blind

spots, video monitoring and scan points in addition to other concerns. It was reported in the interview with the Warden that staffing levels were previously assessed by NIC. This finding has been used to determine appropriate staffing per operation. It is reviewed annually. Additionally, it was reported to the auditor with the PAQ that FDCF management team meets twice a month to discuss operations within the facility. At this time supervisors from every area of the facility meet to assess, determine, and document whether adjustments are needed to current operations and the available resources to accomplish the facility mission. The interview with the Warden also addressed camera upgrades and scan point review and determination where additional points can be placed to help ensure safety.

January 21, 2021 a review of the staffing plan with all required subparts was conducted by the PCM for Mt. Pleasant Correctional Facility. This included a review of video monitoring, other technologies (supervisory rounds utilize an electronic recording system with a scanner) and resources. The auditor did not find formal evidence of involvement with the PREA Coordinator. It was reported to the auditor that the PREA Coordinator is involved informally but will now be involved in the staffing plan reviews formally annually.

Two copies of minutes from the supervisors' meetings reflected the review and opportunity to assess PREA and the staffing plan.

Interviews with the Warden, PCM and PREA Coordinator all support that the facility is conducting an annual staffing plan review, in addition to reviewing staffing concerns on an ongoing basis. Observations during the site tour demonstrated to the auditor that the facility has conducted a detailed self-assessment of blind spots, movement of incarcerated individuals and operations. Numerous improvements were pointed out the auditor confirming this.

(d) Random interviews confirmed that supervisors are conducting rounds daily, including night shift and staff are aware they cannot alert other staff members, nor have they been alerted when the supervisor was making rounds. Supervisory interviews, two total, supported that they ensure the round is random and have not encountered staff alerting other staff of their upcoming presence. Document provided with the PAQ confirmed that supervisory staff are conducting daily unannounced rounds, as required by policy, including night shift. The auditors found no evidence to dispute that staff are not being alerted to upcoming supervisor presence. There were additional pages of documentation provided to the auditor to support that unannounced rounds are being conducted. The facility uses a scanning device, which affords them to be able to electronically record rounds and place the scan box in key areas. The interview with the PCM stated that the scan points are proactively checked by each supervisor in accordance with facility policy.

Finding of compliance based on the following: Policy supports the requirements of this standard. The interviews with the Warden, PREA Coordinator, and PCM all provided evidence to the auditor that a staffing plan is conducted, the required factors are addressed, a detailed review of vulnerable areas is completed and documented. Randomly requested documentation (staff rosters) and supervisory rounds further confirmed compliance with the requirements of the standard. Additionally, policy has been updated to reflect the involvement of the PREA Coordinator. Interview with the PREA Coordinator at a subsequent audit confirmed that she and her office will be directly involved in staffing plans for the correctional facilities.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No 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].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No 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].) Yes No 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].) Yes No NA

Auditor Overall Compliance Determination

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

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

- Interview with the PREA Coordinator
- State of Iowa Department of Corrections Institutional Services Classification – Youthful Incarcerated Individuals

Both the interview with the PREA Coordinator and the policy noted above state that youthful, incarcerated individuals (defined as an individual under the age of 18 who is adjudicated as an adult) are housed at the Iowa Medical and Classification Center (IMCC), not at this facility. The auditor found no reason to dispute that no youthful offenders are housed at this facility. Therefore, the standard is not applicable. As such, it is deemed compliant.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- 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 here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No NA

115.15 (d)

- Does the facility implement a policy and practice 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an incarcerated individual housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the incarcerated individual's genital status? Yes No
- If an incarcerated individual's genital status is unknown, does the facility determine genital status during conversations with the incarcerated individual, by reviewing medical records, or, if

necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

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

- Correctional Facility Chapter Health Services, Mental Health Management of Gender Dysphoria HSP 704, effective 7/20/2020 Confidential
- Fort Dodge Correctional Facility Security and Control Cross Gender Supervision
- Fort Dodge Correctional Facility Institutional Operations – Searches
- Training curriculum searches, including transgender searches/training video.
- Training records for staff
- Transgender Reference Sheet
- Random staff interviews
- Random/ targeted incarcerated individual interviews
- Observations

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

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

Correctional Facility Security and Control Cross Gender Supervision, states, *An unclothed body search is a visual body search also called a strip search. Unclothed body searches shall be conducted by staff of the same gender as the Incarcerated Individual being searched or gender as identified per HSP- 704. A*

Correctional Officer shall not touch an Incarcerated Individual during an unclothed body search unless it's a forced search. Staff shall wear protective gloves while conducting unclothed body searches. Gloves shall be changed whenever there is contamination by visible blood. Staff of the opposite sex may perform an unclothed body search and visual body search, in exigent circumstances. Searches conducted under exigent circumstances require two (2) staff members. However, even at these times, searches of the opposite gender must be conducted with dignity and professionalism, and only if a correctional officer of the same gender is not available, there is a legitimate serious security concern that a weapon or dangerous contraband may be recovered by the search that could not otherwise be retrieved and the search has been approved by the Warden or Institution Duty Officer. Staff shall document the reasons for the opposite sex search by memorandum and forward to the Warden through the Associate Warden of Security.

Pat Searches

- a. Pat searches of male Incarcerated Individuals as well as those patients identified as male per HSP-704, Management of Gender Dysphoria, may be conducted by female employees, may be performed in any area of the institution and during movement on a routine or random basis.*
- b. 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 there is substantial reason for an immediate search and no qualified female employee is available. All 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 procedure. Pat searches of female Incarcerated Individuals as well as those patients identified as female per HSP-704 may be performed in any area of the institution and during movement on a routine or random basis.*

Unclothed searches will be performed by a designated staff member of the same gender within a private setting. Staff will conduct unclothed body searches in a location that cannot be viewed by other Incarcerated Individuals. The exception would be if it was an emergency situation where by staff having a legitimate concern that a weapon or dangerous contraband may be recovered by the search that could not otherwise be retrieved.

Body Cavity Search

- a. A body cavity search consists of a visual, manual, or instrument inspection of an Incarcerated Individual's anal or vaginal cavity.*
- b. Visual inspections of Incarcerated Individual body cavities may be authorized by Warden on a reasonable belief that the Incarcerated Individual is carrying contraband or other prohibited material on or in the body. Such an inspection shall be conducted in privacy by a designated, qualified health practitioner. (LPN, RN, PA, Physician)*

Body Scan Search (millimeter wave or backscatter x-ray)

- 1. Body Scan searches shall be conducted in a respectful and dignified manner by trained staff of the same gender as the Incarcerated Individual being searched or the gender as identified per HSP-704. In an emergency, (e.g., escape, riot, etc.), this gender provision may be waived. However, even at these times, searches of the opposite gender must be conducted with dignity and professionalism, and only if a correctional officer of the same gender is not available and there is a legitimate serious security concern that a weapon or dangerous contraband may be recovered by the search that could not otherwise be retrieved. Staff of the opposite sex may perform a body scan search, in exigent circumstances, and shall document the reasons for the opposite sex search by memorandum and forward to the Warden through the Associate Warden/Security.*

H. Staff Training

Staff training in proper search techniques is important so that contraband may be found and potential security breaches uncovered. Further, it is important that staff is familiar with proper techniques for their own safety.

- 1. Specific training shall be provided to all employees on proper safeguards to take during searches to avoid potential injury.*
- 2. Staff shall be given training on proper responses to other hazardous conditions, e.g., suspected explosive devices.*
- 3. Training shall be provided in specific search techniques as well as in the use of equipment such as handheld and walk-through metal detectors.*
- 4. Staff shall be trained on how to conduct cross gender pat down searches and searches of transgender and intersex Incarcerated Individuals in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.*

Fort Dodge Correctional Facility Security and Control Cross Gender Supervision states, Staff shall exercise discretion when offenders are using the toilet facilities. The facility shall implement procedures that enable offenders to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts (female offender as well as those patients identified as female per HSP-704, Management of Gender Dysphoria), buttocks, or genitalia, except in exigent circumstance or when viewing is incidental to routine cell checks.

Offenders shall be made aware of the fact that staff of the opposite gender will be present on the housing unit.

Institutional security staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

(a) Policy requires that a cross-gender strip search or cross gender visual cavity search will not be conducted unless there are exigent circumstances. Correctional Facility Chapter Health Services, Mental Health Management of Gender Dysphoria HSP 704, (Confidential) supports the following: Identify the patient's preferred gender pronoun, Identify the patient's preference for the gender of staff who shall conduct pat and strip searches. This information shall then be forwarded to security. The auditor reviewed the policy and concluded the following: the policy includes a procedure specific to each facility describing in detail how female staff are to ensure the incarcerated individuals in the housing areas are aware of their presence, including the night shift. Additionally, the policy/procedure addressed how to comply with Cross/Same Gender Supervision in Intake Areas, requiring that sufficient staff of the same gender as the incarcerated individual be available to "*perform and/or assist with all aspects of the intake process requiring unclothed body search, shower, and use of toilet facilities.*"

(b) This provision is not applicable to this facility as they do not house female incarcerated individuals.

(c) Policy supports the requirement. The facility provided the auditor information on how the reporting process for cross gender searches would be completed.

(d) Policy supports that staff shall exercise discretion when offenders are using the toilet facilities. The facility shall implement procedures that enable offenders to shower, perform bodily functions and change clothing, buttocks, or genitalia, except in exigent circumstance or when viewing is incidental to routine cell checks. Additionally, policy requires that incarcerated individuals be made aware of the fact that staff of the opposite gender will be present on the housing unit. Policy requires that this be implemented by posting notices and use of a distinct buzzer when the opposite gender is entering the living unit. Policy requires that incarcerated individuals be able to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their buttocks, or genitalia. Bathroom facilities are described in the facility description. For the unit with the common bathroom, toilets are divided by stalls with doors, and were not in direct view of staff walking by. Observations concluded that urinals were located in the back area; incarcerated individuals can change clothes without being seen by a female staff in full view. Camera monitors were viewed. One camera appeared to point at the direction of the showers. The auditor asked to zoom and found that it does not reveal any private areas while incarcerated individuals are showering.

(e) Policy requires that institutional security staff not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. All random staff interviewees readily, affirmatively confirmed knowledge of this requirement.

(f) The auditor was provided and reviewed the training curriculum for Contraband and Searches. Specific techniques for pat searching males and females are addressed. In addition to specific technique, it addresses that staff are to always be respectful and professional. Staff interviews confirmed they also watched a video on transgender pat searches and strip searches (Provided by the PREA Resource Center – PRC). The auditor viewed the video and found it to provide detailed instruction and illustration for searching transgender/intersex incarcerated individuals. All random staff interviews confirmed to the auditor that they have been trained to conduct cross-gender pat down searches and searches for transgender individuals. Training records were provided to the auditor demonstrating that all staff have received the training. The interview with one female staff who volunteers to conduct searches of transgender females, if requested, confirmed that she has been trained. A list of staff who volunteers for this was provided – there are nine total who work on all three shifts.

Finding of compliance based on the following: As noted above, policy/procedure supports the requirements of the standard., providing detailed information regarding compliance with the standard and how to maintain the compliance. Staff interviews in addition to documentation confirmed completion of training as described. Staff interviews and random incarcerated individual interviews confirm compliance with the practice required.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of first-response duties under §115.64, or the investigation of the incarcerated individual's allegations? Yes No

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Institutional Services Reception & Orientation Incarcerated Individual Intake and Orientation
- PAQ
- Language line contract
- Interviews – random staff
- Interviews LEP and disabled incarcerated individuals
- Interview with Director

The interview with the Director, Iowa Department of Corrections, stated the following:

“Each facility has a pool of resources tailored for their specific institution to assist them in responding to the needs of offenders in need of special accommodations. Each institution has the ability to enlist the services of interpreters, readers. These available resources include assistance for offenders with disabilities and who are not English proficient. The Iowa Prison Industries has the capability to provide information in braille for our population with vision impairment. We partner with vocational rehabilitation and the department of the blind as needed.”

According to the PAQ, in the past twelve months, the number of instances where incarcerated individual interpreters, readers, or other types of incarcerated individual assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the

resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations was zero. This was confirmed by all random staff interviews.

Fort Dodge Correctional Facility Institutional Services Reception & Orientation states, *PREA Compliance*

1. *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.*
2. *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 any necessary specialized vocabulary.*
3. *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.*
4. *IDOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.*
5. *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.*
6. *IDOC shall not rely on incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of first-response duties or the investigation of the incarcerated individual's allegations.*

(a) Policy supports that incarcerated individuals will be afforded 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. Incarcerated individuals' interviews with disabilities yielded no concerns. They all indicated they are safe, know about PREA and their rights, and know how to report. The auditor requested to interview the oldest incarcerated individual at the facility. This further supported the auditors finding of compliance with this provision. Observations of housing, access to programs, availability of medical staff and accommodations demonstrated compliance with the provision.

(b) The facility uses the following language line service: On Demand Interpreting and Document Translation. This service was used for one incarcerated individual's interview. Additionally, Documentation showing the availability of a sign language interpreter (staff at the facility) was provided. Incarcerated individuals LEP interviews yielded no concerns. The auditor was provided evidence to support the following: Incarcerated individuals are provided the following information materials in English and Spanish: PREA video, including closed caption; PREA posters, and Staying Safe: A Guide for Offender Conduct.

(c) Policy supports the requirement of the standard. All random staff interviews confirmed that another incarcerated individual will not be relied on to interpret unless exigent circumstances, nor has this

occurred. The auditor observed during the audit that there are very few incarcerated individuals who are limited English at this facility.

Finding of compliance based on the following: Policy, staff interviews, random and targeted incarcerated individuals' interviews, observations, the interview with the Director all gave the auditor sufficient evidence to support a finding of compliance.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- 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 No
- 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No

- 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 No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- Fort Dodge Correctional Facility Administration and Management General Administration
- Fort Dodge Correctional Facility Administration and Management Personnel Employee Selection
- Application
- PAQ
- Interview with Human Resources personnel
- Interview with Warden
- Personnel files for employees hired within the past 12 months (four total)
- Personnel files for employees promoted within the last twelve months, (two)
- Documentation demonstrating background checks conducted of employees at least every five years.

According to the PAQ, the number staff hired in the past 12 months who had background checks is 27, the number contracts hired in the past 12 months who had background checks is 21.

Fort Dodge Correctional Facility Administration and Management General Administration supports the following requirements:

1. Background checks are conducted on any contractor, applicant or employee who may have contact with offenders. The background check includes the following: Fingerprints, NCIC, past employment checks, Cross check Iowa Corrections Offender Network (ICON) visiting list and ICON View by social security number, Consistent with Federal, State, and local law contact shall be made with 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.
2. The following questions are asked of all applicants and/or promotional candidates and will not be hired if -.
 - a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
 - b. 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
 - c. Been civilly or administratively adjudicated 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 refused.
3. The IDOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with offenders.
4. Background checks are conducted on all employees at least every 5 years.

Fort Dodge Correctional Facility Administration and Management General Administration states, A. Background Checks for All Positions selected for Interview.

1. IDOC Policy, Employee Selection, describes the IDOC process for the selection of applicants for employment.

2. Applicants that are selected for an interview must complete AD-PR-07 F-1, Authority for Release of Information.
3. Candidates shall be advised that as a condition of employment at the IDOC background checks will be done, at a minimum, on fingerprint, past employment and National Crime Information Center (NCIC) records. All information gathered shall be treated as confidential within the meaning of Iowa Code Section 22.7. The information gathered will be available to them upon request though the agency authorized to release such information, unless otherwise specifically provided by law.
4. The following records shall be checked:
 - a. National Crime Information Center (NCIC) records check.
 - b. A past-employment check with at least one previous employer and with all previous institutional employers.
 - c. Cross check Iowa Corrections Offender Network (ICON) visiting list and ICON View by social security number.
 - d. Fingerprint - A submission of a fingerprint check to the Division of Criminal Investigation (DCI) and the Federal Bureau of Investigation (FBI).
 - e. All Documentation associated with the background checks shall be retained for a minimum of three years.
- B. Background Checks for All Applicants or Promotions with Offender Contact:
 1. The Background records check as described in Section A.
 2. Consistent with Federal, State, and local law contact shall be made with 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.
 3. The institution shall either conduct criminal background records checks at least every five years of current employees who may have contact with offenders or have in place a system for otherwise capturing such information for current employees.

Fort Dodge Correctional Facility Administration and Management General Administration states, that the Warden of the institution maintains the authority and the responsibility to limit, postpone, or discontinue the services provided by the public or private agencies when/if the order and security of the institution or the safety of the persons involved is jeopardized. It additionally ensures the following regarding contractors:

- IDOC shall not enlist the services of contractor who may have contact with offenders who have
 - (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
- Shall consider incidents of sexual harassment in determining whether to promote or hire any contractor
- Perform criminal back ground checks
- Complete criminal background checks at least every five years

Fort Dodge Correctional Facility Administration and Management Personnel includes the following requirements. Applicants who are interviewed complete the Authority for Release of Information. The institution shall ask all applicants and employees who may have contact with incarcerated individuals directly about previous misconduct described in paragraph (1) above of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations

conducted as part of reviews of current employees. The institution shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Additionally, policy supports that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Applicants must sign the AUTHORIZATION FOR RELEASE OF INFORMATION AND APPLICANT'S BACKGROUND INFORMATION, which states the following:

I hereby acknowledge that as a condition of employment at the Iowa Department of Corrections background checks will be done, at a minimum, on fingerprint, past employment and National Crime Information Center (NCIC) records. All information gathered shall be treated as confidential within the meaning of Iowa Code Section 22.7. The information gathered will be available to me upon request through the agency authorized to release such information, unless otherwise specifically provided by law.

I hereby authorize the release of information concerning me, whether on record or not, to the Iowa Department of Corrections or any of its institutions, and the DAS/HRE for a period of two (2) years following the date on this form. I also release any individual, partnership, or corporation and their officials, agents, and employees from any liability for any damage whatsoever for issuing such information. This release is for the purpose of employment related information and criminal conviction history.

A photocopy or electronic copy of this authorization is considered as valid as the original.

I affirm that all the information provided here is complete and accurate. I understand that any false or incomplete information or entries may disqualify me, and if false information is discovered after employment, it may lead to my termination.

Additionally, as confirmed in the interview with the Human Resources staff, the facility will provide information on outside reference checks regarding 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 to work. The request must include permission to release such information signed by the former employee.

(a) (f) Policy, interview with Human Resource staff and review of the application form demonstrated to the auditor that the agency requires that candidates address these questions in the application: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The auditor randomly requested to have the documents supporting this for the last four newly hired staff and last two promotional staff; the documents supported compliance. The HR staff and policy require that the facility does impose upon employees a continuing affirmative duty to disclose any such misconduct. This is noted in the Employee Handbook. Additionally, the auditor asked random staff if they are required to report misconduct to the facility. All confirmed they have a duty to report any arrests that occurred immediately to their supervisor.

(b) Policy and the interview with the Human Resource staff confirm that sexual harassment incidents are considered when determining whether to hire or promote anyone, or to enlist the services of any

contractor, who may have contact with incarcerated individuals. No specific examples were available (as confirmed by the HR staff) to confirm this.

(c) Policy supports this requirement. As stated, the auditor requested documentation from the last four newly hired staff and received documentation supporting that the National Crime Information Center (NCIC) was completed, in addition to other background check information. Additionally, one file had prior institutional experience; this is specifically asked on the application form and references checks are completed on all new hires. Documents showing reference checks were provided to the auditor.

(d) This facility has contractual staff through the community college to provide educational services. The auditor requested and received evidence of four background checks conducted on potential college staff, supporting that this process is completed.

(e) The auditor was informed that all staff have received a background check in 2017 and this is next due in 2022.

(g) The interview with Human Resource staff and policy support that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This is also noted on the application form.

(h) Policy and the interview with the Human Resource staff confirmed that the facility will 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.

Based on the provision summaries above, the auditor found this standard to be compliant.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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 No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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 No NA

Auditor Overall Compliance Determination

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

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

- PAQ
- Interview with the Director
- Interview with the Warden
- Observations made during the tour of the facility.
- Diagram of facility and camera locations

The PAQ indicated that the facility has not had substantial physical modifications in which PREA requirements were considered but has updated video monitoring.

(a) (b)

Documentation was provided that demonstrated the number of cameras. Numerous cameras were added since the last PREA audit in addition to many enhancements of physical plant (gates, mirrors) and scanning points for rounds shown to the auditor during the on-site tour.

The interview with the Director confirmed the following: “There have not been any expansion projects and or modifications that have taken place this cycle. However, any and all modifications will always include a specific plan to consider PREA and the facility’s ability to keep Iowa DOC incarcerated individuals safe. This includes updating video monitoring systems, adding staff to specific post to ensure vigilance and all PREA standards and protocol is being met. Examples: we have made modifications over the past few years as a result of the PREA audit process. We upgraded surveillance systems, and at FDCF we made changes to the laundry areas by adding gates to close off open areas and we continue to review staffing pattern at all of the facilities with the PREA standards in mind, we have requested changes to the bathroom at the ASP and the kitchen basement area has been closed off with gates. Additionally, at ASP, Iowa Prison Industries, when we did our mock audit walk through everything was still in place. We strategically place staff in areas we feel could pose a problem and added mirrors and gates in various locations at the FDCF, all of these efforts have taken place over the years based on audit recommendations. The teams continue to discuss infrastructure concerns within management meetings and during incident reviews as well. The recent mock audit walk through confirmed the changes made and they have continued to add video surveillance with plans for additional cameras in several locations.”

“Additionally, regarding video/monitoring technology, the department utilizes a video monitoring system in all of the nine facilities statewide. The department considers the need to protect all offenders and understands the importance of installing up to date monitoring to maintain vigilance and to prevent blind spots in each facility. The goal of the department is to utilize a surveillance system that will enable each

facility to provide a quality monitoring system to protect offenders from sexual abuse. All upgrades, changes, or modifications are consistent with PREA standards and goals.”

The interview with the Warden confirmed that updating scan points have been made in addition to upgrades to cameras. He confirmed that PREA – sexual safety of incarcerated individuals is considered when making these improvements.

Policy, documentation regarding video monitoring, interviews with the Director and the Warden and observations made during the tour provided the auditor with sufficient evidence to support a finding of compliance with the provisions of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

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

- Institutional Operations Evidence Handling, Contraband Control Confidential
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/Retaliation with Offenders
- Health Services Acute/Specialty Services Patient Sexual Assault HSP-628
- Qualified victim advocate on staff – certificate
- Observations
- Interviews SANE/SAFE staff coordinator
- Interview PREA Compliance Manager
- The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination
- Agreements/MOUs
- PAQ

The PAQ indicates there have been no forensic medical examinations or SANE/SAFE examinations since the last PREA audit. The auditor found no reason to dispute this during the audit process.

Institutional Operations Evidence Handling, Contraband Control (Confidential) is a detailed procedure with specific instructions on how to appropriately collect evidence. It includes detailed procedures entitled, Preservation of Suspected Crime Scene Guidelines.

Institutional Operations Security & Control Escorted Trips IO-SC-12 addresses how to ensure proper storage of clothing from an individual before changing out for transportation.

Health Services Acute/Specialty Services Patient Sexual Assault HSP-628 states, *It is the policy of the Iowa Department of Corrections 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. 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.*

Patients shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health providers according to their professional judgment. Co-pay does not apply to PREA situations.

Staff, Contractor, Or Volunteer Sexual Misconduct/Harassment/Retaliation With Offenders Prison Rape Elimination Act states, *Questions pertaining to details of the alleged events shall be asked only by sexual violence investigators or Health Services. See also IDOC Policy HSP-628, Offender Alleged Sexual Assault Health Services Responsibilities.*

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 victim advocate services, the shift supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. The effort to secure services from the community shall be documented. If the offender victim desires to meet with a victim advocate or qualified staff member, the shift supervisor shall immediately make the arrangements. If the offender victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the offender victim so desires.

If requested by the 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. All counseling sessions shall be held in a private area. Counseling may continue for up to six sessions.

(a) (b) Institutional Operations Evidence Handling, Contraband Control (Confidential) states that in cases of suspected sexual assault, a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions will be used. It confirms that the protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

(c) Institutional Operations Evidence Handling, Contraband Control Confidential ensures that the institution offers all victims of sexual assault access to forensic medical examinations at an outside medical facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners at the outside medical facility. The institution shall document its efforts to provide SAFEs or SANEs. Additionally, it provides detailed direction regarding time constraints, what evidence is to be collected, how it is collected and by whom, establishing a uniform process. The auditor contacted the SANE Coordinator for the State of Iowa. There are now two main hospitals designated for SANE exams, one on the east side of the state, one on the west side of the state. The Coordinator indicated that they are well staff with certified SANE examiners available 24 hours a day. She indicated they have not had a situation where one could not be provided. She confirmed that residents/incarcerated individuals would be provided a SANE exam in accordance with the Iowa law.

(d) (e) The Iowa Sexual Assault: A Protocol for Adult Forensic and Medical Examination states, "Iowa law states that a victim advocate cannot be denied access to a sexual assault victim if the victim has specifically requested an advocate be present." Iowa code Section 915.20 additionally states, "You have the right to request the presence of a victim counselor at any proceeding related to the offense. This includes but is not limited to, medical examination, law enforcement investigations, pretrial court hearings, trial and sentencing proceedings. Additionally, the facility has an MOU with Crisis Services, one of twenty organizations consolidated under CASA which provides emotional support services and victim advocacy services for this region.

(f) The auditor confirmed through an interview with the PREA Coordinator and the IGO that the IGO, would conduct the investigation. It was reported that on a rare occurrence, the Division of Criminal Investigation (DCI) would conduct the investigation.

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

(h) The auditor was provided appropriate documentation for a staff person who would be qualified as a victim advocate in the event one is not available at the hospital. Qualification is defined in policy as follows: *Qualified staff member - An IDOC staff member who has been screened for appropriateness to serve as a victim advocate and has received approved education concerning sexual assault and forensic examination issues in general.*

To summarize the information above, policy supports all aspects of the requirement of this standard. The MOU with Crisis Services and the Iowa Code ensure that the alleged victim would receive a SANE exam in accordance with Adult Forensic and Medical Examination established protocols. Additionally, the victim will have a trained victim advocate present, if requested, to support them through all aspects of the process. The auditor finds there is ample evidence to support a finding of compliance.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation
- Fort Dodge Correctional Facility Employee Investigations and Discipline
- Interview with the Director
- Interview with facility investigators
- Interview with the Inspector General's Office
- PAQ
- Administration & Management Employee Investigations & Discipline
- Institutional Operations Rules and Discipline Major Discipline Report Procedures
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/Retaliation with Offenders

The PAQ states the facility has had eight allegations of sexual abuse and sexual harassment during the twelve-month review period.

The auditor spoke to staff from the Inspector General's Office, an investigating agency that reports to the Director of Corrections. They review all potential investigations to determine if it will be handled at their level or assigned to a facility investigator.

The interview with the Director confirmed that the agency is committed to ensuring that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She indicates, "the departmental policy requires that all allegations of sexual abuse or sexual harassment be referred to the Inspector General's Office for review and investigations are assigned accordingly. The IDOC agency ensures an administrative or criminal investigation is completed for all allegations received. In addition to having a central office Statewide PREA Coordinator who has the authority to make decisions as the Asst Deputy Director of Operations, the department hired a Supervisor within the Inspector General's Office to have direct oversight of the Sexual Violence referral process. The IGO office keeps up with the process whether administratively or criminal investigations, they are involved in the process and work with DCI and the County Attorney's Office along with the facility PCM." Additionally, " All PREA related concerns and or incidents are

referred to the Inspector General's Office (IGO) via an electronically generated PREA incident report. The IGO PREA Administrator reviews and approves. The report is immediately assigned to an Investigator. The Investigator collaborates with the institution PREA Compliance Manager and or an outside agency such as the Division of Criminal Investigation, Law Enforcement and or County Attorney etc., depending upon the circumstances of the referral. The Investigator conducts a thorough investigation and completes an investigative summary which includes timeline, pertinent evidence and information with the final finding. The institutions Office of the Warden is notified via a close out review process and or email summary. The final report is closed out in the data base and a criminal referral is made by the Inspector General as needed. Each case is reviewed and discussed throughout the process by the Inspector General and Investigative team bi-weekly to ensure quality services and completion of process in a professional, confidential and timely manner.

Administration & Management Employee Investigations & Discipline states, Incidents of staff sexual misconduct, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents shall be investigated by an Inspector General Office (IGO) Investigator. For PREA related incidents refer to IDOC policy PREA-02, Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/ Retaliation with Incarcerated Individuals. It states,

External – Staff assigned by the Inspector General shall investigate allegations of employee rule violations when:

Such allegations pertain to staff sexual misconduct, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents;

Referral for Prosecution

1. When evidence suggest that an employee has become involved in criminal activity, the Warden, in consultation with the Inspector General and Deputy Director of Institution Operations, may refer the matter to law enforcement and/or the County Attorney.

2. The Inspector General shall determine when the evidence in a staff sexual misconduct case is sufficient for referral for criminal prosecution and shall refer appropriate incidents to law enforcement authorities.

Institutional Operations Rules and Discipline Major Discipline Report Procedures is a 43-page policy outlining the disciplinary process. It states that 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 offender will receive a Miranda warning when appropriate.

Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance states, *IDOC shall publish the sexual violence investigation policies on its website.*

IDOC shall make best efforts to ensure that any state entity responsible for conducting administrative or criminal investigations of sexual violence, sexual misconduct, or sexual harassment in IDOC facilities shall have in place a policy governing the conduct of such investigations.

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender-on-Offender Sexual Violence Or Retaliation states,

The Inspector General or designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, or retaliation.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/Retaliation with Offenders states,
The Inspector General or designee shall determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented.

Fort Dodge Correctional Facility Employee Investigations and Discipline states,
Incidents of staff sexual misconduct, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents shall be investigated by an Inspector General Office (IGO) Investigator. For PREA related incidents refer to IDOC policy PREA-02, Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/ Retaliation with Incarcerated Individuals.

Types of investigations

Internal – Assigned, institutional, or district staff that investigates routine matters, e.g., employee rule violations not covered below, contraband entry, etc.

External – Staff assigned by the Inspector General shall investigate allegations of employee rule violations when:

Such allegations pertain to the Warden or staff directly reporting to the Warden and/or an independent investigation is requested by the Deputy Director of Institution Operations;

Such allegations pertain to staff sexual misconduct, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents;

An internal investigation would reasonably give rise to allegations of a conflict of interest, institutional cover-up, or favoritism and an independent investigation is requested by the Warden or Deputy Director of Institution Operations.

The Inspector General shall determine when the evidence in a staff sexual misconduct case is sufficient for referral for criminal prosecution and shall refer appropriate incidents to law enforcement authorities.

(a) (b) In addition to policy, interviews with the Warden, Director, PREA Coordinator and PCM all confirmed that the facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Institutional Operations Rules and Discipline Major Discipline Report Procedures and Administration & Management Employee Investigations & Discipline addresses incarcerated individual disciplinary and the Inspector General role. Fort Dodge Correctional Facility Employee Investigations and Discipline addresses who will investigate employee allegations of sexual abuse, sexual harassment, retaliation or staff neglect or violation of responsibilities that may have contributed to such incidents. These policies are accessible on the Iowa Department of Corrections website: <https://doc.iowa.gov/policies>. Referrals are documented in the Department data base and as demonstrated by the investigator, through email correspondence.

(c) The Iowa Department of Corrections is responsible for conducting criminal investigations – IGO. See policies above. This was also confirmed with the communication with the IG office.

(d) Auditor not required to audit this provision

(e) Auditor not required to audit this provision

It was confirmed to the auditor by all staff interviewed that all allegations, even suspicions would be investigated. The Department wide data base supports that it would document even suspicions. Based on information/evidence illustrated above, the auditor found ample evidence to support a finding of compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- 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 No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/Retaliation with Offenders
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff Response to Offender on Offender Sexual Violence or Retaliation
- State of Iowa Administration & Management Training & Staff Development AD-TS-04
- Random staff interviews
- Training curriculum
- Training records with passing scores
- PAQ
- Interview with the Training Coordinator

The PAQ indicates that 252 staff were trained who have contact with incarcerated individuals, representing 100% of staff.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/Retaliation with Offenders Staff Response to Offender on Offender Sexual Violence or Retaliation both state,

A. *Duties of Staff, Contractors, and Volunteers*

1. *Staff, contractors, and volunteers shall adhere to all the procedures and guidelines of this policy and shall ensure their conduct does not constitute or promote sexual misconduct or in any way violates the provisions of this policy.*

Upon being hired and at least annually thereafter, all staff, contractors and volunteers will be trained in all procedures and guidelines pertinent to this policy.

State of Iowa Administration & Management Training & Staff Development AD-TS-04 Orientation & New Employee Training states,

PREA: The institution shall training all employees who may have contact with incarcerated individuals/clients on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;*
 - (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
 - (3) Incarcerated individuals'/clients' right to be free from sexual abuse and sexual harassment;*
 - (4) The right of incarcerated individuals/clients' and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
 - (5) The dynamics of sexual abuse and sexual harassment in confinement;*
 - (6) The common reactions of sexual abuse and sexual harassment victims;*
 - (7) How to detect and respond to signs of threatened and actual sexual abuse;*
 - (8) How to avoid inappropriate relationships with incarcerated individuals/clients;*
 - (9) How to communicate effectively and professionally with incarcerated individuals, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming incarcerated individuals;*
- Such training shall be tailored to the gender of the incarcerated individuals/clients at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male incarcerated individual/clients to a facility that houses only female incarcerated individuals/clients, or vice versa.*

State of Iowa Administration & Management Training & Staff Development AD-TS-04 In-Service Training states,

Annual on-going training includes PREA training. Training includes the following:

All employees who may have contact with incarcerated individuals, regardless of the amount of contact, shall be trained on the following information:

- (a.) Its zero-tolerance policy for sexual abuse and sexual harassment;*
- (b.) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
- (c.) Incarcerated individuals'/clients' right to be free from sexual abuse and sexual harassment;*
- (d.) The right of incarcerated individuals/clients' and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- (e.) The dynamics of sexual abuse and sexual harassment in confinement;*
- (f.) The common reactions of sexual abuse and sexual harassment victims;*
- (g.) How to detect and respond to signs of threatened and actual sexual abuse;*
- (h.) How to avoid inappropriate relationships with incarcerated individuals/clients;*
- (i) How to communicate effectively and professionally with incarcerated individuals, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming incarcerated individuals;*
- (j) Such training shall be tailored to the gender of the incarcerated individuals/clients at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male incarcerated individual/clients to a facility that houses only female incarcerated individuals/clients,, or vice versa.*
- (k.) 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 refreshers information on current sexual violence and sexual harassment policies;*

(l.) IDOC shall document, through employee signature or electronic verification, that employees understand the training they have received.

(a) The auditor reviewed the eLearning training module. It addressed the following topics in nine modules: Introduction (video of a survivor talking), IDOC policy, definitions related to PREA, Incarcerated Individuals rights, red flags, all staff responsibilities (prevent, detect, respond), professional boundaries, communication (including gender non-conforming individuals) and a summary. The video and the policy address all the required topics of the standard. Staff interviews validated to the auditor that the required topics are addressed.

(b) After reviewing the eLearning module, the training is tailored to male incarcerated individuals. In order to reflect gender difference, the agency provided the auditor with a power point on gender responsiveness, working with female offenders presentation, noting that it will be added to the next fiscal year training cycle. Therefore, when added, the auditor finds that this addresses both genders. As this facility houses male offenders, the training meets their needs.

(c) The interview with the training coordinator and the receipt of training records confirmed to the auditor that all employees who have contact with incarcerated individuals have been trained in the past year, unless absent from the facility for an extended leave. All random interviews provided sufficient evidence to the auditor that staff are aware of the requirements information.

(d) Through eLearning, the auditor observed that a quiz is required. Training records reflected a passing score and therefore staff through electronic verification understand the training they have received.

Policy, training curriculum with updates, training records with passing scores, and interviews with random staff provided the auditor with sufficient evidence to support a finding of compliance.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- 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 No

115.32 (b)

- 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 No

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

- Administration and Management, Citizen Involvement/Volunteers Volunteer Program
- Contractor interview
- Contractor training records
- Volunteer training records (prior to coronavirus pandemic)
- PAQ
- Volunteer/Contractor training module

The PAQ indicates that the facility had 214 trained volunteers (prior to the coronavirus pandemic) and 22 contractual staff (who provide educational services).

Administration and Management, Citizen Involvement/Volunteers Volunteer Program states, *Training and Supervision*

1. *An orientation/training session shall be completed with volunteers appropriate for their functions and the service they provide. This shall be completed and documented prior to initiation of the volunteer service.*
2. *General information provided to volunteers shall, at a minimum, include: confidentiality of incarcerated individual information, chain of command, institutional disturbances and situations, what constitutes sexual misconduct, the obligations and limitations of their responsibilities, and the necessity of open and honest sharing of information with staff.*
3. *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 level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with incarcerated individuals. All volunteers shall be trained on IDOC's zero-tolerance policy regarding sexual violence and sexual harassment and how to report such incidents. IDOC shall maintain documentation confirming that all volunteers understand the training they have received.*

(a) (b) Policy and contractor interviews confirm to the auditor that these staff receive the required training regarding zero tolerance for sexual abuse and sexual harassment and their role in prevention, detection and response policies and procedure. The training curriculum includes a video which addresses zero tolerance, notice there is no consent by incarcerated individuals for any sexual behavior from staff. It informed volunteers and contractors that sex acts with a confined individual is a crime and will be prosecuted. Additionally, they are informed they have a responsibility to report sexual misconduct immediately.

(c) Volunteers and contractual staff sign an acknowledgement indicating that they received the training in accordance with policy and further acknowledge that they understand it. Examples were provided with the PAQ, an additional three examples were provided at the onsite audit. A list of volunteers and

dates indicating they completed the training was provided to the auditor by the Volunteer Coordinator, who also confirmed that she completes the background checks for all potential volunteers. As stated, volunteer activity has ceased due to the coronavirus pandemic.

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

Standard 115.33: Incarcerated individual education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- 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 No
- 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 No
- 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 No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the incarcerated individual's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide incarcerated individual education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide incarcerated individual education in formats accessible to all inmates including those who are deaf? Yes No

- Does the agency provide incarcerated individual education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide incarcerated individual education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide incarcerated individual education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information
- Posters about PREA and Ending Sexual Abuse observed throughout the facility
- Interviews Intake staff
- Interviews Random incarcerated individuals
- Randomly requested documents demonstrating receipt of education/orientation (corresponding with intake materials)
- Staying Safe: A Guide for Offender Conduct (English and Spanish)
- Interview with peer educators
- PREA What You Need to Know video
- Incarcerated Individual Information Guide
- PAQ
- Email communication regarding collaboration with CBC and FDCF regarding deaf incarcerated individual

The PAQ indicates there were 1145 of incarcerated individuals who received information at intake, 912 incarcerated individuals who received additional education in 30 days.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information states,

Offender Education

- 1. All offenders 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 offenders shall be given a copy of the handout, Staying Safe: A Guide for Offender Conduct. The training shall be presented by staff, a Peer Educator, or a volunteer from the community.*
- 2. Within 30 days of intake, IDOC shall provide comprehensive education to offenders either in person or through video regarding their rights to be free from unwanted sexual behaviors and to be free from retaliation for reporting such incidents and regarding IDOC policies and procedures for responding to such incidents.*
- 3. Upon transfer to a different institution, offenders shall receive training within the first seven days concerning how the policies and procedures of the offender's new institution differ from those of the previous institution. Replacement copies of the handout, Staying Safe: A Guide for Offender Conduct, shall be provided as needed.*
- 4. IDOC shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.*
- 5. IDOC shall maintain documentation of offender participation in these education sessions either by generic note or the signed copy of Form 1 scanned into ICON offender attachments.*
- 6. In addition to providing such education, IDOC shall ensure that key information is continuously and readily available or visible to offenders through posters, bulletin boards, or other written formats.*

The video shown to incarcerated individuals is sixteen minutes long. It reviews personal testimony from numerous male incarcerated individuals emphasizing that sexual abuse and sexual harassment more commonly occurring through manipulation and how to avoid manipulation. It reinforces that incarcerated individuals can report to anyone anytime. It is their right to be free from sexual abuse, sexual harassment and retaliation. It addresses how to report outside the agency.

The Staying Safe A Guide for Offender Conduct is given to all incarcerated individuals upon intake. It contains the following information:

- *An important part of the Iowa Department of Corrections' mission is to protect you – and that includes keeping you safe from others. The rules are designed to do just that and are not meant to punish you or deprive you of your rights. Rather, the rules are for **your protection** and the protection of others. Confidentiality and protecting you is a priority within IDOC. Please note per PREA standards medical and psychology staff are mandatory reporters and are required to report an allegation of sexual violence to the appropriate people.*
- Methods to keep safe
- Definitions/examples of unwanted sexual misconduct
- Opposite gender presence, prohibited behaviors of staff
- Right to be free of retaliation
- Reporting (including phone number for Ombudsman)
- Number for Statewide Sexual/Domestic Abuse Hotline (toll free)
- Possible Outcomes of An Investigation For The Incarcerated Individual:

(a) During the intake process at this facility, incarcerated individuals receive the “Staying Safe A Guide for Offender Conduct” and Incarcerated Individual sign indicating receipt. As a follow up, the auditor requested documentation for the first ten incarcerated individuals who arrived in June 2021 to confirm compliance. The documentation was received, reviewed and supported compliance with the provisions of the standard.

(b) An incarcerated individual can use the kiosk system to report a PREA incident to any of the staff directory mailboxes that they feel comfortable with. This was evidenced when reviewing the investigations and in the random incarcerated individual interviews.

(c) The facility reports that all incarcerated individuals have received education. As the agency has been active in PREA compliance since 2013, the auditor found no reason to dispute this.

(d) The facility has a language line available for use when educating a non-English speaking incarcerated individual. Deaf incarcerated individuals would read the materials as well as view the video with closed captioning. Visually impaired individuals would hear the video, and if able, read materials in braille (industry program available through Iowa Prison industries – IPI) and those with limited reading skills would have the materials read to and/or explained to them by their assigned counselor (as confirmed by the interview with the counselor).

(e) Documentation is maintained by signing for the “Staying Safe A Guide for Offender Conduct” and generic notes. Additionally, a guidebook is issued to the incarcerated individuals as highlighted above which additionally requires the signature to verify receipt.

(f) Posters educating the incarcerated individual population of their right to be free of sexual abuse and harassment were highly visible throughout the facility. Many were two feet by three feet. As noted, incarcerated individuals receive an information handbook which provides additional information.

Finding of compliance based on the following: Random incarcerated individual interviews supported to the auditor that the population at this facility is aware of the zero tolerance, their right to be free from sexual abuse and sexual harassment (and retaliation). Most indicated they have no concern with this but when prompted, indicated they could find information for reporting in the manner they choose (Ombudsman, staff, kiosk, etc.).

Standard 115.34: Specialized training: Investigations

115.34 (a)

- 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 have received 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 No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation
- Interviews with investigators
- Sexual Assault Investigator training curriculum
- PAQ

- Training records, investigator training and general PREA training

The PAQ indicates there are four agency investigators (Inspector General's Office) and nine staff trained at the facility.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff And Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation both state,

Specialized Training for Sexual Violence Investigators

In addition to the general training provided to all employees, the Inspector General 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.

Specialized training shall include, but is not limited to, techniques for interviewing sexual assault and sexual abuse victims, proper use of Miranda and Garrity warnings, the impact of the Peace Officers' Bill of Rights, sexual assault 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 Inspector General shall maintain documentation that PREA sexual violence investigators have completed the required specialized training in conducting such investigations.

IDOC shall make its best efforts to ensure that any other State entity or Department of Justice component that investigates sexual violence in confinement settings shall provide the required specialized training to its agents and investigators who conduct sexual violence investigations in IDOC facilities.

(a) (c) Certificates of completion were provided for nine staff demonstrating completion of the Training for Correctional Investigators, Iowa Department of Corrections, NIC and one who had Forensic Experiential Trauma Interview (FETI) training. Interviews and training records provided reflected that the trained investigators have also received the general PREA training annually. The auditor spoke with an investigator at the Inspector General's Office who helps conduct the training. He confirmed he and his staff are trained regarding the Sexual Abuse Investigation, and they additionally receive the general PREA training as required by all staff.

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

- Identify techniques for interviewing juveniles during investigations of sexual abuse in confinement settings.
- Describe the dynamics of sexual abuse and sexual harassment in confinement settings.
- Identify best practice and policy requirements on first response procedures.
- Identify best practice and policy requirements on evidence collection in confinement settings, per the requirements of 115.(3)34.
- Understand what a final investigative report should contain.
- Identify techniques for writing the final report to ensure accuracy

- Explain criteria required for administrative action and prosecutorial referral, per requirements of PREA standard 115.(3)34.
- Identify techniques for writing the final report to ensure accuracy and clarity.
- Explain criteria required for administrative action and prosecutorial referral, per requirements of PREA standard 115. (3)34.
- Apply your understanding to increase prosecutions of cases that are substantiated and criminal in nature.

Miranda v Arizona is addressed throughout the training module. Garrity warnings is also addressed. Weingarten Rights are reviewed. The interview with the investigator at the facility confirmed his knowledge of the topics in the training. He indicated that there are investigators who work each shift to help ensure that investigations are immediately initiated upon receipt of information.

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

Finding of compliance is based on the following: The auditor concluded that the policy supports the requirements of the standard, staff assigned to conduct training have received specialized training to conduct sexual abuse investigations, and training addresses the required topics. They also complete the regular PREA training annually. The interview with the investigators (facility and central office) supports the requirements. Therefore, the standard is deemed compliant.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

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

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

- Health Services Acute/Specialty Services Patient Sexual Assault
- Specialized training medical/mental health staff curriculum
- Training records medical and mental health staff – specialized and general PREA training
- Interviews medical staff
- Interviews mental health staff
- PAQ
- eLearning PREA training

The PAQ indicated that there are 22 medical and mental health staff, 100% have received the specialized training.

Health Services Acute/Specialty Services Patient Sexual Assault, Specialized Training, states

1. Each institution shall ensure that all full- and part-time medical and mental health care staff who work regularly in its facilities have been trained in:
 - a. How to detect and assess signs of sexual violence;
 - b. How to preserve physical evidence of sexual violence;
 - c. How to respond effectively and professionally to victims of sexual violence; and
 - d. How and who to report allegations or suspicions of sexual violence.
2. If medical staff employed by IDOC conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. - FDCF Medical Staff does not conduct forensic examinations
3. 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. All health services staff, including the psychologist, shall complete the specialized on line training from the PREA Resource Center. Documentation of this training is kept with the Training Officer. FDCF staff shall receive training on mandatory reporting through the IDOC Learning Center.
4. Medical and mental health care practitioners shall also receive the training mandated for all employees, depending on the practitioner's status at the agency. See also Policy AD-TS-05, In-Service Training.
5. 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) (c) (d) Policy, interview with the medical administrator and mental health staff, review of the training module (National Commission on Correctional Health Care -NCCHC) and training records support that all medical and mental health staff receive specialized training addressing the specific topics as required in the standard. Additionally, training records and interviews confirmed these staff are also required to complete the regular PREA training per policy.

(b) Medical staff at this facility do not conduct forensic examinations.

Finding of compliance is based on the following: Training records, interviews with medical staff and the review of the curriculum given to medical and mental health staff provided sufficient evidence to support a finding of compliance.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- 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 No
- 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 No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the incarcerated individual has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the incarcerated individual? Yes No
- 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 incarcerated individual? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the incarcerated individual has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the incarcerated individual's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the incarcerated individual has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the incarcerated individual about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the incarcerated individual is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the incarcerated individual has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The incarcerated individual's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the incarcerated individual is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

- 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 No

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

- Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures
- Interviews Staff who perform risk screens
- Interviews Random sample of incarcerated individuals
- Interviews PREA Coordinator
- Interviews PREA Manager
- Risk screening form
- Randomly requested risk assessments
- SVP tool (confidential)
- FAQ

The PAQ indicates that in the last 12 months, 1132 incarcerated individuals who stayed over 72 hours received a risk assessment, 912 incarcerated individuals who received an updated risk assessment who stayed over 30 days.

(a) (b) Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures states,

Initial Screening for Sexual Violence Propensity

1. 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. This 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 (See IS-RO-01 Attachment A, SVP Scoring Guide).

2. 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.

Use of SVP – Transfer Facility

All incoming incarcerated individuals and clients shall be screened within 72 hours of arrival. Institutions: The Psychologist shall use the PREA Transfer Screening Questions to ask the PREA and LGBTQ+

questions and begin protocol/tracking accordingly. If a sexual violence incident takes place they will contact security, treatment and alert the counselor for the SVP assessment.

Institutional Services Reception and Orientation Incarcerated Individual Intake and Orientation
Reassessment of Sexual Violence Propensity (SVP) Assessment
Intake Processes

Each institution shall establish procedures for intake processing of incarcerated individuals transferred from other institutions (Refer to IDOC Policy IS-RO-01, Incarcerated Individual Admission Procedures for specific protocol for ensuring the 72 Hour PREA Intake Screening process upon transferring to a new facility).

The facility has a detailed assessment tool that addresses the required factors in accordance with the standard. Sexual Violence Propensity Assessment Scoring Guide for Offenders is a 29-page guide on how to complete the assessment. Additionally, it was reported by staff that they have been trained in conducting the assessments and one staff is designated as the master trainer. There are seventeen items assessed based on records available, resident responses and scorer interpretation. The SVP Guide ensures that a subjective assessment is conducted regarding whether or not the incarcerated individual is perceived to be gay, bisexual, transgender/intersex or gender nonconforming.

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

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

Other assessment questions relate to non-sexual predatory violence, aggressive behavior demonstrating an intimidating attitude, experience or familiarity with prison culture or "street wise" behavior and possible gang involvement.

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

(f) Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures states, *Initial Screening for Sexual Violence Propensity*
Within a set time not to exceed 30 days from the incarcerated individual's arrival at an institution, the institution shall reassess the incarcerated individual's SVP code based upon any additional, relevant information received by the institution since the most recent SVP assessment.

Use of SVP – Transfer Facility

All incoming incarcerated individuals and clients shall be screened within 72 hours of arrival. Institutions: The Psychologist shall use the PREA Transfer Screening Questions to ask the PREA and LGBTQ+ questions and begin protocol/tracking accordingly. If a sexual violence incident takes place they will contact security, treatment and alert the counselor for the SVP assessment. The counselor shall meet with all incoming incarcerated individuals to conduct the 30 day updated SVP assessment within 30 days to allow the individual time to process and become comfortable in disclosing information. Ask the PREA Transfer Screening questions again and if no change or sexual violence since meeting with the Psychologist, document no change. If a sexual violence incident has taken place since their initial arrival and meeting with the psychologist, conduct full SVP assessment and alert the psychologist to begin follow up services.

(g) Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures states, *Initial Screening for Sexual Violence Propensity*

An incarcerated individual's risk level shall be reassessed when warranted due to significant events, a referral, request, incident of sexual assault or sexual abuse, or receipt of additional information that bears on the incarcerated individual's SVP code.

Policy and interview with the risk screen assessment staff acknowledged the requirement to update the screen. It was reported to the auditor that no examples of when warranted, when requested, incident of sexual abuse, or receipt of additional information updated risk assessment were available for review.

(h) The SVP Scoring Guide confirms that incarcerated individuals may not be disciplined for refusing to answer questions or not disclosing complete information. Interview with the risk assessment staff and random incarcerated individual confirmed that they would not be disciplined for refusing to answer, or for not disclosing complete information in Response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

(i) Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures states, *Initial Screening for Sexual Violence Propensity*

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 risk assessment factors and results are contained within a data base. It was reported that access is granted based on need. During the audit, the auditor was able to determine from informal interviews

that line staff have access to the results, but the details of the assessment are limited to those that need to know.

To demonstrate compliance, the auditor requested documentation for the last ten incarcerated individual's intake screen and 30 day follow up risk assessment. Documentation was provided that demonstrated to the auditor that the requirements of the standard are being met.

To review, policy, SVP Guide, documentation of SVP scores, and interviews with staff and incarcerated individuals all supported a finding of compliance with the provisions of this standard.

Standard 115.42: Use of screening information

115.42 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the incarcerated individual'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 No

- 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 incarcerated individual's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex incarcerated individual reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual? Yes No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- 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? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- FDCF Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures
- FDCF Institutional Services, Incarcerated Individual Classification
- FDCF Institutional Services, Reception & Orientation Incarcerated Individual Intake and Orientation
- Observations: Tour note living conditions
- Interview PREA Compliance Manager
- Interview Staff who conduct Risk screens
- Interview Transgender incarcerated individuals
- Interview PREA Coordinator
- Randomly requested SVP screens, initial and 30 day
- Transgender Reference Sheet
- Work assignment sheet

Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures states, *Initial Screening for Sexual Violence Propensity Use of the SVP Assessment*

1. *IDOC shall use information from the SVP assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive.*
2. *IDOC shall make individualized determinations about how to ensure the safety of each incarcerated individual.*
3. *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 problems.*
4. *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.*
5. *A transgender or intersex incarcerated individual's own views with respect to his or her own safety shall be given serious consideration.*
6. *Transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals.*
7. *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 incarcerated individuals*

C. Use of the SVP Assessment

1. *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.

2. IDOC shall make individualized determinations about how to ensure the safety of each incarcerated individual.

3. 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 problems.

4. 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 experience by the incarcerated individual.

5. A transgender or intersex incarcerated individual's own views with respect to his or her own safety shall be given serious consideration.

6. Transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals.

7. 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 incarcerated individuals.

FDCF Institutional Services, Incarcerated Individual Classification states, Placement and programming assignments for each transgender and intersex incarcerated individual shall be reviewed once every 6 months to include any threats to safety experienced by the incarcerated individual.

FDCF Institutional Services, Reception & Orientation Incarcerated Individual Intake and Orientation states, *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 incarcerated individuals.*

The facility uses the information from the risk assessment to place individuals in safe housing situations. It was confirmed in interviews that staff who make these decisions are able to access the SVP score, and also complete the SVP. An example of a work assignment sheet demonstrated that the assignment supervisor is provided with the SVP outcome.

(c) Policy and the SVP scoring guide support the language of the standard. Documentation was provided to the auditor regarding transgender individuals who are housed at the facility. This provided further support to the auditor that the facility does comply with ensuring that the agency considers on a case-by-case basis whether a placement would ensure the incarcerated individual's health and safety, and whether a placement would present management or security problems. The interview with the PREA Coordinator confirmed that placement at a male or female facility is not based on anatomy alone.

The following guide is used to help staff ensure that Transgender/Intersex incarcerated individuals' own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments.

Transgender Reference Sheet – the facility utilizes a transgender reference sheet to determine the following: pronouns, searches, commissary, housing and miscellaneous.

(d) (e) (f) The SVP scoring guide requires that a transgender/intersex incarcerated individual is reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. A transgender or intersex incarcerated individual's own views with respect to his or her own safety shall be given serious consideration. Incarcerated individual interviews and the interview with the counselor confirmed this process is occurring.

(g) Policy supports the requirements of the standard. During the tour, the auditor did not observe any housing areas which only housed gay, bisexual, transgender or intersex incarcerated individuals. Interviews with random incarcerated individuals confirmed various housing assignments for transgender individual.

As indicated above, the auditor concluded the following: the facility uses the SVP guide for housing, work assignments and programming; transgender/intersex views are given serious consideration as demonstrated by policy, interviews and the Reference Sheet; policy and documentation supports that transgender intersex are reviewed at least every 6 months and are allowed to shower separately; there is no dedicated wing for gender non-conforming incarcerated individuals at this facility.

Standard 115.43: Protective Custody

115.43 (a)

- 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 No
- If a facility cannot conduct such an assessment immediately, does the facility hold the incarcerated individual in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No NA

- If the facility restricts any 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 No NA
- If the facility restricts any 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 No NA

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 incarcerated individual's safety? Yes No
- 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 No

115.43 (e)

- In the case of each incarcerated individual 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 No

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- Fort Dodge Correctional Facility Institutional Operations Housing Operations Protective Custody (PC) Housing
- Fort Dodge Correctional Facility Institutional Operations Housing Operations Short-Term Restrictive Housing (STRH)
- Interview with the Warden

- Interview with staff who supervise restricted housing.
- PAQ
- Observations when touring restrictive housing areas.

The PAQ indicates that no incarcerated individual who alleged sexual abuse was held in involuntary restrictive housing. The auditor found no reason to dispute this during the audit process. The auditor was provided documentation showing that there is a place in the electronic record to document Offender Administrative Segregation Management should this occur.

(a) (b) (c) (d) (e) Fort Dodge Correctional Facility Institutional Operations Housing Operations Protective Custody (PC) Housing, states, *Offenders in PC may request a review by the PCRC at any time. Reviews more frequent than every 30 days are at the sole discretion of the PCRC. 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 offenders placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reasons for placement still exist.*

Segregation Review

The offender shall be afforded the opportunity to be present at the two month review, and each subsequent 30-day review, unless behavior at the time of the review warrants otherwise. The PCRC may accept the offender's comments in writing, call him/her to appear, and/or accept comments made on behalf of the offender by a staff member. An offender may waive his/her right to attend the in-person review, which shall be documented on the Segregation Review Form. The review shall then be held in absentia.

The Unit Team or other designated authority shall determine the programs and services available to offenders in PC both in terms of the operation of the living unit and individual restrictions.

High Risk Offenders

Offenders at high risk for sexual victimization shall not be placed in involuntary PC 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary PC housing for less than 24 hours while completing the assessment.

Fort Dodge Correctional Facility Institutional Operations Housing Operations Short-Term Restrictive Housing (STRH) states, *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.*

Written notice (Administrative STRH Notice) is distributed to the Warden, and others listed on the form before the end of the shift supervisor's tour of duty. The Warden and others will have an opportunity to review the circumstance of the STRH placement. Sufficient information will need to be outlined on this document to present an understanding of the necessity of the placement.

The interview with the Warden confirmed that it would be a last resort to place an incarcerated individual in protective segregation due to an incident of high risk for sexual abuse, or allegations of sexual abuse. During this interview, he outlined the variety of other options that would be used before this occurred, such as change in housing, or transfer to another facility.

The interview with an officer who supervises restricted housing confirmed that he is not aware of an instance where involuntary placement in protective segregation was used to protect an incarcerated individual from risk of sexual abuse, or a sexual abuse allegation.

The auditor toured all restricted housing areas, allowing any residents in that area to interact with her. No one requested to be interviewed. One incarcerated individual was interviewed as part of the random interview process.

Finding of compliance is based on the following: Policy supports the requirements of the standard. As stated, the PAQ indicates this has not occurred and the auditor found no reason to dispute this during the audit process. The interview with the Warden and officer who regularly supervises restrictive housing, in addition to policy provided the auditor ample evidence to support a finding of compliance.

REPORTING

Standard 115.51: Incarcerated individual reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (b)

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

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation
- Fort Dodge Correctional Facility Incarcerated Individual Information Guide
- Staying Safe A Guide for Offender Conduct
- FAQ
- Incarcerated Individual Information Guide
- Iowa Department of Corrections Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Incarcerated Individuals
- State of Iowa Department of Corrections Offender Programs Mail, Telephone, and Visiting Incarcerated Individual Correspondence

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information states,

*Reporting of Unwanted Sexual Behavior
Initial Report*

An offender may report Offender on Offender sexual abuse, or staff, contractor or volunteer sexual harassment or sexual misconduct, or retaliation by other offenders or staff for reporting such incidents or staff neglect or violation of responsibilities that may have contributed to the incident in any way, including but not limited to:

- Staff member — Any employee, contractor, or volunteer.*
- Send a kite or letter to the institution Warden.*
- Send a letter to:*

(1.) Victim and Restorative Justice Director:

Iowa Department of Corrections
510 East 12th Street
Des Moines, IA 50319
(2.) The Iowa Ombudsman Office
Office of Citizens' Aide/Ombudsman
Ola Babcock Miller Building
1112 East Grand
Des Moines, IA 50319

Offenders who observe or have knowledge of unwanted sexual behavior shall immediately report in any way including but not limited to the points of contact listed above.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff,
Report by an offender, anonymously, or from third parties - Any staff member who receives a report of sexual misconduct, sexual harassment, retaliation, or of staff neglect or violation of responsibilities that may have contributed to such incidents or whether verbally or in writing from an offender, anonymously, or from third parties, shall immediately notify the Shift Supervisor and complete an incident report.
Report by an offender, anonymously, or from third parties - Any staff member who receives a report of sexual misconduct, sexual harassment, retaliation, or of staff neglect or violation of responsibilities that may have contributed to such incidents or whether verbally or in writing from an offender, anonymously, or from third parties, shall immediately notify the Shift Supervisor and complete an incident report.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders
All FDCF staff is designated to take PREA reports and complete a PREA Incident report. Completed PREA incident reports will be forwarded to the on duty shift supervisor, Deputy Superintendent, PREA Coordinator, and DIS Administrator.

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation states, *Each institution shall provide a method for staff to privately report sexual violence against incarcerated individuals.*

FORT DODGE CORRECTIONAL FACILITY INCARCERATED INDIVIDUAL INFORMATION GUIDE (Also in Spanish)

- An incarcerated individual can use the kiosk system to report a PREA incident to any of the staff directory mailboxes that they feel comfortable with.
- Retaliation is prohibited and includes, but is not limited to, any act of vengeance or threat of action or harassment. This also includes any Response to a complaint of sexual violence, cooperation in reporting, or investigation of a sexual complaint. If you feel that you are the victim of retaliation you may seek assistance by sending a Kiosk message in the mailbox "PREA Retaliation Officer." This is to be used for PREA retaliation only. The grievance procedure will be used for any other non-PREA issues.
- I have received the brochure called "Staying Safe, A Guide for Incarcerated individual Conduct", which provides reporting addresses of outside agencies and other helpful facts.
- CRISIS CENTERS in IOWA Listed by county with address and phone number for reference upon release.

(a) Policy supports the requirements of the standard. Random incarcerated individual interviews confirmed that they all know of several ways they can report any concerns they have regarding sexual abuse, sexual harassment, retaliation or staff neglect or violation of responsibilities that may have contributed to such incidents. The majority indicated they would report directly to a staff person they felt comfortable with. All confirmed, some with prompting, that they can report verbally, in writing, anonymously, by mail or telephone.

(b) The facility provides the incarcerated individuals with the address to the Ombudsman. The auditor confirmed with the Ombudsman office that they will accept reports, allow the person to remain anonymous and transmit them immediately to the Iowa Department of Corrections Inspector General's office. The majority of the random incarcerated individual interviews confirmed to the auditor that they know they can contact the Ombudsman's office. After prompting, the others confirmed that believed this was true and could find the information if they believe they needed it.

State of Iowa Department of Corrections Offender Programs Mail, Telephone, and Visiting Incarcerated Individual Correspondence was updated include the following: *Mail to or from the Office of Citizens' Aide/Ombudsman shall not be opened for inspection by staff. Incarcerated individuals are not required to open the mail at the direction of staff that is to/from the Ombudsman office. Mail from the Office of Citizens' Aide/Ombudsman to incarcerated individuals will be sent via the state contracted courier service. Mail form the confidential listing may be opened only in the presence of the incarcerated individual for contraband inspection or to be assure the contents are from the addressee. Mail to/from the Office of Citizens' Aide/Ombudsman does not get opened by staff.*

(c) Policy and all random staff interviews confirmed to the auditor that staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Review of the investigations supported that all allegations or suspicions are reported immediately.

(d) Staff interviews confirmed that they believe they have a private way to report relaying to the auditor that they can ask to speak to a supervisor privately. No specific answer was provided. When prompted by the auditor if they could report directly to the Inspector General, most agreed that would be a possibility. To enhance compliance, the agency updated the following in policy: *Iowa Department of Corrections Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Incarcerated Individuals now states, Each institution shall provide a method for staff to privately report sexual violence against incarcerated individuals. To include calling the Ombudsman at 1.888.426.6283 or sending them correspondence at Office of Ombudsman, Ola Babcock Miller Building, 1112 East Grand, Des Moines, Iowa 50319.*

Finding of compliance is based on the following: Policy, Information Guide and Staying Safe Guide inform incarcerated individuals on the numerous methods for reporting any concerns with sexual abuse or sexual harassment. This includes an entity outside the agency who agrees to accept reports, allow the reporter to remain anonymous and forwarding the information immediately to the IG office. Staff additionally have a private way to report any concerns or suspicions they have. Therefore, the auditor deems there is sufficient evidence to support a finding of compliance.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

- 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.) Yes No NA
- Does the agency always refrain from requiring an incarcerated individual to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No 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 incarcerated individual in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the incarcerated individual does not receive a response within the time allotted for reply, including any properly noticed extension, may an incarcerated individual consider the absence of a Response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- 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.)

Yes No 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 incarcerated individual, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the incarcerated individual declines to have the request processed on his or her behalf, does the agency document the incarcerated individual's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an incarcerated individual is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an incarcerated individual is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the incarcerated individual is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in Response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in Response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an incarcerated individual for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the incarcerated

individual filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes
 No NA

Auditor Overall Compliance Determination

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

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

- PAQ
- Interview with the Grievance Coordinator
- Review of list of grievances for the previous 12 months
- Review of process for handling allegations of sexual abuse and or harassment that may be noted in a grievance form.

The PAQ indicates that the agency does not have administrative procedures to address incarcerated individual grievances regarding sexual abuse. Therefore, the requirements are not applicable. The interview with the grievance coordinator confirmed that she responds to the grievance as not grievable and sends the written allegation immediately to the PCM and investigator. A notice of this decision is then sent to the incarcerated individual. The auditor was provided an example of this notice during the onsite audit to review.

Based on the above, the auditor finds sufficient evidence to support a finding of compliance, the requirements are not applicable to this facility.

Standard 115.53: Incarcerated individual access to outside confidential support services

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- 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 No

115.53 (c)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- Observations
- Interviews random incarcerated individuals
- Incarcerated individual handbook
- Review of incarcerated individual phone list
- Documentation showing phone numbers added to all incarcerated individuals, free, not recorded
- MOU

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information states, *Reports of unwanted sexual behavior shall be forwarded to authorities in accordance with Iowa mandatory reporting laws.*

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff states, *Definitions: Memoranda of Understanding (MOU) - Agreements between community rape crisis centers and each IDOC institution that delineate the responsibilities of each entity to provide offenders with confidential emotional support services related to sexual violence.*

Offender Access to Outside Confidential Support Services

The Each institution shall provide offenders with access to outside victim advocates for emotional support services related to sexual violence by giving offenders mailing addresses and telephone numbers. The institution shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

The institution shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of sexual violence will be forwarded to authorities in accordance with mandatory reporting laws.

The institution PREA Compliance Manager in association with the PREA Coordinator shall enter into or attempt to enter into a memoranda of understanding or other agreement with community rape crisis service providers. Each institution shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency added two phone numbers to all incarcerated individuals phone lists, allowing them to call the numbers toll free – statewide Iowa Victim Service Call Center and Rape Victim Advocacy Program.

(a) (b) Iowa has a state-wide organization, CASA (coalition Against Sexual Assault). Per the website, “the Iowa Coalition Against Sexual Assault represents 24 victim service programs across the state. Our missions is to improve services for survivors of sexual harassment, abuse, and assault, and to prevent sexual violence before it occurs. “The auditor was provided a poster that indicates to incarcerated individuals that Crisis Intervention Services will provide a 24-hour hotline with a toll free number available. Additionally, addresses for all victim advocate services for the State of Iowa are posted for the incarcerated individual’s access. The auditor was provided information regarding the process for the State of Iowa; they have a consolidated providers for all crisis centers. There are twenty centers. Recently, the agency added two phone numbers to all incarcerated individuals phone lists recently, allowing them to call the numbers toll free – statewide Iowa Victim Service Call Center and Rape Victim Advocacy Program (RVAP). Upon review of a phone list with an incarcerated individual at a subsequent facility audit did demonstrate that the numbers have been added to the “global list.” Additionally, the PREA Coordinator provided documentation from the phone system noting that the phone number was added to all incarcerated individual phones.

Numerous phones were observed throughout the facility, in the housing area and in the recreation yard. Some phones had dividers between them to enhance reasonable communication. Only a few incarcerated individual interviews confirmed the availability of these numbers. Many indicated they believed there are phone numbers posted somewhere and indicated if they had a need, they would be able to obtain them. The auditor attempted to call the number from an incarcerated phone at a subsequent PREA audit with IDOC. It does require the use of a PIN; the introductory message did not indicate the call would be monitored, which is evidence that it would not be monitored. Additionally, it indicated that the call was free.

(c) The facility has a recent MOU with Crisis Intervention Services which states the following are able to provide incarcerated individuals with confidential emotional support services related to sexual abuse.

FDCF will: 1. Provide referrals to CIS including hotline numbers, advocacy, counseling and information, and referral. 2. Request the presence of an CIS advocate each time an offender-victim discloses victimization and/or is transported to medical services for a sexual assault forensic examination. 3. Allow CIS advocates to visit an offender-victim upon request by offender-victim, and provide a room to

meet privately. 4. Allow CIS advocates being present during investigatory interviews as requested by the offender-victim. 5. Provide victim notification information to sexual assault offender-victims housed within FDCF. 6. Maintain the criminal justice system as an available intervention option for the offender-victims of sexual assault. 7. Communicate with CIS to ensure that offender-victims are receiving updated information related to the criminal justice process, resource information, and the FDCF administrative processes. 8. Provide CIS with access to PREA training and information as needed and requested. 9. Assist with investigations, monitoring and reporting as allowed by state statute. 10. Have brochures and informational materials regarding CIS services available to all offenders. 11. Be available to CIS advocates for consultation, technical assistance, crosstraining, and problem-solving around complex issues of sexual abuse and corrections. B. CIS will: 1. Provide an advocate for offender-victims when requested by FDCF. 2. Provide offender-victims with resource information and assist, where necessary, through the criminal/civil justice system and the administrative process. 3. Assist offender-victims in safety planning, including information and support. 4. Provide accompaniment and support to offender-victims through the forensic medical examination process and investigatory interviews if requested by the offender-victims. 5. Provide offender-victims with an explanation of Crime Victim Compensation Programs and assist with gathering necessary information. 6. Be present during investigatory interviews if requested by an offender-victim. 7. Maintain professional and ethical boundaries, prioritize safety, and exercise CIS's right to terminate services if warranted. 8. Maintain confidentiality with offenders unless the offender requests otherwise.

Another poster for incarcerated individuals states, **VICTIM SUPPORT Services** Fort Dodge Correctional Facility has partnered with Crisis Intervention Services to provide survivors of sexual abuse with emotional support services. To access these services, contact 800-479-9071.

Finding of compliance is based on the following: The facility has provided the population with toll free, unmonitored phone numbers for a local rape advocacy service in addition to a state-wide service. The facility has an MOU with the local victim advocacy service, which is part of a larger coalition, CASA. Reasonable communication has been provided by affording the calls to not be monitored or recorded.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff
- Agency website
- Visitor application
- PAQ
- Lobby posters

The PAQ indicates there have been no third-party complaints received from family, visitors or interested parties outside of the facility.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff states, *Each institution shall establish a method to receive third-party reports of sexual violence, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents and shall distribute publicly information on how to report the same on behalf of an offender. Each institution shall immediately report all allegations of sexual violence, including third-party and anonymous reports and allegations to the Inspector General or designee and to the institution's sexual violence investigator.*

On the agency website, there is the following:

**HOW TO REPORT ALLEGATIONS
OF SEXUAL VIOLENCE
IN AN IDOC PRISON**

The auditor attempted to file a test allegation but got an error message.

The website was updated. It states, Break the Silence Report suspected sexual violence. Contact the Warden's Office or Email: PREA.reporting@iowa.gov. The auditor sent a test report to the email address noted; a response was received from central office in less than twenty-four hours.

On the visitor application it states near the bottom, BREAK THE SILENCE -- Iowa DOC has a zero tolerance for sexual violence of any kind. If you are told about or are concerned about sexual violence committed against any person in an IDOC prison, please contact the Warden immediately.

The auditor observed the following in the visitor lobby:

- How to contact Crisis Intervention services
- Audit notices
- "Break the Silence" posters.

Website site accessibility, notification to visitors on the application and in the visiting lobby provide all providing evidence supporting a finding of compliance.

**OFFICIAL RESPONSE FOLLOWING AN INCARCERATED
INDIVIDUAL REPORT**

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

- 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 No

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information
- Observations
- Interviews Random sample of staff
- Interviews Medical & mental health staff
- Training reports for medical and mental health

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff states, *Each institution shall establish a method to receive third-party reports of sexual violence, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents and shall distribute publicly information on how to report the same on behalf of an offender. Each institution shall immediately report all allegations of sexual violence, including third-party and anonymous reports and allegations to the Inspector General or designee and to the institution's sexual violence investigator.*

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation

All allegations and incidents of offender-on-offender sexual violence, retaliation, and staff neglect or violation of duty that may have contributed to such an incident shall be reported to the Warden, the institution's sexual violence investigator, and the Inspector General or designee. All allegations shall be fully investigated as directed by the Inspector General or designee and treated in a confidential and serious manner.

Each institution shall establish a method to receive third-party reports of offender-on-offender sexual violence, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents and shall distribute publicly information on how to report the same on behalf of an offender. Each institution shall immediately report all allegations of sexual violence, including third-party and anonymous reports and allegations to the Inspector General or designee and to the institution's sexual violence investigator.

All sexual violence investigations are confidential under Iowa statute and administrative rules. Other than reporting to supervisors or the institution's sexual violence investigator or PREA Compliance Manager, 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

Report by a staff member - Any staff member who receives a report of sexual violence, retaliation, or of staff neglect or violation of responsibilities that may have contributed to such incidents whether verbally, in writing, anonymously, or from third parties, or who has other knowledge, suspicion, or information of such incidents shall immediately report it to their supervisor and complete an incident report

Completed PREA incident reports will be forwarded to the on duty shift supervisor, Deputy Superintendent, PREA Coordinator, and DIS Administrator.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information states, *Reports of unwanted sexual behavior shall be forwarded to authorities in accordance with Iowa mandatory reporting laws.*

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff
The Inspector General or designee shall ensure that the allegation is investigated in accordance with the requirements of the PREA standards. (PREA 115.63(d))

Report by a staff member - All staff shall report immediately any knowledge, suspicion, or information whether verbally or in writing regarding:

An incident of sexual assault, sexual abuse, sexual misconduct, or sexual harassment that occurred in a facility, whether or not it is part of IDOC;

Retaliation against offenders or staff who reported such an incident;

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The institution's sexual violence investigator or other designated staff person shall immediately complete an Incident Report in the PREA Investigation Database and finalize and submit it. The Inspector General or designee shall assign investigators and manage the investigation.

This standard has the following requirements:

(a) (b) Policy requires all aspects of the provisions. Staff interviews confirmed they are aware that the policy is to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, 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. All staff interviews confirmed they are aware of the requirement to maintain confidentiality of the report, and only provide information necessary to ensure treatment, security decisions and cooperate with the investigation.

(c) Policy requires that medical and mental health practitioners report sexual abuse as required by policy. They indicated that inmates are aware that they have a duty to report, and know the limitations of confidentiality at the initiation of services. To further ensure this, the auditor requested that this information be noted in the pamphlet provided to incarcerated individuals at intake. The agency quickly responded and sent a draft of the new pamphlet to the auditor for review.

(d) There were no examples of reports to designated State agency in accordance with mandatory reporting for under 18 or considered a vulnerable adult. Staff are aware of the requirement to report Elder Abuse to the Iowa Department of Human Services Department. There would not be any alleged victims under the age of 18. Medical and mental health staff reported that they are legally bound in accordance with their professional license to report child and adult abuse. Training records were provided that demonstrated that these staff have updated training to maintain their license.

(e) In addition to policy, all random staff interviews confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The interview with the investigator confirmed that he has received all allegations immediately.

Finding of compliance is based on the following: Policy, review of investigations, interviews with incarcerated individuals, interviews with random staff all provided the auditor with sufficient evidence to observe the requirement and practice in place to support a finding of compliance with the provisions of the standard.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act (PREA), Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act (PREA) STAFF Response to Offender on Offender Sexual Violence or Retaliation
- Interview with the Director
- PAQ
- Interviews with random staff
- Interview with the Warden

The PAQ indicates there have been no instances when the facility determined an incarcerated individual was subject to substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act (PREA), Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff and Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act (PREA) Staff Response to Offender on Offender Sexual Violence Or Retaliation Both State,

When an institution learns that an offender is subject to a substantial risk of imminent sexual violence, it shall take immediate action to protect the offender. . . .Staff will utilize PREA forms "PREA-02 F2, PREA-02 F-3, PREA-03 F2 and PREA-03 F-3" in order to help ensure that all steps in handling reports of sexual misconduct or sexual harassment are followed appropriately.

The interview with the Director confirmed the following: “The department considers PREA standards and policies when responding to a potential risk situation. The first response would be to take immediate action to protect the offender from any future harm. All safety planning and considerations for the offender would be devised on a case-by-case basis. The institutions identify safety cells in the event an offender may be required to be removed from their living area without isolating and or segregating the offender unless necessary. The institution would consider appropriate housing options, work detail assignments, safe keeper, transfer and assign a staffing team to meet with the offender periodically as well as to provide support and documentation which demonstrates the institution is aware of the potential risk and has taken action to keep the offender safe.”

The interview with the Warden confirmed a strong support for ensuring the safety of incarcerated individuals by intervening before harm occurs if there is suspicion or reason to believe he is at risk of imminent sexual abuse.

All random staff interviews confirmed that they would intervene if they saw an imminent risk of sexual abuse and confirmed they would receive support from their supervisor for taking action before sexual abuse occurred.

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

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation
- PAQ
- Interview Director
- Interview Warden
- Response to allegations received from other facilities

The PAQ indicates there has been zero allegations received that an incarcerated individual was abused while confined at another facility, zero allegations received from another facility about sexual abuse that occurred at this facility.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff and Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation state,
Reporting of Sexual Violence to Other Confinement Facilities

Upon receiving an allegation that an offender was sexually abused or sexually assaulted by another offender while confined at another facility, the Warden shall immediately notify the Inspector General or designee. The Inspector General or designee shall notify the facility or appropriate office of the agency where the alleged abuse occurred.

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

*The Inspector General or designee shall document that such notification has been provided
The Inspector General or designee shall ensure that the allegation is investigated in accordance with the requirements of the PREA standards.*

(a) (b) (c) (d) The interview with the Director confirmed the following: Each facility has an assigned PREA Compliance Manager and assigned trained Investigators who would be contacted and made aware of the allegation. Following the initial contact, the Inspector General's Office Statewide PREA Administrator would be notified and charged with the responsibility of immediate follow up. Each facility head has an official letter they can distribute from the investigative data base whether they are the Warden or District Director. This official letter is sent out to the facility to alert their facility head that an incident has occurred. The Sexual Violence Investigator and or PREA Compliance Manager is requested to contact the facility in addition to explain what has been done thus far in the process. The two facilities coordinate the response and or inquiry or investigation accordingly. This process includes out of state incidents as well. The Warden is notified as well as the Inspector General and Deputy Director of Operations. If an outside agency is needed, the Inspector General's Office coordinates joint collaboration between the Department of Corrections and the outside agency. The Inspector General's Office arranges the initial conference call, and or meeting with the outside agency. Both agencies would remain in contact from the beginning to the completion of the investigative process. For this year's look back period we have had about five notifications for this year. We just updated our PREA or sexual violence investigative data base, to make some changes to the system in order to track more efficiently

the receiving facility, their address and other pertinent information, but we have always had an electronic method of alerting other agencies both in and out of the state. “

The interview with the Warden confirmed that he would be responsible for notifying the facility head of any other facility where his staff received an allegation of sexual abuse that occurred at that facility and that he would ensure an immediately investigation of any information received that an allegation of sexual abuse occurred at his facility. He was aware that his action is required to be taken within 72 hours.

The allegation initiation notice is generated through the IDOC data base. Upon review of one example, it did not note the date the allegation was made. This was added to the data base. The date the notice is generated is inherent in the data base. Therefore, allowing an auditor to ensure that the notification is made within 72 hours.

Finding of compliance is based on the following: Policy, and interview with the investigator and Warden ensured the auditor that allegations received from another agency will be investigated and allegations received regarding another agency will be forwarded by the Warden within the 72 hour requirement. Additionally, updates to the data base ensure that this will be documented as required.

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation
- Interviews random staff
- Interview with staff who acted as a first responder
- Staff response cards
- PAQ

The PAQ indicates the following:

0 allegations that allowed for time to collect evidence

Three allegations received that an incarcerated individual was sexually abused three times the security staff person responded to the situation and separated the alleged victim and abuser

0 responded to by non-security staff

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information states, *If applicable to the circumstances, the alleged offender victim shall be advised by the employee receiving the report or Shift Supervisor that showering or body cleaning, or if alleged abuse was oral, drinking or brushing could damage or destroy evidence.*

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff

First Responders - The first staff on the scene of a sexual assault shall:

Separate the alleged victim and aggressor;

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

If it is alleged that the sexual assault occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation

Duties of the Director's Office

The IDOC shall develop a consistent statewide process for reporting and investigating incidents of sexual violence, retaliation, or staff neglect or violation of duty that may have contributed to such incidents. This process shall include multiple points of reporting for offenders and staff, specially trained investigators, and a consistent investigative process.

First Responders - The first staff on the scene of a sexual 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 assault 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, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor.

(a) Policy addresses the requirements of the standard. All random staff were knowledgeable regarding what action to take in the event that they learn of an allegation that an incarcerated individual was sexually abused, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The staff who had responded to a potential usable evidence encounter did provide anecdotal information to the auditor to confirm he was knowledgeable and took the appropriate steps when responding to the encounter (which involved two individuals in one call).

(b) Policy and interviews with non-security staff confirmed to the auditor that the requirement of the standard would be met – the staff would request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

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

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

- Interview with the Warden
- Facility’s coordinated response plan – Offender on Offender Allegation, Staff on Offender
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information and Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff state,

Duties of the Director’s Office

The IDOC shall develop a consistent statewide process for reporting and investigating incidents of sexual misconduct, sexual harassment, retaliation by staff, contractors, and volunteers, or staff neglect or violation of responsibilities that may have contributed to such incidents. This process shall include multiple points of reporting, trained investigators, and a consistent investigative process.

The Facility has two coordinated response plans – Offender on Offender Allegation, Staff on Offender Coordinated Response Plan. Review of them both includes that following staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- ACFSME contract
- Interview with the Director
- PAQ

The interview with the Director confirmed the following: The agency has entered into a collective bargaining unit agreement however, As of this reporting year, there were major changes with the union. She indicated, "The Iowa Department of Corrections has the ability to reassign staff pending investigations for misconduct. The new collective bargaining agreement previously did not impact this ability. It is not an issue currently with the union changes."

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

Standard 115.67: Agency protection against retaliation

115.67 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for incarcerated individual victims or abusers, removal of alleged staff or incarcerated individual 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 No

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any incarcerated individual disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor incarcerated individual housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor incarcerated individual program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender-on-Offender Sexual Violence Or Retaliation
- Interview with the Director
- Interviews with the Warden
- Interview with the designated staff member charged with monitoring for retaliation
- Examples of retaliation monitoring
- PAQ

The PAQ indicates there have been no times an incident of retaliation occurred related to a sexual abuse allegation.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Offender PREA Information, Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff and Fort Dodge Correctional Facility PREA - 03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation states,

*Staff shall not retaliate upon knowledge of sexual misconduct allegations.
Protection Against Retaliation*

The institution shall protect all offenders and staff who report sexual violence or cooperate with investigations from retaliation by other offenders or staff and shall designate which staff members or institution departments are charged with monitoring retaliation.

The institution shall employ multiple protection measures, such as housing changes or transfers for offender victims or perpetrators, removal of alleged staff aggressors or offender perpetrators from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting or cooperating with investigations.

For at least 90 days following a report of sexual violence, the institution shall monitor the conduct and treatment of offenders or staff who reported the sexual violence and of offenders who were reported to have suffered sexual violence to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. The institution shall monitor any offender 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.

In the case of offenders, such monitoring shall also include periodic status checks.

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 obligation to monitor shall terminate if IGO determines that the allegation is unfounded.

The institution shall develop procedures to implement the protection against retaliation requirements and shall document all measures taken and monitoring checks. Tracking for retaliation shall be entered in the PREA Investigation Database.

The interview with the Director yielded the following response: "The department has a zero tolerance for retaliation for sexual abuse or sexual harassment allegations. There is an Incident Review process at each facility which meets monthly. All PREA Compliance Managers and institution Administrators are trained to identify and respond to retaliation claims. There is a retaliation module in the investigative data base to track retaliation claims and document how the facility responds to these claims. The staff are trained to acknowledge and investigate claims, and to follow up with an in-person meeting with the offender. Staff Advocates and Psychologist are available and trained to provide confidential support for offenders who report retaliation. The department has the ability to consider housing, transfers, staff reassignments and opportunities to provide emotional support to offenders in this process." Furthermore, If an individual who cooperates with an investigation expresses a fear of retaliation, the agency/facility takes measures to protect that individual against retaliation. "Each facility has a designated person assigned to track retaliation. There are periodic reviews in this process as well as the offender has the opportunity to meet with key staff, to include the treatment practitioner during this process for support. The Incident Review team composed of the PREA Compliance Manager, Retaliation Tracker and Office of the Warden reviews and receives updates of retaliation allegations. This process is monitored until the facility staff feel the offender is safe from retaliation. The classification team process, staffing of offenders and the hard to place conference calls monthly, all assist in this area as a resource to protect offenders against retaliation. Our official retaliation tracking is 90 days but because of all of the processes in place it goes longer than the required 90 days of tracking."

(a) (b) (c) (d) (e) (f) Policy contains all the requirements of the standard. It requires that the agency employ multiple protection measures, such as housing changes or transfers for incarcerated individual victims or abusers, removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. It requires monitoring for at least 90 days. The data base was updated. The monitoring now starts following a report. It does include factors relevant to monitoring of staff. Policy does specify that it is for who reported the sexual abuse and/or incarcerated individuals who were reported to have suffered sexual abuse. Additionally, it specifies that it will monitor incarcerated individuals or staff and look for at a minimum, any incarcerated individual disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff and occur for a minimum of 90 days if the initial monitoring indicates a continuing need. The auditor subsequently received evidence to support that the data base was changed to start retaliation monitoring at the time of the investigation.

The interview with the Director yielded the following response: "The department has a zero tolerance for retaliation for sexual abuse or sexual harassment allegations. There is an Incident Review process at each facility which meets monthly. All PREA Compliance Managers and institution Administrators are trained to identify and respond to retaliation claims. There is a retaliation module in the investigative data base to track retaliation claims and document how the facility responds to these claims. The staff are trained to acknowledge and investigate claims, and to follow up with an in person meeting with the offender. Staff Advocates and Psychologist are available and trained to provide confidential support for offenders who report retaliation. The department has the ability to consider housing, transfers, staff reassignments and opportunities to provide emotional support to offenders in this process."

Furthermore, If an individual who cooperates with an investigation expresses a fear of retaliation, the agency/facility takes measures to protect that individual against retaliation. “ Each facility has a designated person assigned to track retaliation. There are periodic reviews in this process as well as the offender has the opportunity to meet with key staff, to include the treatment practitioner during this process for support. The Incident Review team composed of the PREA Compliance Manager, Retaliation Tracker and Office of the Warden reviews and receives updates of retaliation allegations. This process is monitored until the facility staff feel the offender is safe from retaliation. The classification team process, staffing of offenders and the hard to place conference calls monthly, all assist in this area as a resource to protect offenders against retaliation. Our official retaliation tracking is 90 days but because of all of the processes in place it goes longer than the required 90 days of tracking.”

The facility has a staff person charged with monitoring for retaliation. He confirmed that he does have periodic status checks, at least every 30 days. Additionally, he does track housing changes, disciplinary reports, program/treatment impacts. For staff, he would review performance reviews, staffing issues and other information. He indicated this information is all documented in the agency data base. The auditor was provided with a document demonstrating that each of the specific issues has a place for notations, in addition to an “other information” section. The auditor interviewed a staff from the Inspector General’s office familiar with the data base and confirmed this function.

The interview with the Warden confirmed that retaliation monitoring is conducted for each investigation as required by the standard.

Finding of compliance is based on the following: As noted above, the data base was updated to initiate retaliation monitoring at the time of the report, staff interviews support an understanding and have made changes to reflect this. The interview with the Director supports a strong commitment to ensuring a culture that is free of retaliating behavior. The auditor finds there is sufficient evidence to support a finding of compliance.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an incarcerated individual who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility Institutional Operations Housing Operations Protective Custody (PC) Housing
- Fort Dodge Correctional Facility Institutional Operations Housing Operations Short-Term Restrictive Housing (STRH)
- Interview with the Warden
- Interview with staff who supervise restricted housing.
- PAQ
- Observations when touring restrictive housing areas.

The PAQ indicates that no incarcerated individual who alleged sexual abuse was held in involuntary restrictive housing. The auditor found no reason to dispute this during the audit process.

(a) (b) (c) (d) (e) Fort Dodge Correctional Facility Institutional Operations Housing Operations Protective Custody (PC) Housing, states, *Offenders in PC may request a review by the PCRC at any time. Reviews more frequent than every 30 days are at the sole discretion of the PCRC. 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 offenders placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reasons for placement still exist.*

Segregation Review

The offender shall be afforded the opportunity to be present at the two month review, and each subsequent 30-day review, unless behavior at the time of the review warrants otherwise. The PCRC may accept the offender's comments in writing, call him/her to appear, and/or accept comments made on behalf of the offender by a staff member. An offender may waive his/her right to attend the in-person review, which shall be documented on the Segregation Review Form. The review shall then be held in absentia.

The Unit Team or other designated authority shall determine the programs and services available to offenders in PC both in terms of the operation of the living unit and individual restrictions.

High Risk Offenders

Offenders at high risk for sexual victimization shall not be placed in involuntary PC 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary PC housing for less than 24 hours while completing the assessment.

Fort Dodge Correctional Facility Institutional Operations Housing Operations Short-Term Restrictive Housing (STRH) states, *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.*

Written notice (Administrative STRH Notice) is distributed to the Warden, and others listed on the form before the end of the shift supervisor's tour of duty. The Warden and others will have an opportunity to review the circumstance of the STRH placement. Sufficient information will need to be outlined on this document to present an understanding of the necessity of the placement.

The interview with the Warden confirmed that it would be a last resort to place an incarcerated individual in protective segregation due to an incident of high risk for sexual abuse, or allegations of

sexual abuse. During this interview, he outlined the variety of other options that would be exercised before this occurred, such as change in housing, or transfer to another facility.

The interview with an officer who supervises restricted housing confirmed that he is not aware of an instance where involuntary placement in protective segregation to protect an incarcerated individual from risk of sexual abuse, or a sexual abuse allegation.

The auditor toured all restricted housing areas, allowing any residents in that area to interact with her. No one requested to be interviewed.

Finding of compliance is based on the following: Policy supports the requirements of the standard. As stated, the PAQ indicates this has not occurred and the auditor found no reason to dispute this during the audit process. The interview with the Warden and officer who regularly supervises restrictive housing, in addition to policy provided the auditor ample evidence to support a finding of compliance.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- 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 No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- 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 No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- 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 No NA

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation And Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders
- Institutional Operations Rules and Discipline Major Discipline Report Procedures
- Interviews Investigative Staff
- Interviews Warden
- Interviews PREA Coordinator
- Interviews PREA Compliance Manager
- PAQ
- Investigative reports
- Retention schedule

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

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation and Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff, state the following:

The Inspector General or designee shall determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented.

The Inspector General or designee shall:

Develop, implement, and oversee IDOC efforts to comply with the requirements of the Prison Rape Elimination Act standards and any other requirements by the Department of Justice as to staff sexual misconduct and sexual harassment in correctional facilities.

Assign specially trained sexual violence investigators and manage all sexual violence investigations, allegations, and incidents of sexual misconduct, sexual harassment, and retaliation, or that indicate a personal relationship by staff, contractors, or volunteers with incarcerated individuals . Investigations

shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Determine when the evidence of staff, contractor, or volunteer sexual misconduct or retaliation is sufficient for referral for criminal prosecution and shall refer appropriate incidents to county attorneys. Under Iowa Code 709.16, an officer, employee, contractor, vendor, volunteer, or agent of the department of corrections, or an officer, employee, or agent of a judicial district department of correctional services, who engages in a sex act with an individual committed to the custody of the department of corrections or a judicial district department of correctional services commits an aggravated misdemeanor. See Iowa Code 702.17 for the criminal code definition of a sex act.

Investigation

Sexual Violence Investigators shall:

Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;

Interview alleged victims, suspected perpetrators, and witnesses;

Review prior complaints and reports of sexual violence involving the suspected perpetrator.

Include an effort to determine whether staff actions or failures to act contributed to the abuse

When the quality of evidence appears to support criminal prosecution, the investigators shall conduct compelled interviews only after the Inspector General has determined, including but not limited to consultation with prosecutors, if compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. IDOC shall not require an offender 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 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 be provided to the Inspector General, and Warden. The report shall be a confidential record.

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

All actions taken shall be documented and the investigative file shall be retained by IGO in a secure location. Also see IDOC Policy AD-PR-13, Employee Investigations.

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.

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.

IDOC shall make best efforts to ensure that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

When outside agencies investigate sexual violence, IDOC shall cooperate with outside investigators and shall endeavor to remain informed and keep the Inspector General informed about the progress of the investigation.

Institutional Operations Rules and Discipline Major Discipline Report Procedures is a 43 page policy outlining the disciplinary process. 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 offender will receive a Miranda warning when appropriate.

Anamosa State Penitentiary Employee Investigations and Discipline states, *When there are allegations of misconduct, or failure to meet performance expectations – investigations shall begin as soon as possible.*

(a) Policy, interview with the Warden and the investigators all confirmed to the auditor that starts the investigation into allegations of sexual abuse and sexual harassment promptly thoroughly, and Objectively, including allegations that are including third-party and anonymous reports.

(b) See § 115.34.

(c) The review of the investigations, interviews with the investigator and policy confirmed that the investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and does review prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigators had video evidence, interview statements, staff documentation of rounds with the scanner, in addition to other evidence when the auditor reviewed the investigations. The data base affords the investigator the ability to review prior complaints and reports of sexual abuse.

(d) As stated in policy, the Inspector General's office would conduct investigations that appear to support criminal prosecution. That office would consult with the country prosecutor along with the Warden of the facility (as stated by the Warden).

(e) Policy and interview with the investigator confirmed to the auditor that credibility is judged individually. It was stated that it would be considered in conjunction with established facts, not on the basis of staff or incarcerated individual status alone. Policy and the investigator interview confirmed that polygraph or truth telling devices are not used on incarcerated individuals who allege sexual abuse.

(f) Administrative investigations:

Policy addresses the investigations shall include an effort to determine whether staff actions or failures will be investigated; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Facility investigations are documented. They include a detailed assessment of physical testimony and other evidence. Upon review, none indicated a negligence in staff actions. The auditor encourages the facility to make an affirmative notation of staff actions or failures, noting that it was assessed for each investigation.

(g) Although no criminal investigations were conducted, it was confirmed that they are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Policy supports this requirement as well.

(h) The interview with the PREA Coordinator, Warden and investigators, in addition to policy support that substantiated allegations of conduct that appears to be criminal will be referred for prosecution. The auditor shared concerns that preservation of evidence appeared to lie with the individual investigator. The PREA Coordinator reinforced that all facilities have been advised to find one central location for the preservation of physical evidence to better ensure that it is retained and secured in accordance with the standard. A centralized location has been established to securely retain evidence outside of the data base as required by the provision.

(j) Policy and interview with the investigator confirmed that the departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. Anecdotal information about a prior investigation demonstrated to the auditor that an investigation did continue after the alleged abuser resigned from the facility.

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

(l) Policy and the interview with the investigator confirmed that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. If this involved the Inspector General's Office, the would keep the facility informed, and/or they would remain informed in the rare occurrence that the Division of Criminal Investigation should investigate.

As indicated above, the auditor reviewed evidence to support the provisions of the standard. Therefore, it is deemed compliant.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation And Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff
- Interviews Investigative staff
- Review of investigations

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation And Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff states, IDOC *shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual violence are substantiated.* Review of the investigations and

interview with the investigators confirmed to the auditor that a preponderance of evidence is used and demonstrated in the summary of the investigation.

Policy, investigations and the interview with investigators/PREA Coordinator confirm that this is the standard to substantiate an administrative hearing. Review of the investigations confirmed that this was the standard used to support a substantiated case. Therefore, the standard is deemed compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an incarcerated individual'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 incarcerated individual? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation and Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff
- PAQ
- Notifications
- Interviews Warden
- Interviews with Investigative staff
- Review of investigations

The PAQ indicates the following:

Three investigations of alleged sexual abuse completed

Four investigations of alleged sexual abuse completed where incarcerated individual was notified of the results (verbally or in writing)

Zero sexual abuse investigations completed by an outside agency

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

Zero substantiated cases of staff sexual abuse

Zero notifications made pursuant to those

Fourteen notifications provide to incarcerated individuals

Fourteen of those that are documented

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence Or Retaliation And Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff states,

Reporting to Offenders

Following an investigation into an allegation of staff sexual misconduct the sexual violence investigator shall inform the offender victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, using PREA-02 F-4, Investigator's Closure Letter to Offender.

If IDOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender.

Following a substantiated or unsubstantiated investigation of an allegation of staff sexual misconduct, the institution shall subsequently inform the offender victim whenever:

The staff member is no longer posted within the offender'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;

The institution learns that the staff member has been convicted on a charge related to sexual misconduct within the facility.

All such notifications or attempted notifications shall be documented. IDOC's obligation to report shall terminate if the offender is released from the IDOC's custody.

(a) (b) (c) (d) (e) (f) Policy supports the standard. The facility/agency has provided notifications that the auditor observed while reviewing investigation files. It was confirmed to the auditor that if the Inspector General conducted the investigation, they would provide the notification. Interviews with the facility investigators and review of notifications assured the auditor that notifications contained the required information. The auditor reviewed the relevant copy of the notification while reviewing the investigation files.

As noted, policy, interviews, review of notifications all provided the auditor with sufficient evidence to support a finding of compliance with the requirements of the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

aThe auditor gathered, analyzed and/or retained the following evidence related to this standard:

- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff
- Fort Dodge Correctional Facility Employee Investigations and Discipline
- PAQ

The PAQ indicates the following:

One staff from the facility have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies

Zero staff who have been disciplined for violation of agency sexual abuse or sexual harassment policies

Zero staff who have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies

The auditor found no reason to dispute these statistics during the audit process.

Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) States, Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff states,
Staff Discipline

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

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual misconduct.

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.

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 Inspector General when the evidence is sufficient for a criminal referral, and by the appropriate institution management team member to any relevant licensing bodies.

(a) (b) (c) (d) Policy supports all aspects of the requirements of the standard. The auditor reviewed an investigation regarding a staff resignation and was able to conclude that sexual activity (harassment) existed. It did not involve a licensing issue that needed to be reported. It did not rise to a criminal matter and therefore was not referred for prosecution.

Policy, review of the investigations, confirm to the auditor that staff misconduct would be dealt with in conjunction with the provisions of the standard and would be referred for prosecution and if applicable, to the licensing boards.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

- Administration and Management, General Administration Agreements and Contracts

- Administration and Management, Citizen Involvement/Volunteers Volunteer Program
- Interview with the Warden

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

Administration and Management, General Administration Agreements and Contracts

Addresses the following:

Any contractor or volunteer who engages in sexual abuse 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.

IDOC facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with incarcerated individuals, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Administration and Management, Citizen Involvement/Volunteers Volunteer Program

Termination

Volunteers and their services may be discontinued at the discretion of the appointing authority. Denials must be entered in the Volunteer Database and communicated with any other facility/district that is identified as an approved site.

Volunteers who are on the regular schedule, who have not actively participated in the last six months will lose their volunteer status. Volunteers who have participated in annually or bi-annually scheduled programs such as Passover, Brothers in Blue, and Prison Fellowship will be removed as volunteers if they have not participated in these programs in the last two calendar years.

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.

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.

Policy and the interview with the Warden supported compliance with the requirements of the standard. As noted, volunteers have not been entering the facility since the coronavirus pandemic precautions were initiated; these restrictions were still in place during the audit. The Warden assured the auditor he is able to take measures to not allow a volunteer or contractor into the facility if an allegation was received, pending the investigation.

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

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending incarcerated individual to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

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

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

- Institutional Operations Rules and Discipline Major Discipline Report Procedures
- Interview with the Warden
- Incarcerated individual facility rules and guidebook
- Disciplinary reports
- PAQ

The PAQ indicates there have been two incarcerated individual on incarcerated individual sexual abuse that occurred at the facility, administrative findings. The auditor reviewed both disciplinary reports with the corresponding investigation. It indicates there were zero criminal incarcerated individual on incarcerated individual sexual abuse criminal findings of guilt.

Institutional Operations Rules and Discipline Major Discipline Report Procedures is a 43-page policy outlining the disciplinary process. It states the following:

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 offender will receive a Miranda warning when appropriate.

POLICY

It is the policy of the IDOC to use appropriate disciplinary action in the management of offender 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.

If an offender is in a special needs or mental health status at the time of the incident, the investigator must obtain a statement from a mental health professional as to the offender's responsibility for the offender's conduct as stated in the report. The ALJ shall make a record of this statement. If the mental health professional or a doctor indicates that an offender should not be held responsible for the offender's conduct, the ALJ shall dismiss a disciplinary notice without conducting an in-person hearing.

*The disciplinary record shall be maintained for at least six months. * Under PREA standard 115.71(i) all investigations, confidential information packets given to ALJs, and any other documentation relative to a sexual violence investigation must be maintained for as long as the offender perpetrator is incarcerated plus five years.*

Sexual Misconduct - An offender commits an offense under this subsection when the offender:
a) Proposes a consensual sexual contact or sexual relationship with another person through gestures, such as, kissing, petting, etc., or by written or oral communications or engages in a consensual sexual contact or relationship. An offender 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.

False Statements - An offender commits an offense under this subsection when the offender 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 assault or sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying (or any other violation of this rule), even if an investigation does not establish evidence sufficient to substantiate the allegation.

Class "A" if weapon used, victim exposed to potentially infectious bodily fluids, secretions, tissue, or excrement, or the victim suffers a mental or physical injury; Class "B" for all other violations.

Class of Offense - The class of an offense determines the range of authorized sanction(s) that can be imposed by the ALJ for violation of rules listed in this policy.

Offender Program Sex Offender Programs Sex Offender Program Referrals Referral to Sex Offender Treatment Program

The following offenders shall be reviewed by their institutional classification team and the team shall forward the offender name and information for a SOTP review to the SOTP Director: Offenders who score Aggressor Incarcerated (AI) on the Sexual Violence Propensity Assessment, (PREA 115.78 (d)) or Offenders who are found guilty of an assault of a sexual nature or sexual misconduct or a sexually violent offense while in a residential facility or while in prison. The Administrative Law Judge (ALJ) can require SOTP review through the disciplinary process. If not referred for an assessment via the disciplinary process, the classification team shall refer the case for review by the SOTP Director.

The incarcerated individual rules and handbook provides detailed information to them regarding the disciplinary process. It provides the disciplinary policy and philosophy, informal action, minor reports, major reports, major disciplinary rule and classes of offense and major report sanctions.

(a) Policy above supports that incarcerated individuals shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse or following a criminal finding of guilt for incarcerated individual-on-incarcerated individual sexual abuse.

(b) Policy above supports that sanctions are commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary history, and the sanctions imposed for comparable offenses by other incarcerated individuals with similar histories.

(c) Policy above states, *If an offender is in a special needs or mental health status at the time of the incident, the investigator must obtain a statement from a mental health professional as to the offender's responsibility for the offender's conduct as stated in the report. The ALJ shall make a record of this statement. If the mental health professional or a doctor indicates that an offender should not be held responsible for the offender's conduct, the ALJ shall dismiss a disciplinary notice without conducting an in-person hearing.*

(d) The mental health staff confirmed that they would provide individual counseling regarding underlying reasons or motivations for the abuse if the participant volunteered for such counseling as a condition of access to programming or other benefits. It was also confirmed with documentation that one perpetrator did get the mental health evaluation and is involved in sex offender therapy.

(e) The PCM reported that the incarcerated individual would not be disciplined for sexual contact with staff which was found to have been initiated by staff. Policy supports this provision requirement as well.

(f) As stated in policy, disciplinary action for false statement is described as follows: *An offender commits an offense under this subsection when the offender 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 assault or sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying (or any other violation of this rule), even if an investigation does not establish evidence sufficient to substantiate the allegation.*

(g) The Iowa Department of Corrections does prohibit all sexual activity between incarcerated individuals and would/have disciplined incarcerated individuals for such activity. The auditor was provided eleven misconduct reports reflecting that this behavior is prohibited.

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

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the incarcerated individual 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 No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison incarcerated individual has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the incarcerated individual 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 No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the incarcerated individual is offered a follow-up meeting with a

medical or mental health practitioner within 14 days of the intake screening? Yes No NA

115.81 (d)

- 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 No

115.81 (e)

- Do 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 incarcerated individual is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

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

- Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures
- HSP-628 Patient Sexual Abuse
- Interviews Offenders who disclose sexual victimization at Risk Screening
- Interview with Staff Responsible for risk screening
- Interview with mental health staff
- PAQ
- Documents showing mental health follow-up encounters
- Consent form

The PAQ indicates that 100% of incarcerated individuals who disclosed prior victimization during screening were offered a follow up meeting with mental health practitioner, 100% of offenders who disclosed previously perpetrated sexual abuse during screening who were offered a follow up meeting with /mental health practitioner.

Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures states, *Initial Screening for Sexual Violence Propensity*

(1.) 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 14 days of the

SVP.

(2.) 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 14 days of the SVP.

Institutional Services, Reception & Orientation Incarcerated Individual Admission Procedures Initial Screening for Sexual Violence Propensity

(1.) 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 14 days of the SVP.

(2.) 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 14 days of the SVP.

HSP-628 Patient Sexual Abuse states,
Confidentiality

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.

(a) (b) Policy supports the requirements of this standard. Additionally, the interview with the mental health staff confirmed that she gets referrals related to prior victimization and abuse. Documentation showing referrals to mental health was provided to the auditor. The interview with mental health staff confirmed to the auditor that offenders who have experienced sexual abuse or perpetrated sexual abuse or offered a referral to mental health.

(c) As this is a prison, the provision is not applicable to this operation.

(d) Policy supports the requirement. Staff interviews (medical staff, mental health staff and the person who conducts the risk assessment and the PCM) all confirmed their knowledge and requirement to protect confidential information and only provide it on a need to know basis.

(e) Policy confirms the requirements of this provision. Additionally, it was reported during interview with medical/mental health staff that there has not been an incident in which informed consent needed to be obtained prior to reporting. Staff confirmed a consent/release form would be secured before reporting to authorities about incidents of sexual abuse that occurred outside the facility. A Consent to Release Information example was provided.

Finding of compliance is based on the following: Policy, interviews with staff who perform risk assessments, medical and mental health staff, documentation demonstrating referral to mental health as required, and the consent form all provided the auditor with sufficient evidence to support a finding of compliance with all provisions of this standard.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff
- Health Services Acute/Specialty Services Patient Sexual Assault HSP-628
- Interview with medical staff
- Interview with mental health staff

- PAQ

The PAQ indicates there have been no instances of sexual abuse requiring emergency or follow up medical/mental health treatment. The auditor found no reason to dispute this during the audit process.

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation and Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation With Offenders Staff state,

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor.

Health Services Acute/Specialty Services Patient Sexual Assault HSP-628 states,

It is the policy of the Iowa Department of Corrections 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. 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.

Patients shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health providers according to their professional judgment. Co-pay does not apply to PREA situations.

Policy additionally provides a detailed step by the steps what medical and mental health staff need to do to ensure unimpeded access to emergency medical treatment and crisis intervention services is provided.

(a) Policy and the interviews with both medical and mental health staff confirmed to the auditor that they believe the nature of scope of services provided would be according to the medical and mental health practitioners' professional judgment.

(b) Medical staff is on site at this facility 24 hours a day.

(c) As confirmed in policy and the interview with medical staff, incarcerated individual victims of sexual abuse while incarcerated will be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. As stated in policy, they use CDC guidelines.

(d) Policy and interviews confirmed that the services are provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy, state law, and interviews with medical and mental health staff provided the auditor with sufficient evidence to support a finding of compliance for this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- 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 No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are incarcerated individual victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known incarcerated individual-on-incarcerated 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 No NA

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, Or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders Staff
- Health Services Acute/Specialty Services Patient Sexual Assault HSP-628
- Interview with medical staff
- Interview with mental health staff
- PAQ
- Offender Program Sex Offender Programs Sex Offender Program Referrals

The PAQ indicates there have been no instances of sexual abuse requiring emergency or follow up medical/mental health treatment. The auditor found no reason to dispute this during the audit process.

Offender Program Sex Offender Programs Sex Offender Program Referrals states,
Referral to Sex Offender Treatment Program

The following offenders shall be reviewed by their institutional classification team and the team shall forward the offender name and information for a SOTP review to the SOTP Director:

Offenders who score Aggressor Incarcerated (AI) on the Sexual Violence Propensity Assessment, or Offenders who are found guilty of an assault of a sexual nature or sexual misconduct or a sexually violent offense while in a residential facility or while in prison. The Administrative Law Judge (ALJ) can require SOTP review through the disciplinary process. If not referred for an assessment via the disciplinary process, the classification team shall refer the case for review by the SOTP Director.

Health Services Acute/Specialty Services Patient Sexual Assault HSP-628 states,
All institutions shall attempt to conduct a mental health evaluation of all known patient-on-patient aggressors within 60 days of learning of such sexual violence history and offer treatment when deemed appropriate by mental health practitioners.

(a) Policy and the interviews with medical and mental health staff assured that auditor that the facility would offer medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse. Policy provides specific requirements regarding emergency treatment as well as follow up treatment.

(b) Policy and interviews with medical and mental health staff ensured the auditor that if a sexual abuse victim was released, counseling and treatment for the sexual abuse would be included in the discharge planning, to included follow up with the RVAP in the community.

(c) Policy and the interviews with the Interviews with both medical and mental health staff confirmed to the auditor that they believe the nature of scope of services provided would be consistent with community level of care.

(d) (e) This is not applicable to the facility as they house only male offenders.

(f) Health Services Acute/Specialty Services Patient Sexual Assault HSP-628 provides detailed information on the process for ensuring that Incarcerated individual victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate.

(g) Policy confirmed that this treatment would be free to the victim even if he does not cooperate with the investigation.

(h) Policy the interviews with mental health staff confirmed to the auditor that in accordance with the policy, known abusers would be evaluated and referred for Offender Program Sex Offender Treatment within 60 days.

Policy, state law, and interviews with medical and mental health staff provided the auditor with sufficient evidence to support a finding of compliance for this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation
- Fort Dodge Correctional Facility Prison Rape Elimination Act (PREA) Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders
- Interview with the Warden
- Interview with the PREA Compliance Manager/Incident Review Team
- PAQ
- Review of Incident Review documentation – thirteen total

The PAQ indicates there have been zero criminal/administrative investigations completed found to be substantiated or unsubstantiated, zero completed by a sexual abuse incident review within 30 days.

Fort Dodge Correctional Facility PREA -03 Prison Rape Elimination Act Staff Response to Offender on Offender Sexual Violence or Retaliation.

FORT DODGE CORRECTIONAL FACILITY PRISON RAPE ELIMINATION ACT (PREA) Staff, Contractor, or Volunteer Sexual Misconduct/ Harassment/ Retaliation with Offenders both state, *Sexual Violence Incident Reviews*

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. (PREA 115.86(a))

Such review shall ordinarily occur within 30 days of the conclusion of the investigation

The review team shall include:

Warden or designee;

Unit managers or other upper-level management team members responsible for the areas of the institution where the incident occurred;

Shift supervisors involved with the case or the shift on which the misconduct occurred;

At least one of the sexual violence investigators on the case;

Medical or mental health practitioners when involved with the perpetrator or the victim;

Institution's PREA Compliance Manager;

PREA Coordinator in substantiated cases of staff sexual misconduct or offender sexual assault.

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 areas where the incident occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels 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, Sexual Abuse Incident Review Report, and by entry of Form 5 into the PREA Investigation Database. The report shall include but not necessarily be limited to determinations made pursuant the above, and any recommendations for improvement. The report shall be distributed to the Warden, Institution Operations Deputy Director, Inspector General, the institution's PREA Compliance Manager, and the PREA Coordinator.

The institution shall implement the recommendations for improvement or shall document its reasons for not doing so.

(a) (b) (c) (d) (e) Policy supports all aspects of the standard. The interviews with the Warden and PCM who also serves on the incident review team confirmed that the facility will conduct the review of sexual abuse incidents (unless unfounded), within 30 days of the conclusion of the investigation and consider the following: 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 areas where the incident occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels 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, Sexual Abuse Incident Review Report, and by entry into the PREA Investigation Database.

The report shall include but not necessarily be limited to determinations made pursuant the above, and any recommendations for improvement. The report shall be distributed to the Warden, Institution Operations Deputy Director, Inspector General, the institution's PREA Compliance Manager, and the PREA Coordinator, as stated in policy.

The PCM indicated that the review is conducted within one of the bi-monthly management team meetings and therefore does include investigators and will consult with medical and mental health staff (The PCM is a member of the management team).

It was stated to the auditor that if an improvement was deemed necessary, it would make the changes or note why it could not be accomplished at this time. This information is all documented in the data base with a field for each of the requirements. Review of the completed Incident Review reports did demonstrate, when relevant, gang influence led to the incident. This demonstrated to the auditor that each detail is reviewed as required.

Finding of compliance is based on the following: policy, review of sexual incident reports, review of the reports in the management team meetings, interview with the Warden and staff who conduct the incident reviews provided the auditor with sufficient evidence to support a finding of compliance with the provisions of this standard.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance
- Iowa DOC Annual Reports
- PREA INVESTIGATION DEFINITIONS - Prison Rape Elimination Act National Standards Definitions
- Interview with the PREA Coordinator
- Survey on Sexual Victimization

Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance states,

Purpose

To provide guidelines for compliance with the PREA Standards on data collection, reporting, and PREA audit compliance (28 CFR Part 115 National Standards to Prevent, Detect, and Respond to Prison Rape Final Rule) in Iowa Department of Corrections (IDOC) institutions and community corrections districts.

DATA Collection and reporting

Public Reporting of Incident-Based Data

The PREA Coordinator shall collect accurate, uniform data for every allegation of sexual violence at all institutions using a standardized instrument and set of definitions. (See IDOC Policies PREA-02, Staff, Contractor, and Volunteer Sexual Misconduct with Offenders and PREA-03, Staff Response to Offender Sexual Violence.)

The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.

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.

The PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and incident reviews. (See IDOC Policies PREA-02 and PREA-03)

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.

(a) In addition to policy, the facility provided the following document to support how the agency uses definitions to ensure consistency in application.

Offenders

Sexual Abuse/Sexual Assault:

Sexual abuse of an incarcerated individual, detainee, or resident by another incarcerated individual, detainee, or resident; and Sexual abuse of an incarcerated individual, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an incarcerated individual, detainee, or resident by another incarcerated individual, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

Contact between the mouth and the penis, vulva, or anus;

Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

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

Sexual abuse of an incarcerated individual, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the incarcerated individual, detainee, or resident:

Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

Contact between the mouth and the penis, vulva, or anus;

Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an incarcerated individual, detainee, or resident, and

Voyeurism by a staff member, contractor, or volunteer.

Voyeurism:

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

Precursor Behavior: Intent to obtain non-consensual sexual acts:

All other acts the intent of which are to sexually harass, force, intimidate, or otherwise compel an unwilling offender into any sex act. This includes but is not limited to any behavior that exhibits:

- repeated and unwelcome sexual advances or requests for sexual favors;
- gestures or actions of a derogatory or offensive sexual nature;
- coercion, voyeurism;
- grooming;
- overt or implied threats of violence where sexual acts would appear to be imminent

For the purpose of accomplishing sex acts against an offender who would not otherwise consent. This includes protective pairing.

Retaliation

Includes but is not limited to an act of vengeance, covert or overt action or threat of action, or harassment against an offender, staff, contractor, or volunteer in Response to a complaint of sexual violence or cooperation in the reporting or investigation thereof, regardless of the merits or the disposition of the complaint. Examples: unnecessary discipline, changes in work or program assignments, unjustified transfers, placements, denials of privileges or services, intimidation, threats, assaults or other physical violence.

Staff / CONTRACTOR / VOLUNTEER

Sexual Misconduct:

Any behavior or act of a sexual nature directed toward an offender, whether it appears to be consensual or nonconsensual, including but not limited to acts or attempted acts of:

- Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire;
- Completed, attempted, threatened, or requested sexual acts;
- Occurrences of indecent exposure including display of uncovered genitalia, buttocks, or breasts, invasion of privacy;
- Voyeurism for sexual gratification including invasion of privacy unrelated to official duties, such as staring or glaring at an offender using the toilet for a longer period of time than necessary for security checks, requiring an offender to expose buttocks, genitals or breasts for reasons not related to approved security measures or normal medical procedures, or taking images of the same;
- Requiring or allowing an offender to engage in sexual contact, sexual intercourse, or other sexual conduct for any reason;
- Receiving any form or type of communication of a sexual or romantic nature from an offender and failing to report the communication immediately as designated by institution procedure and department policy;
- Influencing or making promises regarding, but not limited to, an offender's safety, custody, parole status, privacy, housing, privileges, work assignment, or program status in exchange for sexual favors or because an offender refused to submit to a sexual advance. This includes an exchange of anything of value between staff, a contractor, or volunteer and an offender (e.g. putting money into or promising to put money into an offender's account or bringing in or promising to bring in contraband for an offender in exchange for sexual favors).

Staff Sexual Harassment:

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one incarcerated individual, detainee, or resident directed toward another; and

Repeated verbal comments or gestures of a sexual nature to an incarcerated individual, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Retaliation

Includes but is not limited to an act of vengeance, covert or overt action or threat of action, or harassment against an offender, staff, contractor, or volunteer in Response to a complaint of sexual violence or cooperation in the reporting or investigation thereof, regardless of the merits or the disposition of the complaint. Examples include but are not limited to: unnecessary discipline, changes in work or program assignments, unjustified transfers or placements, unjustified denials of privileges or services, intimidation, threats, assaults, or other physical violence.

(b) (c) (d) Annual reports are available on the agency website at Prison Rape Elimination Act | Iowa Department of Corrections for 2014, 2015, 2016, 2017, 2018, 2019, and 2020. It includes a section in which data is aggregated annually. The auditor interviewed the staff from the agency IGO office who assists with compiling the data; an agency wide data based has been developed in which investigative information, sexual abuse incident review and investigation summaries are stored throughout the state therefore providing the ability to retrieve this information. The auditor reviewed the data; it includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice;

(e) The Annual Report provided website information for Community Based Corrections Residential Facilities.

(f) The interview with the PREA Coordinator confirmed that she completes this information for the Survey on Sexual Victimization when requested by the DOJ. The last request was in 2019 A copy was provided to the auditor.

Finding of compliance is based on the following: Policy, which includes definitions, Annual report, which addresses the topics as required in the provisions, and review of the Survey on Sexual Victimization provided evidence sufficient for the auditor to make a finding of compliance.

Standard 115.88: Data review for corrective action

115.88 (a)

- 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 No
- 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 No
- 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: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance
- Iowa DOC Annual Reports
- PREA INVESTIGATION DEFINITIONS - Prison Rape Elimination Act National Standards Definitions
- Interview with the PREA Coordinator
- Survey on Sexual Victimization
- Interview with the Director

Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance states,

Purpose

To provide guidelines for compliance with the PREA Standards on data collection, reporting, and PREA audit compliance (28 CFR Part 115 National Standards to Prevent, Detect, and Respond to Prison Rape Final Rule) in Iowa Department of Corrections (IDOC) institutions and community corrections districts.

Data Review for Corrective Action

The Inspector General's Office 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, including by:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings and corrective actions for each institution, as well as the department as a whole.

The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of IDOC's progress in addressing sexual violence.

The report shall be approved by the Director and posted on the IDOC website.

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) The auditor reviewed the Department's Annual Report dated 2020 for data from 2019. It contained sections that included:

- (1) Identification of problem areas;
- (2) Corrective action on an ongoing basis

The report does provide findings and corrective actions for each facility.

(b) The report does include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse.

(c) The agency's report is approved by the Director and is located on the website site at [annual_prea_report_2020_final.pdf\(iowa.gov\)](#)

(d) No information required redaction.

The Director stated the following: "Our department relies on our data base as a key resource in the PREA process. The data base has been instrumental in moving us forward in the process from the initial allegation to completion and has enabled us to share pertinent information which has enhanced communication statewide. We utilize our data base to keep track of incident reviews and the outcome. We are able to track and acknowledge our offender victims and perpetrators from institution to institution which has increased our ability to detect and protect offenders who may be susceptible to victimization. We have learned many valuable lessons from our data base and its ability to gather pertinent information. We have enhanced our ability to respond and provide better prevention efforts. Thanks to our audit process and our recent collaboration with the Integrated Justice Information System (IJS) project, our department has been provided an opportunity to enhance our existing data base to improve reports and learn from our corrective action planning process. She confirmed that she does approve the Annual Reports. Her signature is noted on the report posted on the website. "

The Annual reports, located on the website, interview from the Director, and policy provided ample evidence to support a finding of compliance.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

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

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

- Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance
- Iowa DOC Annual Reports
- PREA INVESTIGATION DEFINITIONS - Prison Rape Elimination Act National Standards Definitions
- Interview with the PREA Coordinator
- Survey on Sexual Victimization
- Interview Inspector General staff

Fort Dodge Correctional Facility PREA -04 Prison Rape Elimination Act Prison Rape Elimination Act (PREA) Data Collection, Reporting, And Audit Compliance states,
Purpose

To provide guidelines for compliance with the PREA Standards on data collection, reporting, and PREA audit compliance (28 CFR Part 115 National Standards to Prevent, Detect, and Respond to Prison Rape Final Rule) in Iowa Department of Corrections (IDOC) institutions and community corrections districts.

Data Storage, Publication, and Destruction

IDOC shall ensure that data collected is securely retained.

IDOC shall make all aggregated sexual abuse data readily available to the public at least annually on the IDOC website.

Before making aggregated sexual abuse data publicly available, IDOC shall remove all personal identifiers.

Sexual abuse data shall be retained for at least 10 years after the date of the initial collection or for as long as the subject of the investigation is an employee of the State of Iowa. (PREA 115.89(a-d))

(a) (b) (d) The policy and interview with the PREA Coordinator confirm that the agency does ensure that data collected pursuant to § 115.87 are securely retained. The Agency uses a Department wide data base that maintains all information pertaining to suspicions, allegations and investigations, including a summary of the investigation. At this point, this information is retained forever. This data base contains information and 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.

(c) The auditor reviewed the Annual Report; it did not contain information that contained personal identifiers.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

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

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

The agency website reflects that all facilities have been audited, this is the third audit cycle for this facility.

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

Per the IDOC website, there are nine prisons, three prisons have been audited each year since 2014.

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

The auditor found no evidence of any DOJ recommendation.

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

The auditor used the 2021 Auditor Handbook, PAQ, and

(e) The agency shall bear the burden of demonstrating compliance with the standards.

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

See comments throughout the report.

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

See comments throughout the report. Sampling size is noted.

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor had access to all areas of the facility.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

As noted in the report, the auditor requested and received documents.

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

The auditor has retained all documents used in determination of compliance.

(k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

Number and type of incarcerated individual interviews are noted in the methodology report.

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

The auditor was given access to monitoring of all cameras in the facility. One camera did point towards the housing unit bathrooms, but even with zooming, due to the privacy structures, the auditor could not see any incarcerated individuals showering or using the toilets.

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

All interviews with incarcerated individuals were held in a private room.

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

Posters announcing the audit, with the audits address were visible during the tour. One letter was received after the on-site audit. The receiving address had been checked the Friday before the start of the audit on Monday and no letters were found. The auditor was still able to interview the incarcerated individual as he communicated with staff his desire to be interviewed and it was accommodated.

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

The auditor attempted to communicate with staff from the Crisis Services but was unable to connect. Research of the internet, communication with advocates from other regions and the updated access to the phones provided evidence to support that this facility and this agency have provided access to these services.

Standard 115.403: Audit contents and findings

15.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Final reports for the last 21 audits were accessible via the Department website.

Auditor Overall Compliance Determination

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

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

Signature noted indicating that no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

See narrative for compliance finding for each standard.

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

Each provision is addressed for each standard narrating the evidence used by the auditor for justifying a finding of compliance.

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

Each standard describes the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility and includes recommendations for any required corrective action.

(e) Auditors shall redact any personally identifiable incarcerated individual or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

The report did not require the redaction of any personally identifiable incarcerated individual or staff information.

(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any incarcerated individual or staff member, except where the names of administrative personnel are specifically requested in the report template.

Amy J. Fairbanks

August 20, 2021

Auditor Signature

Date