

# PREA Facility Audit Report: Final

**Name of Facility:** Clarinda Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/20/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 07/20/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	06/15/2022
<b>End Date of On-Site Audit:</b>	06/17/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Clarinda Correctional Facility
<b>Facility physical address:</b>	2000 N. 16th St, Clarinda, Iowa - 51632
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Steve Slough
<b>Email Address:</b>	steve.slough@iowa.gov
<b>Telephone Number:</b>	712-695-7140

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Stephen Weis
<b>Email Address:</b>	stephen.weis@iowa.gov
<b>Telephone Number:</b>	712-695-7140

Facility PREA Compliance Manager	
<b>Name:</b>	Blythe Larson
<b>Email Address:</b>	blythe.larson@iowa.gov
<b>Telephone Number:</b>	
<b>Name:</b>	Steve Slough
<b>Email Address:</b>	steve.slough@iowa.gov
<b>Telephone Number:</b>	

Facility Health Service Administrator On-site	
<b>Name:</b>	Melissa Farnsworth
<b>Email Address:</b>	melissa.farnsworth@iowa.gov
<b>Telephone Number:</b>	712-695-7140

Facility Characteristics	
<b>Designed facility capacity:</b>	750
<b>Current population of facility:</b>	989
<b>Average daily population for the past 12 months:</b>	967
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18 – 80 yrs.
<b>Facility security levels/inmate custody levels:</b>	Medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	210
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	80
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

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

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Rebecca Bowker	Email Address:	rebecca.bowker@iowa.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-15
2. End date of the onsite portion of the audit:	2022-06-17

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor contacted Catholic Charities related to victim advocacy services. The staff member confirmed that they have an MOU with the facility and that it was executed in January 2016. The staff member stated that they provide advocacy services for survivors of sexual assault, human trafficking and domestic violence. She stated they provide legal advocacy, group facilitation, a 24 hour crisis line, counseling services, crisis counseling, hospital response (SAFE/SANE accompaniment) and other services. She confirmed her contact at the facility is the PCM and that the organization has provided services to individuals at CCF in the past. She stated they have provided advocacy services, but have not provided any hospital accompaniment. The staff member stated she did not have any concerns related to the facility's PREA compliance nor did she have any concerns related to sexual safety among the individuals housed at the facility. In addition to Catholic Charities, the auditor contacted Just Detention International (JDI). JDI staff advised they had no communication with inmates at CCF.</p>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	750
15. Average daily population for the past 12 months:	967
16. Number of inmate/resident/detainee housing units:	13
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1041
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38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	6
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	180
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	10
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	12
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	6
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	67
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	It should be noted that inmate, offender and incarcerated individual are used interchangeably within this document.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	216
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	80

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Volunteers have not been authorized at the facility over the previous twelve months due to COVID-19.
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## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
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54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
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55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility has thirteen housing units, at least one inmate from each housing unit was interviewed with the exception of the Disciplinary Restrictive Housing Unit (which was closed during the on-site portion of the audit). This included: two from N1; two from N2; five from N3; three from N4; three from S1; three from S2; two from S3; one from S4; three from E1; two from E2; three from E3 and two from E4.
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56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The facility houses male inmates. The auditor interviewed 26 male inmates and five transgender female inmates. With regard to race for the 31 inmates interviewed, 21 were white/Caucasian residents, nine were a black/African American resident and one was Asian. 22 of the inmates interviewed were Non-Hispanic and four were Hispanic. The age of the inmates interviewed were broken into categories; zero were under eighteen, five were eighteen to 25; six were 26-35, nine were 36-45, six was 46-55 and five were over 55. Time at the facility was also broken into categories. Sixteen were at the facility less than a year; twelve were at the facility between one year and five years; one was at the facility from six years to ten years and two were at the facility over ten years.
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#### Targeted Inmate/Resident/Detainee Interviews

<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	16
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor confirmed through conversation with medical and mental health staff as well as the PCM that there were zero inmates with a vision impairment.
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	2

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	5
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor confirmed through a review of housing assignments for inmates at risk of sexual victimization and housing assignments for inmates who reported sexual abuse that none were involuntarily segregated.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None



If "Other," describe:	Gender, race and ethnicity.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>The facility has three shifts, four staff were interviewed from the 6am-2pm shift, five were interviewed from the 2pm-10pm shift and four were interviewed from the 10pm-6am shift. With regard to the demographics of the random staff interviewed; ten were male and three were female. Twelve of the staff interviewed were white and one was black. All thirteen were non-Hispanic. The rank of the staff interviewed varied and consisted of nine Correctional Officers, two Sergeants and two Captains.</p>
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Mail room staff.</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The auditor conducted most of the specialized interviews via phone from June 7, 2022 through June 10, 2022. A few of the specialized interviews were conducted on-site on June 15, 2022 and June 16, 2022. The facility does not house youthful inmates and as such there were zero staff interviewed who work with or supervise youthful inmates. Additionally, the agency prohibits cross gender strip and visual body cavity searches and there were zero exigent circumstances where these searches were conducted and as such no interviews were conducted.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The on-site portion of the audit was conducted on June 15-17, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on June 15, 2022. The tour included all areas associated with CCF to include; the thirteen housing units, laundry, intake, visitation, religious services, education, maintenance, food service, health services, recreation, industries, administration and the numerous buildings outside the secure perimeter. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing areas and other factors as indicated in the appropriate standard findings.

The auditor observed large PREA posters in each of the housing units. The posters advised inmates about sexual abuse and to report to staff. Posters were very large, however they were posted at a very high sight level which negated the large print for vision impaired inmates. The posters also did not contain any additional information on reporting, other than to staff. The auditor also observed a small paper posted next to the phone with the Ombudsman's phone number. The paper was very small and font was difficult to read. The paper did not provide any information other than the Ombudsman's contact information. The auditor did not observe any posted information on the outside emotional support services (Catholic Charities). The auditor did observe the contact information for the agency's Victim Services posted on the same paper as the Ombudsman's Office contact information. The large PREA posters were observed to be in both English and Spanish, however the Ombudsman's information was only observed in English. The auditor determined that the information posted was inadequate related to informing inmates information on sexual abuse and sexual harassment. Additionally, the posted information was inadequate for disabled and LEP inmates through not only the information provided, but the size of font, sight level of posted information and language of posted information. The audit announcement was observed on bulletin boards in each of the housing units. The announcements were posted on white paper and had adequate font size and were posted at a readable level for disabled inmates. The announcements were observed in both English and Spanish. It should be noted a few of the notices were partially covered by other posted information. Third party reporting information was observed in the visitation area. The third party posters had adequate font, were placed at appropriate sight level height, were in English and Spanish and included the phone number and email for reporting. In addition to the posted information the facility provides information through the PREA Bookmark and the Staying Safe A Guide for Incarcerated Individual Conduct. The auditor reviewed this information and viewed that it contained information on how to report to staff. Additionally, during the tour the staff advised that information was added to the facility informational channel. The auditor asked to view the channel, but the inmate at the library advised the information was taken off the channel the day before. He advised it was on there for a few weeks. The inmate pulled up the information that was displayed on the channel and the auditor observed that it was four pages of Rape and Domestic Violence Centers, including the Phoenix House. The pages had addresses and phone numbers and stated that all calls are subject to monitoring. Informal conversation with staff and inmates confirmed that the large posters have been up a

while but they don't have reporting information. The inmates indicated that the paper by the phone that had information on it was just recently put up. Inmates stated they can report verbally to staff or they can report to the Ombudsman. A few inmates stated they can report to the Captain because if they verbally report to line staff it isn't taken seriously. A few inmates also stated when they report to the Ombudsman's Office it costs them money. Staff stated that inmates can report to any facility staff member or a member of the public.

During the tour the auditor confirmed that the facility follows the staffing plan. There were five staff for each four housing unit area. Each housing unit had a staff member assigned that was always on the unit. The auditor observed that the staff desk was positioned with adequate sight lines. There were a few corners in each of the housing units, but with required round by staff the corners did not pose an issue. The auditor did observe two blind spots, one in the education fire hallway and one in laundry. The auditor advised the facility that a mirror and/or camera would need to be installed to alleviate the blind spot. It should be noted that during the tour the auditor observed numerous blind spots in the outside building areas. These areas are only accessible to the inmate population that works in laundry, food service and maintenance. The facility has installed cameras throughout a large portion of the work areas, however due to the building age and physical plant there are many areas that are accessible that are not monitored (physically by staff or via video monitoring technology). Additionally, the auditor observed unsecure doors in food service. The facility is in the process of building these work areas within the secure perimeter to avoid using these older outside buildings. The auditor highly recommends that the facility block off as many areas of the buildings as possible that are not in use. Additionally, the auditor highly recommends that staff ensure all doors are secure when not in use. Informal conversation with staff confirmed that staffing is always the same with one staff member per housing unit. Staff indicated they make rounds every 20 to 30 minutes and that supervisors make unannounced rounds once or twice a day. Informal conversation with inmates also confirmed that the one staff member per unit is typical and that staff make rounds about every 30 minutes. The inmates also confirmed they see a supervisor (Captain) once per shift. Both staff and inmates indicated that there are three to four inmates per cell. The inmates stated that with three to four a cell it is pretty crowded. During the tour the auditor observed that cells contained three to four inmates and that while the cells were on the larger side, these cells were originally constructed for two inmates. Thus, the housing units had overcrowding and the facility was over capacity. As such, the auditor highly recommends that the facility decrease the inmate population down to maximum capacity. It should be noted that even with the overcrowding, staffing was adequate on each housing unit.

During the tour the auditor observed cameras throughout the facility. The facility has over 225 cameras and cameras were observed in all housing units and in common areas. Cameras were also observed in the work areas outside of the secure perimeter. Some of the cameras had pan, tilt and zoom capabilities while others did not. Cameras are accessible for staff to view in the control center and they are also available remotely for administrative staff. The auditor confirmed that the cameras assisted with supervision through coverage of high traffic areas and areas that staff are not directly assigned. The auditor viewed the

cameras and observed that the views assisted with supervision and monitoring.

With regard to cross gender viewing, the auditor confirmed that each general population housing unit provided privacy through shower curtains and cell doors. Each housing unit is equipped with six to eight single person showers. All showers have a curtain that provides adequate privacy. Toilets are located in each cell and the position of the toilet in the cell is obstructed from the security window. The disciplinary segregation unit (which was closed during the on-site portion of the audit) was equipped with the same toilet position in cells as the other housing units. The showers were also single person but had half metal and half lattice type material with an opaque barrier. The auditor advised the facility that while the shower provides adequate privacy for male inmates, they would need to provide different accommodations for any transgender inmates that are housed in disciplinary segregation. The administrative segregation unit provided the same privacy as the other units with regard to the toilet position inside the cell. The showers were also single person but had a lattice type material and a mesh type material for privacy. While the auditor observed that the obstruction provided some privacy, except when staff were directly in front of the showers, the auditor recommended that the facility provide additional accommodations for privacy. A review of the video monitoring system confirmed that none of the cameras posed any cross gender viewing issues in strip search areas. All cameras in the housing units did not pose any cross gender viewing issues with the exception of one camera inside of a suicide observation cell in the segregated housing unit. The auditor observed that the angle of the camera did not allow privacy when using the toilet. During the tour the auditor observed the cross gender light and buzzer mechanism. In each unit, the staff would flip a switch, which would make a door bell like sound and a bright yellow/orange light would come on. The light would remain on while the auditor was in the housing unit and be shut off upon departure. The staff would flip the switch immediately upon entry, which allowed for time, based on the physical structure of the housing units, for inmates to cover up. Informal conversation with staff and inmates confirmed that the buzzer bell and light is routinely used for female staff member. Inmates were aware of what the light and buzzer bell meant, that females were on their wing.

Inmate risk assessments are both electronic and paper. Mental health staff complete a form (72 Hour PREA Transfer Screening) upon the inmates arrival. The paper form is then maintained in the inmate's mental health file, which is eventually scanned and maintained electronically. The information from the form is emailed to the inmate's counselor/case manager to be utilized for the 72 hour risk assessment. The initial risk assessment is completed electronically and stored in the agency's ICON system. Access to the risk screening information in ICON is limited. During the tour the auditor asked a security staff member to illustrate what he was able to access related to the risk screening information. The staff member pulled up a list of inmates, where they were housed and their risk screening code. The staff member was not able to view the risk screening tool or any responses. The investigation database, which holds sexual abuse and sexual harassment information also has limited access. Only staff assigned as investigators or administrative level staff have access to this database. During the tour the auditor had a security staff member attempt to access the database in ICON. He was not familiar with how to do it and when directed on how, he did not have access. He

was able to pull up attachments related to the investigation, such as the victim notification, but nothing that has sensitive and private information. Inmate medical and mental health files are electronic, however some files are initially paper. All paper file are scanned into the ICON system and then shredded. Access to the medical and mental health files in ICON is limited to medical staff, mental health staff and dental staff.

During the tour the auditor observed the mailroom and mail process. All outgoing mail is left unsealed and placed in a box. Staff then review the outgoing mail to check for contraband and then it is placed in the outgoing US mail. The auditor observed a mail box with a lock in each of the housing unit hallways. Incoming mail is copied and provided to the inmates weekly. The original mail is not provided to the inmate to reduce the introduction of contraband. Inmates are required to purchase writing material for any outgoing mail, unless they are indigent (the agency has a process/policy for this). The mailroom staff member confirmed that all outgoing mail is left unsealed unless it is legal mail. Staff go through the mail, check the return address and ensure there is not any contraband. Staff then seal the outgoing mail and it is sent out via US mail. The staff member stated that letters to the Ombudsman's Office can be sealed in front of a staff member and are not monitored. The staff member indicated that incoming mail is picked up, counted and sorted by unit. The mail is then opened and copied and the inmate gets the copy, unless it is legal mail. The staff stated that letters from the Ombudsman's Officer are not copied or opened and that they are treated as confidential mail.

The auditor observed the intake process through a demonstration by staff. The facility does not have an intake area where all activities are conducted. The inmate comes in, is searched, is taken to get clothing and property and is then taken to health services. The inmate is provided a copy of the Incarcerated Individual Information Guide upon intake. The inmate is then given the PREA Bookmark and is asked the 72 Hour PREA Transfer Screening questions in health services. The PREA Bookmark is available in both English and Spanish and contains information on the zero-tolerance policy and reporting mechanisms. The intake staff member stated that health services does the initial intake and then inmates are provided the orientation within seven days. The orientation includes viewing of the PREA What You Need to Know video and a verbal presentation of the Staying Safe A Guide for Incarcerated Individual Conduct form. The staff advised that the form is in English and Spanish and that he gives the inmates a chance to ask any questions after the video.

The auditor was provided a demonstration of the initial risk assessment. Upon arrival inmates are taken to health services where they complete the 72 Hour PREA Transfer Screening. The inmates are provided the form (available in English and Spanish). They fill out the form, which includes questions related to prior sexual victimization, prior abusiveness and LGBTI identity. The mental health care staff then has one inmate at a time bring up their form to go over the information. The staff member reviews the form and if the inmate has answered yes to any of the questions the staff member asks for more information. The staff member also asks if they want a follow-up with mental health related to their response(s). The information is then forwarded to the inmate's counselor, who utilizes it for the Sexual Violence Propensity screening (risk screening). After the information is provided to the counselor, the counselor utilizes that information as well as

information from a file review to complete the initial risk screening. Informal conversation with the risk screening staff indicated that if an inmate has a disability that they are able to take them out of the room and go over the information with them in a way that they can understand. Also, the staff member stated that they have two inmate who have gone through confidentiality training and are paid to translate. The staff member stated they would translate any of the questions and the inmate would mark the response on the form.

The auditor tested the kiosk reporting mechanism during the on-site portion of the audit. The auditor had an inmate submit an electronic kiosk message to the PCM on June 15, 2022. The PCM provided confirmation via email on June 16, 2022 that the kiosk message was received, confirming the reporting mechanism functionality. In addition to the kiosk, inmates can report verbally to staff and in writing through a kite. Inmates confirmed they can verbally report to any staff member, however a few advised they would report to the Captain because line staff do not always take things seriously. The auditor was unable to test the outside reporting mechanism (Ombudsman's Office) as calls to the officer were not free. The auditor did not want the inmate to be charged for a test call. The PC advised that the Ombudsman's Officer requested that inmate's be charged for calls to reduce the amount of frivolous calls they were receiving. The auditor did contact the Ombudsman's Office via phone after the on-site portion of the audit to discuss the reporting mechanism. The staff member advised that their office can be reached via phone or by mail. The staff member indicated that if a report of sexual abuse or sexual harassment was provided to them they would contact the agency's Central Office and let them know of the concern that was raised. She stated they would then notify the inmate that the information was forwarded to Central Office to handle. The staff member confirmed that the inmate can request to remain anonymous, but they do advise the inmate that by not sharing information it may limit the investigation. Informal conversation with inmates and staff confirm that they were aware of the Ombudsman's Office for reporting. A few of the inmates advised they could not report to the Ombudsman's Office unless they went through the grievance process. The Ombudsman's Office staff advised that this was not accurate and they did not have to go through the grievance process prior to contacting them. The auditor observed that this information was contained in the Incarcerated Individual Information Guide, though it was not directly related to reporting a sexual abuse or sexual harassment allegation.

During the tour the auditor asked a staff member to illustrate how they would document a verbal report of sexual abuse or sexual harassment. The staff member pulled up the incident reporting system in database and indicated he would input the appropriate information and submit the form. He stated that the system can be accessed from any computer. Further communication with the PC indicated that staff are to document verbal reports through an email. Most staff indicated that inmates can report verbally and they were required to document it, however they indicated they had not had that happen to them and they were not sure where exactly to document it. Staff further advised that they can report sexual abuse or sexual harassment of an inmate privately through email or phone. The staff indicated they do not have to go to their direct supervisor, they can report to any staff (such as the Warden, PCM or Investigator).

The auditor tested the third party reporting mechanism prior to the



on-site portion of the audit. A review of the agency's website confirms that the following information is provided to the public: "If you are aware of an incarcerated individual or client who is experiencing sexual abuse you can report this anonymously through multiply venues: Via email to [PREA.reporting@iowa.gov](mailto:PREA.reporting@iowa.gov), you can also mail a letter to IDOC Central Office, 510 E. 12th Street, Des Moines, IA 50319 or State of Iowa Office of Ombudsman, 1112 E. Grand Avenue, Des Moines, IA 50319." A review of the Third Party Poster confirms that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals are directed to call 319-372-5432 extension 41847 or request to speak with a shift supervisor. Additionally, the end of the visitation application advises visitors that the IDOC has a zero tolerance policy for sexual violence of if the individual is concerned about sexual violence committed against any person in IDOC prison they should contact the Warden. On May 4, 2022 the auditor sent an email to the above email address to test the functionality of the third party reporting mechanism. The auditor received a response on May 5, 2022 that indicated the email was received and that if a report of sexual abuse or sexual harassment was sent it would be sent to the IGO, Warden and PCM at the facility. The information would also be entered into the database and an investigator would be immediately assigned. The email stated that the PC and the Investigative Supervisor monitor the third party reporting email.

The facility provides access to victim advocates through Catholic Charities Phoenix House. While the facility had a phone number for services, the number was not provided to the inmate population. The auditor was also unable to test the hotline number as it was required to be added to the inmate's call list and it cost the inmate a fee to make the call. The auditor did not want to have an inmate incur the cost in order to test the hotline. The PCM advised that while inmates can add the number to their call list and pay for the call, they can also set up a free confidential call through a staff member. The auditor inquired as to how the inmate population was informed of this and the PCM indicated they were not informed. Catholic Charities Phoenix House also has a mailing address that can be utilized for correspondence, however the facility did not provide this address to the inmate population.

The auditor was provided a demonstration of the comprehensive PREA education process. The PREA education is provided during orientation. Orientation begins with the PREA video (available on a thumb drive). The video (PREA What You Need to Know) was only available in English and did not have closed captioning. After the video, the staff member goes over the Staying Safe A Guide for Incarcerated Individual Conduct verbally and has the inmates sign that they received the information. The orientation is completed in a classroom with a 27 inch television/computer monitor with adequate sound. During the orientation a mentor (inmate) is available to assist with any necessary translation. The staff member advised that they have an older version of the Staying Safe A Guide for Incarcerated Individual Conduct available in Spanish, however the inmates have told him it does not translate appropriately. The staff member further indicated for hearing impaired inmates he would write notes back and forth to communicate and for any special needs inmates he would have mentors assist with comprehension. It should be noted that mentors have been trained to assist with the mental health inmate population at the facility and have special skills to assist with cognitive disability individuals.

Random staff interviews were conducted on June 16, 2022 through June 17, 2022. The 6am-2pm and 2pm-10pm shift staff were interviewed on June 16, 2022 and the 10pm-6am shift staff were interviewed on June 17, 2022. The few specialized staff interviews that were conducted on-site were completed on June 15, 2022 and June 16, 2022. Inmate interviews were conducted on June 15, 2022. All staff and inmate interviews were conducted in a private office setting. The auditor utilized Language Link for the two LEP interviews. The auditor dialed the number, entered the account information and chose the appropriate language. While the service was available and easy to utilize, most staff were unaware that this services was accessible to them. The PCM advised the auditor that they have not been using the service like they are supposed to. Additionally, during the interview with the deaf inmate, the auditor had to utilize a pen and paper to communicate. The inmate was unable to understand some of the information and indicated that he had trouble with regular English since he utilizes American Sign Language. After the interview the PCM indicated that they have services for disabled inmates (Hands Up) but that he was not sure how to utilize it.

## Documentation Sampling

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

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

Yes

No

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

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

**Personnel and Training Files.** The facility has 210 staff assigned. The auditor reviewed a random sample of 34 staff personnel and/or training records that included five staff hired within the previous twelve months, four staff promoted within the previous twelve months and three staff that were hired over five years ago. Additionally, personnel and/or training files for eight contractors and seven medical and mental health care staff were reviewed. The auditor reviewed the majority of the files of the staff that were interviewed.

**Inmate Files.** A total of 43 inmate files were reviewed. 29 were of inmates that arrived in the previous twelve months, six were of disabled inmates, four were of LEP inmates, four were of transgender inmates and seven were of those who reported prior victimization or were identified with prior sexual abusiveness. The auditor reviewed the files of all inmates that were interviewed.

**Medical and Mental Health Records.** The facility had nine sexual abuse and sexual harassment allegations reported from January 2021 to January 2022 and four sexual abuse and sexual harassment allegation reported from January 2022 and July 2022. The auditor reviewed all available medical and mental health records related to the sexual abuse investigations. Additionally, the auditor reviewed documentation for the seven inmates who

disclosed prior sexual victimization or were identified with prior sexual abusiveness during the risk screening.

Grievances. The agency does not utilize the grievances process for sexual abuse and sexual harassment allegation. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. The auditor reviewed the grievance log and selected a sample of eleven grievances to confirm there were zero sexual abuse or sexual harassment allegations reported via the grievance process.

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

Incident Reports. The facility does not complete incident reports. Information is documented via email. The supervisor completes an incident report in the investigative database related to the information. The auditor reviewed all documentation related to the nine investigations reported from January 2021 through January 2022 and the three sexual abuse allegations reported from January 2022 through July 2022.

Investigation Files. From January 2021 through January 2022 the facility had nine sexual abuse and sexual harassment allegations reported and four reported from January 2022 through July 2022. All thirteen resulted in an administrative investigation. One sexual harassment investigation was substantiated but was not referred for criminal investigation or prosecution. The auditor reviewed twelve of the thirteen investigations to ensure all components required were included.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	0	4	0
Staff-on-inmate sexual abuse	1	0	1	0
<b>Total</b>	5	0	5	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	4	0	4	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	3	0
Staff-on-inmate sexual abuse	0	1	0	0
<b>Total</b>	0	2	3	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	1
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	3	1

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	6
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>While there were only 9 investigations during the previous twelve month, the auditor reviewed four investigations that were from January 2023 through July 2022. One sexual harassment investigation during the previous twelve months was not reviewed. There were zero criminal investigations conducted and as such there were zero to review.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>Non-certified Support Staff</b></p>	

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

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other



**Standards****Auditor Overall Determination Definitions**

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

**Auditor Discussion Instructions**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-01 – Incarcerated Individual PREA Information
3. PREA-01 (CCF) - Incarcerated Individual PREA Information
4. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
5. PREA-02 (CCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
6. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
7. PREA-03 (CCF) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
8. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance
9. PREA-04 (CCF) - Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance
10. AD-GA-13 – Administration & Management
11. IS-CL-09 – Interstate Corrections Compact Transfer for Prison
12. AD-PR-03 – Review of Staff Requirements
13. IO-SC-01 – Management of the Security Program
14. IS-CL-07 – Youthful Incarcerated Individuals
15. IO-SC-18 – Searches
16. IO-SC-17 – Cross Gender Supervision
17. IS-RO-02 – Incarcerated Individual Intake and Orientation
18. Chapter 28E, Code of Iowa (2017)
19. AD-PR-05 – Employee Selection
20. AD-PR-07 – Background Checks for Applicants and Current Employees
21. AD-PR-11 – Iowa Department of Corrections General Rules of Employee Conduct
22. AD-GA-01 – Agreements and Contracts
23. Agency Table of Organization
24. Facility Table of Organization
25. Memorandum from the Warden

Interviews:

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

Findings (By Provision):

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

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PAQ stated that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ did not indicate the position of PREA Coordinator within the agency, however further communication with the PC indicated that she is the interim PREA Coordinator and she reports to the Deputy Director. PREA-01 (page 5) and PREA-04 (page 6) state the Deputy Director of Institution Operations/Designee shall serve as IDOC's PREA Coordinator and shall be responsible to develop, implement and oversee IDOC efforts to comply with the requirements of the PREA standards. The agency's table of organizational chart reflects that the PC position is an upper-level, agency-wide position. The organizational chart confirms that the PC reports to the Deputy Director. The interview with the PC indicated that she has enough time to manage all of her PREA related responsibilities. She stated that she has nine IDOC PREA Compliance Managers and eight PREA Compliance Managers for the Districts. She indicated that she has a good relationship with the PCMs and Wardens and if she noticed anything that was wrong related to compliance she would coordinate with them to correct the issue.

115.11 (c): The PAQ indicated the position of the PCM at the facility is the Treatment Services Director and the position reports to the Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's table of organizational confirms that the Treatment Services Director reports to the Associate Warden of Treatment. PREA-01 (page 5) and PREA-04 (page 6) state each IDOC institution shall designate a PREA Compliance Manager/PREA Coordinator with sufficient time and authority to coordinate the institutions efforts to comply with the PREA standards. The memo from the Warden indicated that the Treatment Services Director was assigned as the PCM on February 15, 2016. The interview with the PREA Compliance Manager indicated he has sufficient time to complete all of his PREA related responsibilities. He stated that his duties include monitoring investigations, ensuring the cross-gender lights are working and used appropriately and monitoring logs for transgender incarcerated individuals. He stated that if he determined there was an issue complying with a PREA standard he would send out appropriate direction to staff and get involved in whatever areas required the correction (supervisors, maintenance, etc.) to ensure they were aware of what was required to come into compliance.

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

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 914 472" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire</li> <li data-bbox="242 387 727 416">2. AD-GA-13 – Administration &amp; Management</li> <li data-bbox="242 445 914 474">3. IS-CL-09 – Interstate Corrections Compact Transfer for Prison</li> </ol> <p data-bbox="242 557 352 586">Interviews:</p> <ol data-bbox="242 616 798 645" style="list-style-type: none"> <li data-bbox="242 616 798 645">1. Interview with the Agency's Contract Administrator</li> </ol> <p data-bbox="242 728 483 757">Findings (By Provision):</p> <p data-bbox="242 844 1481 1171">115.12 (a): The PAQ indicated that the agency has entered into or renewed a contracts for the confinement of inmates since the last PREA audit. The PAQ stated the contracts require contractors to adopt and comply with the PREA standards. The PAQ further stated that there have been nine contracts for the confinement of inmates that the agency entered into or renewed with privates entities or other government agencies since the last PREA audit. Further communication with the PC indicated that this information was inaccurate and that the nine contracts are within the agency (community based facilities operated by the IDOC). AD-GA-13 (page 3) and IS-CL-09 (page 9) state that when IDOC contracts for the confinement of IDOC offenders with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with PREA standards. Policies further state that any new contract or contract renewal shall provide for IDOC contract monitoring to ensure the entity is complying with the PREA standards.</p> <p data-bbox="242 1261 1490 1556">115.12 (b): The PAQ indicated that all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. Further communication with the PC indicated that this information was inaccurate and that the nine contracts are within the agency (community based facilities operated by the IDOC). AD-GA-13 (page 3) and IS-CL-09 (page 9) state that when IDOC contracts for the confinement of IDOC offenders with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with PREA standards. Policies further state that any new contract or contract renewal shall provide for IDOC contract monitoring to ensure the entity is complying with the PREA standards. The interview with the Agency Contract Administrator indicated that the agency has contracts with the Judicial Districts for the confinement of inmates. The Judicial Districts still fall under the IDOC and as such they do not contract for the confinement of inmates.</p> <p data-bbox="242 1644 1388 1704">Based on the review of the PAQ, AD-GA-13, IS-CL-09 and information from the interview with the Agency Contract Administrator, this standard appears to be not applicable and as such compliant.</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. AD-PR-03 – Review of Staff Requirements</li> <li>3. IO-SC-01 – Management of the Security Program</li> <li>4. PREA Assessment Information Staffing Analysis Report</li> <li>5. PREA Staffing Plan Reports</li> <li>6. Daily Staffing Rosters</li> <li>7. Documentation of Unannounced Rounds</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Photos of the Mirror Placement</li> <li>2. Photos of the Video Monitoring Modification</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with the PREA Compliance Manager</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with Intermediate-Level or Higher-Level Facility Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Staffing Levels</li> <li>2. Video Monitoring Technology or Other Monitoring Materials</li> </ol> <p>Findings (By Provision):</p> <p>115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. AD-PR-03, page 3 states IDOC shall ensure that each facility it operates develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect incarcerated individuals against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted detention and correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the incarcerated individual population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the staffing plan is based on the capacity of 967 inmates. A review of the PREA Assessment Information and Staffing Analysis Report confirmed that it included challenges at the facility, the physical plant, the incarcerated individual population,</p>

the video monitoring technology in the facility and supervisory staff at the facility. The facility employs 210 staff. Security staff mainly make up three shifts; 6am-2pm, 2pm-10pm and 10pm-6am. Each shift has a supervisor (Captain) and numerous Correctional Officers. Staff are assigned to many areas around the facility, including housing units, rover, central control, visitation, industries, transport, group and weekend. During the tour the auditor confirmed that the facility follows the staffing plan. There were five staff for each four housing unit area. Each housing unit had a staff member assigned and that was always on the unit. The auditor observed that the staff desk was positioned with adequate sight lines. There were a few corners in each of the housing units, but with required round by staff the corners did not pose an issue. The auditor did observe two blind spots, one in the education fire hallway and one in laundry. The auditor advised the facility that a mirror and/or camera would need to be installed to alleviate the blind spot. It should be noted that during the tour the auditor observed numerous blind spots in the outside building areas. These areas are only accessible to the inmate population that works in laundry, food service and maintenance. The facility has installed cameras throughout a large portion of the work areas, however due to the building age and physical plant there are many areas that are accessible that are not monitored (physically by staff or via video monitoring technology). Additionally, the auditor observed unsecure doors in food service. The facility is in the process of building these work areas within the secure perimeter to avoid using these older outside buildings. The auditor highly recommends that the facility block off as many areas of the building as possible that are not in use. Additionally, the auditor highly recommends that staff ensure all doors are secure when not in use. Informal conversation with staff confirmed that staffing is always the same with one staff member per housing unit. Staff indicated they make rounds every 20 to 30 minutes and that supervisors make unannounced rounds once or twice a day. Informal conversation with inmates also confirmed that the one staff member per unit is typical and that staff make rounds about every 30 minutes. The inmates also confirmed they see a supervisor (Captain) once per shift. Both staff and inmates indicated that there are three to four inmates per cell. The inmates stated that with three to four a cell it is pretty crowded. During the tour the auditor observed that cells contained three to four inmates and that while the cells were on the larger side, these cells were originally constructed for two inmates. Thus, the housing units had overcrowding and the facility was over capacity. As such, the auditor highly recommends that the facility decrease the inmate population down to maximum capacity. It should be noted that even with the overcrowding, staffing was adequate on each housing unit. Additionally during the tour the auditor observed cameras throughout the facility. The facility has over 225 cameras and cameras were observed in all housing units and in common areas. Cameras were also observed in the work areas outside of the secure perimeter. Some of the cameras had pan, tilt and zoom capabilities while others did not. Cameras are accessible for staff to view in the control center and they are also available remotely for administrative staff. The auditor confirmed that the cameras assisted with supervision through coverage of high traffic areas and areas that staff are not directly assigned. The auditor viewed the cameras and observed that the views assisted with supervision and monitoring. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse and that the plan incorporates video monitoring technology. He stated the staffing plan is based on levels and that housing is based on levels. The higher the level the better the individuals behavior. The Warden confirmed that video monitoring is part of the staffing plan and that there is a staff member how is responsible for the staffing plan and he retains a copy of it. The Warden confirmed that the staffing plan considers all the factors required under this provision. He indicated that the staffing plan considers the custody level of the individuals at the facility as well as the physical plant. He indicated they have not had any finding of inadequacy and that staffing on night shift looks much different than staffing on day shift due to restricted movement. The Warden stated that they check for compliance with the staffing plan through rounds, video review and monitoring shift rosters. He indicated they hire a lot of overtime in order to follow the staffing plan. He stated they either ask for volunteers or they mandate the overtime. The Warden further stated that any time there is an incident they go through an internal review process where they look to see if blind spots contributed and/or if staffing and video were adequate. The PCM confirmed that all required components under this provision are reviewed. He stated when they look at the staffing plan they make sure staff are posted in certain areas or making rounds in those areas. He stated they have QR codes where they utilize a PDA and make scheduled and unscheduled rounds. He stated that the staffing plan is also based on privilege levels of incarcerated individuals. He stated the facility ensures staff are in areas and they use overtime when necessary. The PCM confirmed that there are more staff on shifts with programs and movement compared to those without movement. During the interim report period the facility provided photo confirmation that a mirror was installed in the laundry area blind spot and in the education blind spot.

115.13 (b): The PAQ indicated that there have been no deviations from the staffing plan and this provision is not applicable. AD-PR-03, page 4 states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. These documented deviations and justifications shall be sent to the Deputy Director of Institution Operations for review. The interview with the Warden indicated that any deviations from the staffing plan would be documented. He stated that the facility does not have deviations typically as the Security Director uses the roster and they always have the minimum required staff. He indicated they hire overtime for anything and they would put any units on restricted movement if they had to deviate from the staffing plan. He stated that deviations would be documented through an incident report. A review of three shift rosters indicated that the facility has a staffing plan that requires for posts to be filled daily and cannot be deviated. There are also posts that can be pulled. The form has a section to document leave, training and other absences.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. AD-PR-03, page 4 states that whenever necessary, but no less frequently than once each year, for each facility the IDOC operates, in consultation with the PREA Coordinator required by 115.15, the IDOC shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to paragraph (a) of this section; the facility's deployment of video monitoring systems and other monitoring technologies,; and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on March 15, 2022. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan reviewed the facility population; availability of education and programming; access to medical and mental health care; physical facility characteristics; privacy consideration and the number of substantiated and unsubstantiated incidents of sexual abuse. The prior staffing plan review was completed on February 22, 2021 and included the same components. The PC confirmed that she is consulted regarding each facility's staffing plan. She stated she has conversations with the Wardens about staffing and camera placement. She confirmed she has an electronic sign-off on each staffing plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ stated that the facility documents the unannounced rounds and that the unannounced rounds cover all shifts. The PAQ further indicated that the facility prohibits staff from alerting other staff of the conduct of such rounds. IO-SC-01, page 2 states that the Shift Supervisor or designated alternate supervisor, shall tour every main living unit of the institution at least once each shift. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The policy further states that each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shift as well as day shifts. The facility provided two days of unannounced rounds in the supplemental documentation illustrating Duty Warden level (Warden, Associate Warden, etc.) staff unannounced rounds. During the on-site portion of the audit, the auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. A review of the documentation confirmed that intermediate and/or higher level supervisors made rounds on all three shifts across each housing unit. Three of the six days requested did not have a few rounds made in different housing units, however the facility provided the auditor with rounds for those housing units on a different day during the same week. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The staff stated they utilize the PDA and that when they scan the QR codes everything is documented electronically. All three staff indicated that they do not plan their unannounced rounds and as such they are not routine. One staff member stated he starts at different places each time and does not do rounds at the same time. The other staff member stated that she mixes her rounds up and she does not have a pattern.

Based on a review of the PAQ, AD-PR-03, IO-SC-01, the PREA Assessment Information Staffing Analysis Report, PREA Staffing Plan Reports, daily staffing rosters, documentation of unannounced rounds, photos of modifications during the interim report period, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to be compliant.

<b>115.14</b>	<b>Youthful inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 368 300">Documents:</p> <ol data-bbox="242 329 536 414" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire</li> <li data-bbox="242 385 517 414">2. Demographics Report</li> </ol> <p data-bbox="242 501 485 530">Findings (By Provision):</p> <p data-bbox="242 616 1469 743">115.14 (a): The PAQ indicated that the facility prohibit placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates.</p> <p data-bbox="242 831 1453 925">115.14 (b): The PAQ indicated that the facility does not maintain sight, sound, and physical separation between youthful inmates and adult inmates in areas outside housing units. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates.</p> <p data-bbox="242 1012 1430 1140">115.14 (c): The PAQ indicated that the facility does not document the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. The PAQ further stated that the facility does not house youthful inmates. A review of the demographics report confirmed the facility does not house youthful inmates.</p> <p data-bbox="242 1227 1406 1288">Based on a review of the PAQ and the demographics report, this standard appears to be not applicable and as such, compliant.</p>



115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IO-SC-18 – Searches</li> <li>3. IO-SC-17 – Cross Gender Supervision</li> <li>4. Search Logs for Transgender Inmates</li> <li>5. Contraband and Searches Training Curriculum</li> <li>6. Staff Training Records</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Memorandum on Transgender Inmate Showers</li> <li>2. Photos of the Camera in the Suicide Observation Cell</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> <li>2. Interview with Random Inmates</li> <li>3. Interview with Transgender Inmates</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Privacy Barriers</li> <li>2. Observation of Cross Gender Announcement</li> </ol> <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. IO-SC-18, page 5 states unclothed searches shall be conducted by staff of the same gender as the incarcerated individual being searched or gender identified per HSP-704 unless search procedures are otherwise outlined in the treatment plan. Staff of the opposite sex may perform an unclothed body search and visual body search, in exigent circumstances. Page 8 further states that manual or instrument inspection of an incarcerated individual's body cavities shall be done by a medical practitioner. A review of the Contraband and Searches Training Curriculum confirmed that it states strip searches are always performed by a staff member of the same sex as the individual being searched. The only exception to this would be in an extreme emergency. It further states that unclothed or "strip" searches shall be conducted by staff of the same gender or gender as identified per HSP-704.</p> <p>115.15 (b): The PAQ indicated that the facility permits cross-gender pat-down searches of female inmates, absent exigent circumstances and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ indicated there were zero number of pat-down searches of female inmates that were conducted by male staff. Further communication with the PCM indicated that this was marked no</p>

because it was not applicable as the facility does not house female inmates. IO-SC-18, page 5 states that pat searches of female incarcerated individuals as well as those patients identified as female per HSP-704 may be conducted only by female employees unless otherwise identified in the treatment plan or there is substantial reason for an immediate search and no qualified female employee is available. The Contraband and Searches Training Curriculum indicates that pat searches of female individuals or those identified as female per HSP-704 shall be conducted only by female employees unless there is a substantial reason for an immediate search and no qualified female employee is available. It further states that cross-gender pat searches of female individuals or those identified as female per HSP-704 must be documented in accordance with specific institutional procedures. The thirteen staff interviewed confirmed that transgender female inmates are not prohibited from programs and out-of-cell activities in order to comply with this provision. Interviews with five transgender inmates indicated that none were prohibited from programming or other out-of-cell opportunities in order to comply with this provision. Two of the transgender inmates advised that they had been searched by two male staff when female staff were not available (which is what policy outlines). A review of documentation confirmed that transgender female inmates were searched by male staff when a female staff member was not available to conduct the search. The searches were documented in the electronic system, as all searches are documented.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female inmates be documented. The PAQ further indicated that the facility does not house female inmates but has housed one transgender female inmate during the audit period. IO-SC-18, page 6 states that unclothed body cavity searches shall be documented with the reason for the opposite sex search by memorandum and forwarded to the Warden through the Associate Warden of Security. Page 9 states that body cavity searches shall be fully documented with a copy of the authorization from the Warden kept in the incarcerated individual's file. Page 2 further states that All emergent cross gender pat searches of female incarcerated individuals shall be documented by memo to the Associate Warden of Security and the Warden or otherwise documented in accordance with a specific institutional procedures. Two of the transgender inmates advised that they had been searched by two male staff when female staff were not available (which is what policy outlines). A review of documentation confirmed that transgender female inmates were searched by male staff when a female staff member was not available to conduct the search. The searches were documented in the electronic system, as all searches are documented.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ indicated that all showers have privacy panels. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ stated that the facility rings a bell when the supervision on the pod changes from male to female. IO-SC-17, page 2 indicates that staff shall exercise discretion when incarcerated individuals are using the toilet facilities. The facility shall implement procedures that enable incarcerated individuals to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Page 3 states that incarcerated individuals shall be made aware of the fact that staff of the opposite gender will be present on the housing unit. Each housing unit shall be required to prominently post notices of this fact in multiple locations throughout the housing unit including the bulletin boards. The notice shall also inform incarcerated individuals of the use of a distinct buzzer, bell or other noisemaking device that indicates a person of the opposite gender is newly entering the living unit. Policy further states that all persons of the opposite gender entering a housing unit between 6:00am and 10:00pm shall press a distinct buzzer, bell or other noisemaking device that indicates the person is newly entering the unit. During the tour the auditor confirmed that each general population housing unit provided privacy through shower curtains and cell doors. Each housing unit is equipped with six to eight single person showers. All showers have a curtain that provides adequate privacy. Toilets are located in each cell and the position of the toilet in the cell is obstructed from the security window. The disciplinary segregation unit (which was closed during the on-site portion of the audit) was equipped with the same toilet position in cells as the other housing units. The showers were also single person but had half metal and half lattice type material with an opaque barrier. The auditor advised the facility that while the shower provides adequate privacy for male inmates, they would need to provide different accommodations for any transgender inmates that are housed in disciplinary segregation. The administrative segregation unit provided the same privacy as the other units with regard to the toilet position inside the cell. The showers were also single person but had a lattice type material and a mesh type material for privacy. While the auditor observed that the obstruction provided some privacy, except when staff were directly in front of the showers, the auditor recommended that the facility provide additional accommodations for privacy. A review of the video monitoring system confirmed that none of the cameras posed any cross gender viewing issues in strip search areas. All cameras in the housing units did not pose any cross gender viewing issue with the exception of one camera inside of a suicide observation cell in the segregated housing unit. The auditor observed that the angle of the camera did not allow privacy when using the toilet. In addition, during the tour the auditor observed the cross gender light and buzzer mechanism. In each unit, the staff would flip a switch, which would make a door bell like sound and a bright yellow/orange light would come on. The light would remain on

while the auditor was in the housing unit and be shut off upon departure. The staff would flip the switch immediately upon entry, which allowed for time, based on the physical structure of the housing units, for inmates to cover up. Informal conversation with staff and inmates confirmed that the buzzer bell and light is routinely used for female staff member. Inmates were aware of what the light and buzzer bell meant, that females were on their wing. All thirteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes. 27 of the 31 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender. Two of the 31 indicated they were searched by two male staff when a female was not available (transgender female inmates), one inmate advised the shower curtain was not long enough and another stated the doors in E1 were not adequate and staff could view him during showers. 28 of the 31 inmates stated that the housing units have a doorbell and light that is utilized when female staff enter the housing unit or work on the housing unit. Additionally, all thirteen staff stated that opposite gender staff announce their presence when entering an inmate housing unit via the door bell and light. Staff stated that this method is utilized except during sleeping hours. They stated that during those hours they make a verbal announcement rather than utilize the bell, so they do not wake up the inmates. During the interim report period the PCM provided the auditor with a memo to the shift supervisors indicating that when transgender inmates are housed in the disciplinary segregation unit staff are directed to close the window barriers on the cells so other incarcerated individuals cannot look into the showers. Additionally, the memo stated that during the transgender incarcerated individuals shower time, male staff will remain at the desk area behind the wall where they can only view the incarcerated individual from the neck up. The auditor also received photos during the interim report period confirming that the facility had readjusted the camera in the suicide observation cell. The photo confirmed that the toilet is no longer visible at the current camera angle. Additionally, the facility provided photo confirmation that modifications were made to the showers in segregated housing (E1). A white mattress material barrier was added to the center of the shower area to obstruct the view of the breast and genital area.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and zero searches of this nature occurred in the past twelve months. IO-SC-17, page 2 states that institutional security staff shall not search or physically examine a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. If the incarcerated individual's genital status is unknown, it may be determined during conversation, or if necessary, by learning the information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with thirteen random staff indicated that ten were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with five transgender inmates confirmed that none had been searched for the sole purpose of determining their genital status.

115.15 (f): A review of Contraband and Searches Training curriculum confirmed that it provides information on how to conduct pat searches and strip searches. The training outlines the process for males residents versus female residents. The training also covers cross gender searches and searches of transgender residents. In addition, the training provides key information related to gender identity and gender terms. The PAQ indicated 100% of staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Interviews with random staff indicated that eleven of the thirteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. Most staff stated that transgender inmates are searched based on their treatment plan. A review of seventeen security staff training records confirmed that all seventeen had received the Contraband and Search training. It should be noted that two of the staff had received the training after the on-site portion of the audit.

Based on a review of the PAQ, IO-SC-17, IO-SC-18, search logs, the Contraband and Searches Training Curriculum, staff training records, the memo about transgender inmate showers, documents sent during the interim report period, observations made during the tour and information from interviews with random staff, random inmates and transgender inmates indicates this standard appears to be corrected and as such compliant.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IS-RO-02 – Incarcerated Individual Intake and Orientation</li> <li>3. PREA-01 – Incarcerated Individual PREA Information (Spanish)</li> <li>4. Language Link Information</li> <li>5. Staying Safe A Guide for Incarcerated Individual Conduct (Spanish)</li> <li>6. PREA Brochure (Spanish)</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Update PREA Posters</li> <li>2. Photos of Updated PREA Posters in Housing Units</li> <li>3. Hands Up Service Information</li> <li>4. Staff Training on Disabled and LEP Accommodations</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with Inmates with Disabilities</li> <li>3. Interview with LEP Inmates</li> <li>4. Interview with Random Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of PREA Posters</li> </ol> <p>Findings (By Provision):</p> <p>115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IS-RO-02, page 6 states IDOC shall take appropriate steps to ensure that incarcerated individuals with disabilities (including, for example, incarcerated individuals who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of IDOC's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Policy further states that such steps shall include, when necessary to ensure effective communication with incarcerated individuals who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using necessary specialized vocabulary. In addition, IDOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with incarcerated individuals with disabilities, including incarcerated individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A review of the PREA Brochure and the Staying Safe Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. The interview with the Agency Head confirmed that the</p>

agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She stated they have staff, to include medical and mental health staff, to ensure that each incarcerated individual has what they need. She stated that there is assistance for incarcerated individuals at all functioning levels. Interviews with four disabled inmates and two LEP inmates indicated that two were provided information in a format that they could understand. Three of the inmates advised that they were never really provided any information and one inmate indicated that he was not provided interpretation through American Sign Language (ASL) and he did not understand regular English. During the tour the auditor observed large PREA posters in each of the housing units. The posters advised inmates about sexual abuse and to report to staff. Posters were very large, however they were posted at a very high sight level which negated the large print for vision impaired inmates. The posters also did not contain any additional information on reporting, other than to staff. The auditor also observed a small paper posted next to the phone with the Ombudsman's phone number. The paper was very small and font was difficult to read. The paper did not provide any information other than the Ombudsman's contact information. The auditor did not observe any posted information on the outside emotional support services (Catholic Charities). The auditor did observe the contact information for the agency's Victim Services posted on the same paper as the Ombudsman's Office contact information. The large PREA posters were observed to be in both English and Spanish, however the Ombudsman's information was only observed in English. The auditor determined that the information posted was inadequate related to informing inmates on sexual abuse and sexual harassment. Additionally, the posted information was inadequate for disabled and LEP inmates through not only the information provided, but the size of font, sight level of posted information and language of posted information. Additionally, during the tour the staff advised that information was added to the facility informational channel. The auditor asked to view the channel, but the inmate at the library advised the information was taken off the channel the day before. He advised it was on there for a few weeks. The inmate pulled up the information that was displayed on the channel and the auditor observed that it was four pages of Rape and Domestic Violence Centers, including the Phoenix House. The pages had addresses and phone numbers and stated that all calls are subject to monitoring. All information was in adequate size font, but was only available in English. Informal conversation with staff and inmates confirmed that the large posters have been up a while but they don't have reporting information. The inmates indicated that the paper by the phone that had information on it was just recently put up. During the interim report period the facility provided the auditor with confirmation that staff were educated on the use of Language Link during a counselor's meeting. The information was subsequently emailed to the staff as well, to include instructions on how to access the services. Additionally, the facility provided the auditor with information on Hands Up, an online service utilized for hearing impaired/deaf inmates (<https://handsupcommunications.com/>). This service is available on an app on the iPad in health services and the shift supervisor's office. The facility also provided confirmation that staff were educated on Hands Up and how to utilize the services on June 23, 2022. On July 7, 2022 the facility provided the auditor with confirmation that staff had access to the PREA What You Need to Know video in Spanish. The facility provided the auditor with the link (<https://www.ojp.gov/ncjrs/virtual-library/abstracts/prea-what-you-need-know-spanish-video>) of the Spanish video online. The facility also provided the auditor the updated Staying Safe Guide for Incarcerated Individual Conduct. In addition, during the interim report period the facility provided the auditor with photos of the updated PREA posters. The posters included reporting information (including the outside reporting mechanism), information on the zero tolerance policy and victim advocacy contact information. The photos illustrated that the new posters (that included reporting information only) were in English and Spanish and were placed at an appropriate height for disabled inmates. Additionally, the facility provided photos confirming the same information was placed on the inmate television channel in both English and Spanish.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IS-RO-02, page 6 states the IDOC shall take reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual assault, sexual abuse, and sexual harassment to incarcerated individuals who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. A review of the PREA Brochure and the Staying Safe Guide indicate that is available in adequate size font and in Spanish. The facility utilizes Language Link to provide translation services. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The facility has an account number they provide and the option to have a third party call if the individual is not in the same room as the staff member needing interpretation. The auditor utilized Language Link during the on-site portion of the audit when interviewing LEP inmates. The auditor dialed the number, entered the appropriate account number and selected the appropriate language. The services was easy to utilize and accessible both times. Interviews with four disabled inmates and two LEP inmates indicated that two were provided information in a format that they could understand. Three of the inmates advised that they were never really provided any information and one inmate indicated that he was not provided interpretation through American Sign Language (ASL) and he did not understand regular English. During the tour the auditor observed large PREA posters in each of the housing units. The posters advised inmates about sexual abuse and to report to staff. Posters were very large, however they were posted at a very high sight level which negated the large print for vision impaired inmates. The posters also did not contain any additional information on reporting,

other than to staff. The auditor also observed a small paper posted next to the phone with the Ombudsman's phone number. The paper was very small and font was difficult to read. The paper did not provide any information other than the Ombudsman's contact information. The auditor did not observe any posted information on the outside emotional support services (Catholic Charities). The auditor did observe the contact information for the agency's Victim Services posted on the same paper as the Ombudsman's Office contact information. The large PREA posters were observed to be in both English and Spanish, however the Ombudsman's information was only observed in English. The auditor determined that the information posted was inadequate related to informing inmates on sexual abuse and sexual harassment. Additionally, the posted information was inadequate for disabled and LEP inmates through not only the information provided, but the size of font, sight level of posted information and language of posted information. Additionally, during the tour the staff advised that information was added to the facility informational channel. The auditor asked to view the channel, but the inmate at the library advised the information was taken off the channel the day before. He advised it was on there for a few weeks. The inmate pulled up the information that was displayed on the channel and the auditor observed that it was four pages of Rape and Domestic Violence Centers, including the Phoenix House. The pages had addresses and phone numbers and stated that all calls are subject to monitoring. All information was in adequate size font, but was only available in English. Informal conversation with staff and inmates confirmed that the large posters have been up a while but they don't have reporting information. The inmates indicated that the paper by the phone that had information on it was just recently put up. During the interim report period the facility provided the auditor with confirmation that staff were educated on the use of Language Link during a counselor's meeting. The information was subsequently emailed to the staff as well, to include instructions on how to access the services. Additionally, the facility provided the auditor with information on Hands Up, an online service utilized for hearing impaired/deaf inmates (<https://handsupcommunications.com/>). This service is available on an app on the iPad in health services and the shift supervisor's office. The facility also provided confirmation that staff were educated on Hands Up and how to utilize the services on June 23, 2022. On July 7, 2022 the facility provided the auditor with confirmation that staff had access to the PREA What You Need to Know video in Spanish. The facility provided the auditor with the link (<https://www.ojp.gov/ncjrs/virtual-library/abstracts/prea-what-you-need-know-spanish-video>) of the Spanish video online. The facility also provided the auditor the updated Staying Safe Guide for Incarcerated Individual Conduct. In addition, during the interim report period the facility provided the auditor with photos of the updated PREA posters. The posters included reporting information (including the outside reporting mechanism), information on the zero tolerance policy and victim advocacy contact information. The photos illustrated that the posters were in English and Spanish and were placed at an appropriate height for disabled inmates. Additionally, the facility provided photos confirming the same information was placed on the inmate television channel in both English and Spanish.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. It indicated that the agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers or other types of inmate assistants are used. The PAQ further stated that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. IS-RO-02, page 7 states that IDOC shall not rely on incarcerated individuals interpreters, incarcerated individual readers, or other types of incarcerated individuals assistants except in limited circumstances where an extended delay in obtaining an effective interpret could compromise the incarcerated individual's safety, the performance of first-response duties or the investigation of the incarcerated individual's allegations. Interviews with thirteen random staff indicated that seven were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations. None of the thirteen were aware of a time that another inmate was utilized for sexual abuse allegations. Interviews with four disabled inmates and two LEP inmates indicated that two received information in a format that they could understand. Three stated they never received information and one indicated that the information provided was not translated into ASL for him and he does not understand "regular" English. Additionally, one LEP inmate advised that another inmate had translated the risk screening questions for him. During the interim report period the facility provided the auditor with confirmation that staff were educated on the use of Language Link during a counselor's meeting. The information was subsequently emailed to the staff as well, to include instructions on how to access the services. Additionally, the facility provided the auditor with information on Hands Up, an online service utilized for hearing impaired/deaf inmates (<https://handsupcommunications.com/>). This service is available on an app on the iPad in health services and the shift supervisor's office. The facility also provided confirmation that staff were educated on Hands Up and how to utilize the services on June 23, 2022.

Based on a review of the PAQ, IS-RO-02, PREA-01 (Spanish), CTS Language Link, Staying Safe A Guide for Offender Conduct (Spanish), the Language Link information, the PREA Brochure, the Staying Safe Guide, documents received during the interim report period, observations made during the tour as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard appears to be corrected and is compliant.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Chapter 28E, Code of Iowa (2017)</li> <li>3. AD-PR-05 – Employee Selection</li> <li>4. AD-PR-07 – Background Checks for Applicants and Current Employees</li> <li>5. AD-GA-13 – Agreements and Contracts</li> <li>6. Attachment F-1</li> <li>7. Personnel Files of Staff</li> <li>8. Contractor Background Files</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Updated Attachment F-1</li> <li>2. Photo of Updated Attachment F-1 Availability</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Human Resource Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. AD-PR-05, page 3 states that the institution shall not hire or promote anyone who may have contact with incarcerated individuals, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. AD-GA-13, pages 3-4 state that the IDOC shall enlist the services of any contractor who may have contact with offenders, who has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. A review of AD-PR-07, Attachment F-1 indicated that staff complete an application and the application has the following questions: have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution? After a review of the application the auditor determined that two of the required questions were combined into one but the first required question was missing. The second question on the application was in reference to provision (c) and prior institutional checks. During the interim report period the PC provided</p>

the auditor with the updated Attachment F-1, which included the addition of the questions "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". A review of personnel files for five staff who were hired in the previous twelve months confirmed that all five had a criminal background records check completed. All five also completed an application which included the original two PREA questions. Additionally, all three contractors reviewed had a criminal background records check completed. The PC provided confirmation on July 18, 2022 that the policy was updated and Attachment F-1 was now available for use by staff. A photo of the screenshot showing the updated form availability was provided to the auditor as confirmation.

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

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. AD-PR-05, page 4 states before hiring new employees who may have contact with incarcerated individuals, the institution shall: perform a criminal background records check in accordance with AD-PR-07, and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. AD-PR-07, pages 3-5 state that candidates shall be advised that as a condition of employment IDOC background checks will be done, at minimum, on fingerprints, past employment and National Crime Information Center (NCIC) records. A review of the Final Applicant Pre-Hire Checklist indicates that it includes a section for the NCIC records check date, the previous institution employers reference check, any prior sexual harassment information and fingerprints. The previous institution employers reference check includes two questions: whether the applicant was ever convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual violence, sexual harassment or sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent and if the applicant had any substantiated allegations or resigned during a pending investigation of an allegation of sexual violence or sexual harassment. The PAQ indicated 55 people were hired in the past twelve months that may have contact with inmates had a criminal background records check completed. Further communication with the PCM indicated that one staff had a background check but was not hired. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. Two of the five had prior institutional employers and both had the prior institutional employers contacted related to prior sexual abuse and sexual harassment. The interview with Human Resource staff confirmed that policy requires that all new employees have a criminal background records check completed prior to hire. She also confirmed that prior institutional employers are contacted related to incidents/allegations of sexual abuse. She stated the facility conducts criminal background records checks through NCIC and that criminal background record checks are completed at least every five years on the staff members anniversary date.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated there have been 80 contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. Further communication with the PCM indicated that the facility has 80 total contractors, not contracts. Contractors include one-time vendors and others who provide any services within the facility. AD-GA-13, page 4 states IDOC shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. A review of three contractor personnel files indicated that all three had a criminal background records check completed. The Human Resource staff confirmed that a criminal background records check is completed before enlisting the services of any contractor.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. AD-PR-07, page 4 states the institution shall either conduct criminal background records checks at least every five years of current employees who may have contact with incarcerated



individuals or have in place a system for otherwise capturing such information for current employees. AD-GA-13, page 4 states that IDOC shall conduct criminal background records checks at least every five years of contractors who may have contact with offenders. A review of documentation indicated that three staff hired over five years ago were documented with a criminal background records check at least every five years. The interview with Human Resource staff indicated the facility conducts criminal background records checks at least every five years for current employees and contractors and that it is completed on the anniversary date.

115.17 (f): AD-PR-05, page 4 states that the institution shall ask all applicants and employees who may have contact with incarcerated individuals directly about previous misconduct described in paragraph (1) above about of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Policy further states that the institution shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of AD-PR-07, Attachment F-1 indicated that staff complete an application and the application has the following questions: have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution? After a review of the application the auditor determined that two of the required questions were combined into one but the first required question was missing. The second question on the application was in reference to provision (c) and prior institutional checks. During the interim report period the PC provided the auditor with the updated Attachment F-1, which included the addition of the questions "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". A review of personnel files for five staff who were hired in the previous twelve months and four staff who were promoted indicated that all nine had completed the application with the original PREA questions and none of the nine had answered yes. The Human Resource staff stated applicants are asked the questions through the background check form that they fill out and sign. She confirmed that employees have a continuing affirmative duty to disclose any such misconduct and that they have a policy on it and staff are trained on that each year. The PC provided confirmation on July 18, 2022 that the policy was updated and Attachment F-1 was now available for use by staff. A photo of the screenshot showing the updated form availability was provided to the auditor as confirmation.

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

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

Based on a review of the PAQ, Chapter 28E, AD-PR-05, AD-PR-11, AD-GA-13, Attachment F-1, a review of personnel files for staff and contractors, the updated Attachment F-1 and information obtained from the Human Resource staff interview indicates that this standard appears to be corrected and as such compliant.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 367 297">Documents:</p> <ol data-bbox="240 329 624 528" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Camera Project Correspondence</li> <li>3. Camera Location Listing</li> <li>4. Camera Maps</li> </ol> <p data-bbox="240 616 352 642">Interviews:</p> <ol data-bbox="240 674 611 757" style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Warden</li> </ol> <p data-bbox="240 844 510 871">Site Review Observations:</p> <ol data-bbox="240 902 887 985" style="list-style-type: none"> <li>1. Observations of Modification to the Physical Plant/New Unit</li> <li>2. Observations of Video Monitoring Technology</li> </ol> <p data-bbox="240 1072 483 1099">Findings (By Provision):</p> <p data-bbox="240 1187 1490 1518">115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head indicated that the agency has not acquired a new facility or made substantial expansion or modification to existing facilities since the last PREA audit. She confirmed that when designing, acquiring, or planning substantial modifications to facilities, the agency would consider the effects of such changes on its ability to protect inmates from sexual abuse. The interview with the Warden confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit. He stated that they are in the process of designing a new kitchen and that these factors are considered in the design. He stated the design is considering appropriate staffing and video monitoring technology. During the tour the auditor did not observe any substantial modifications or expansions to the existing facility. The facility had mirrors and cameras in housing units and common areas assisting with the reduction of blind spots and potential problem areas.</p> <p data-bbox="240 1606 1490 2136">115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. A review of documentation indicated that the facility has started installation of the northwest yard camera project which assists with covering hidden areas around the yard, increasing security and safety. A review of the camera listings and maps of video monitoring coverage, confirm that video monitoring is utilized to assist with supervision and monitoring and is utilized to promote safety and security through the reduction of blind spots. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. She stated that cameras are strategically placed in the building to cover blind spots. She stated staff monitor cameras and they also have audio available for review. The Agency Head further stated that a few years ago they implemented body cameras which are a good deterrent and are good for reviews. The Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect inmates from sexual abuse. He stated that the facility is always looking at any blind spots, the camera system and video retention. He indicated that the facility is always trying to obtain better cameras through the upgrade of the system. He further stated that if they cannot get a camera in an area specifically, they would get something that has pan, tilt and zoom to ensure the spot is covered. During the tour the auditor observed cameras throughout the facility. The facility has over 225 cameras and cameras were observed in all housing units and in common areas. Cameras were also observed in the work areas outside of the secure perimeter.</p>

Some of the cameras had pan, tilt and zoom capabilities while others did not. Cameras are accessible for staff to view in the control center and they are also available remotely for administrative staff. The auditor confirmed that the cameras assisted with supervision through coverage of high traffic areas and areas that staff are not directly assigned. The auditor viewed the cameras and observed that the views assisted with supervision and monitoring.

Based on a review of the PAQ, camera location listing, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.

**115.21 Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-01 – Incarcerated Individual PREA Information
3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
5. IO-SC-22 – Evidence Handling/Contraband Control
6. HSP-628 – Patient Sexual Abuse
7. Sexual Assault Checklist
8. Memorandum of Understanding with Clarinda Regional Health Center
9. Memorandum of Understanding with Catholic Charities Phoenix House
10. Documentation of Advocacy Services
11. Qualified Staff Documentation
12. Investigative Reports
13. Email Related to Evidence Protocol

Documents Received During the Interim Report Period:

1. Response to Sexual Assault/Abuse Allegation Form
2. Staff Training Related to the New Form
3. Sexual Abuse Allegation with Form Utilization

Interviews:

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

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. PREA-02, page 7 states that all allegations and incidents of sexual misconduct, sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents, or that indicate a personal relationship by staff with incarcerated individuals shall be reported to the Warden, the institution's sexual violence investigator, and the Deputy Director of Institution Operations/Designee. All allegations and incidents shall be fully investigated as directed by the Deputy Director of Institution Operations/Designee and treated in a confidential and serious manner. PREA-03, page 5 states all allegations and incidents of incarcerated individual-on-incarcerated individual sexual violence, retaliation and staff neglect

or violation of responsibilities that may have contributed to such incidents shall be reported to the Warden, the institution's sexual violence investigator, and the Deputy Director of Institution Operations/Designee. All allegations and incidents shall be fully investigated as directed by the Deputy Director of Institution Operations/Designee and treated in a confidential and serious manner. IO-SC-22 describes the evidence protocol, including: scene security, general evidence collection, collection of evidence, disposition of evidence and disposition of contraband. Pages 4-6 specifically detail the evidence protocol for sexual assault. The Sexual Assault Checklist also directs staff on first responder duties related to obtaining usable physical evidence as well as duties for health services staff and those who collect(ed) evidence. Interviews with thirteen random staff indicated that all thirteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, eleven of the thirteen staff stated they knew who was responsible for conducting sexual abuse investigations. Staff stated that the Captain or investigator would be responsible for conducting the investigation.

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful inmates. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. IO-SC-22 describes evidence protocol, including: scene security, general evidence collection, collection of evidence, disposition of evidence and disposition of contraband. Pages 4-6 specifically detail the evidence protocol for sexual assault. The Sexual Assault Checklist also directs staff on first responder duties related to obtaining usable physical evidence as well as duties for health services staff and those who collect(ed) evidence. Additionally, an email was sent in June 2021 from the PCM to all Captains, Health Service staff and CCF Management Team members reiterating the procedures when taking an incarcerated individual to the outside hospital for a forensic medical examination. The email describes the protocol for maximum evidence collection.

115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside medical facility via the Clarinda Regional Hospital. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. PREA-02 (page 15) and PREA-03 (page 14) state the incarcerated individual victim is offered the opportunity to meet with a victim advocate from a community crime victim center. If an advocate from the community is not available to provide advocate services, the Shift Supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. If the incarcerated individual victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the incarcerated individual victim so desires. HSP-628, page 5 further states that the Shift Supervisor shall attempt to make available to patients a victim advocate from a community crime victim center. If a community crime victim center is not available to provide victim advocate services, the Shift Supervisor shall make these services available through a qualified staff member from a community-based organization, or qualified IDOC staff member. The facility has an MOU with the Clarinda Regional Health Center that was signed on September 20, 2018. The MOU confirms that the hospital has agreed to provide for a SANE prepared nurse to conduct the sexual assault examination and in the event a SANE prepared nurse is not available, the Emergency Department provider will conduct the exam. The PAQ indicated that during the previous twelve months there were zero forensic medical examination conducted by a SANE/SAFE or qualified medical practitioner. The auditor contacted the hospital and the staff member advised that they do conduct forensic medical examinations. She stated they have SANE available most of the time, however in any instance where the SANE are not available a physician would perform the examination. She stated they have performed forensic examinations on inmates in the past. A review of investigations indicated there was one inmate transported to the local hospital for a forensic medical examination. The documentation confirmed the inmate had an examination performed and was provided a discharge summary with follow-up care instructions.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. PREA-02 (page 15) and PREA-03 (page 14) state the incarcerated individual victim is offered the opportunity to meet with a victim advocate from a community crime victim center. If an advocate from the community is not available to provide advocate services, the Shift Supervisor shall ensure that the opportunity to meet with a qualified staff member is offered to the victim. If the incarcerated individual victim is transported to an outside healthcare facility, this opportunity shall be offered immediately upon return to the institution and arrangements made if the incarcerated individual victim so desires. HSP-628, page 5 further states that the Shift Supervisor shall attempt to make available to patients a victim advocate from a community crime victim center. If a community crime victim center is not available to provide victim advocate services, the Shift Supervisor shall make these services available through a qualified staff member from a

community-based organization, or qualified IDOC staff member. The facility has a Memorandum of Understanding with Catholic Charities Domestic Violence and Sexual Assault Program which was signed on September 20, 2021. The MOU states that the facility shall call Catholic Charities Domestic Violence and Sexual Assault Program prior to the transport of the victim to request an advocate be sent to Clarinda Regional Health Center. The MOU further states that the facility will arrange for contact with Catholic Charities Domestic Violence and Sexual Assault Program to schedule an advocate to meet with the victim at the institution, if the victim so requests. Additionally, the facility has a separate MOU with Catholic Charities Phoenix House that was signed on January 26, 2016. The MOU confirms that staff at Catholic Charities Phoenix House agree to provide support for the inmate victim who is sent to a community medical provider for a sexual assault kit and as requested by the inmate victim, be present during investigatory interviews. It also indicates that Catholic Charities Phoenix House will provide a staff member or volunteer advocate to be available to inmate victims of sexual assault during normal business hours, provide the inmate victim with information about options and resources and assist them through the criminal/civil justice system and assist the inmate victim in safety planning, crisis intervention, information and support. In addition, the facility has two staff that are able to serve as qualified agency staff member. The staff completed the PREA Qualified Staff Training. The interview with the PCM confirmed that the facility attempts to make a victim advocate from a rape crisis center available to victims of sexual abuse. He stated that if the victim went out for a forensic medical examination the supervisor would contact Catholic Charities to arrange for a victim advocate to be with them for the exam. He further stated if they wanted to contact the victim advocate later, he would be the point of contact and he would reach out to them to either setup up in person or phone services for the individual. Interviews with five inmates who reported sexual abuse indicated four were sexual abuse and one was actually sexual harassment. None of the four who reported sexual abuse were able to contact anyone after they reported the sexual abuse. During the interim report period the facility provided the auditor with a form they created (Response to Sexual Assault/Abuse Allegation) to ensure that inmate victims of sexual abuse are offered victim advocacy services from the local rape crisis center. The first section of the form indicates that the inmate is entitled to advocacy services and allows the inmate to accept or decline the services. The bottom of the form includes a place for the inmate to sign in order to confirm the responses are accurate. On July 8, 2022 the facility provided the auditor with documentation confirming that shift supervisors were trained on the utilization of the form via email. Additionally, during the interim report period the facility provided the auditor with two examples of a report of sexual abuse where the new form was utilized. One inmate reported he was sexually abused nine to ten days prior at another facility. While the sexual abuse allegation was not at the facility, the inmate was offered a victim advocate utilizing the new form. The inmate victim indicated that he did not want victim advocacy services and signed the form as confirmation. The second inmate reported an allegation at CCF and also signed the form indicating he declined advocacy services.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. PREA-02 (page 15) and PREA-03 (page 14) state if requested by the alleged victim, the victim advocate or qualified staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility has a Memorandum of Understanding with Catholic Charities Domestic Violence and Sexual Assault Program which was signed on September 20, 2021. The MOU states that the facility shall call Catholic Charities Domestic Violence and Sexual Assault Program prior to the transport of the victim to request an advocate be sent to Clarinda Regional Health Center. The MOU further states that the facility will arrange for contact with Catholic Charities Domestic Violence and Sexual Assault Program to schedule an advocate to meet with the victim at the institution, if the victim so requests. Additionally, the facility has a separate MOU with Catholic Charities Phoenix House that was signed on January 26, 2016. The MOU confirms that staff at Catholic Charities Phoenix House agree to provide support for the inmate victim who is sent to a community medical provider for a sexual assault kit and as requested by the inmate victim, be present during investigatory interviews. It also indicates that Catholic Charities Phoenix House will provide a staff member or volunteer advocate to be available to inmate victims of sexual assault during normal business hours, provide the inmate victim with information about options and resources and assist them through the criminal/civil justice system and assist the inmate victim in safety planning, crisis intervention, information and support. The interview with the PCM confirmed that the facility attempts to make a victim advocate from a rape crisis center available to victims of sexual abuse. He stated that if the victim went out for a forensic medical examination the supervisor would contact Catholic Charities to arrange for a victim advocate to be with them for the exam. He further stated if they wanted to contact the victim advocate later, he would be the point of contact and he would reach out to them to either setup up in person or phone services for the individual. The PCM stated that Catholic Charities is a certified rape crisis center and the staff are required to have special training. The PCM confirmed that the facility has an MOU with Catholic Charities to provide services. Interviews with five inmates who reported sexual abuse indicated four were sexual abuse and one was actually sexual harassment. None of the four who reported sexual abuse were able to contact anyone after they reported the sexual abuse. A review of investigations indicated there was one inmate transported to the local hospital for a forensic medical examination. The documentation did not indicate whether the inmate victim was provided a victim advocate during the forensic medical examination process or investigatory interviews. During the interim report period the facility provided the auditor with a form they created (Response to Sexual Assault/Abuse Allegation) to ensure that inmate victims of sexual abuse are offered victim advocacy services from the local rape crisis center. The first section of the form indicates that the inmate is entitled to advocacy services and allows the

inmate to accept or decline the services. The bottom of the form includes a place for the inmate to sign in order to confirm the responses are accurate. On July 8, 2022 the facility provided the auditor with documentation confirming that shift supervisors were trained on the utilization of the form via email. Additionally, during the interim report period the facility provided the auditor with two examples of a report of sexual abuse where the new form was utilized. One inmate reported he was sexually abused nine to ten days prior at another facility. While the sexual abuse allegation was not at the facility, the inmate was offered a victim advocate utilizing the new form. The inmate victim indicated that he did not want victim advocacy services and signed the form as confirmation. The second inmate reported an allegation at CCF and also signed the form indicating he declined advocacy services.

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

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

115.21 (h): The facility has two staff that can serve as victim advocates. Both staff are documented with PREA Qualified Staff training. A review of the curriculum indicated that training topics include: understanding sexual victimization; sexual victimization in a prison setting; short and long term effects of sexual victimization; victim rights and services; obstacles to providing support; victim advocacy around the state; victim centered care; definitions; roles and responsibilities; ethical issues; providing support; potential conflict and confidentiality. The memo indicated that PREA Qualified Staff selection is completed through a review to confirm if they meet the following requirements: ability to be a good listener and empathetic; ability to be confidential with sensitive information; able to listen non-judgmentally; willing to work outside scheduled hours; in good standing with few or no leave issues and the understanding of the ethics involved in being an advocate.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-03, IO-SC-22, HSP-628, the Memorandum of Understanding with Clarinda Regional Health Center, the Sexual Assault Checklist, the Memorandum of Understanding with Catholic Charities Phoenix House, documentation of Advocacy Services, the qualified staff documentation, investigative reports, the email related to evidence protocol, the documentation received during the interim report period and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE staff and inmates who reported sexual abuse indicates that this standard appears to be corrected and as such compliant.

#### Recommendation

During documentation review it was determined that the current MOU with Catholic Charities Phoenix House was signed in 2016 and had an ending date of 2018. While both the facility and Catholic Charities Phoenix House confirmed that they still have an MOU, the auditor highly recommends that the old MOU be updated with current dates.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 365 300">Documents:</p> <ol data-bbox="240 329 1441 701" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance</li> <li>5. AD-PR-13 – Employee Investigations &amp; Discipline</li> <li>6. IO-RD-03 – Major Discipline Report Procedures</li> <li>7. Investigative Reports</li> </ol> <p data-bbox="240 790 352 819">Interviews:</p> <ol data-bbox="240 848 616 929" style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with Investigative Staff</li> </ol> <p data-bbox="240 1019 483 1048">Findings (By Provision):</p> <p data-bbox="240 1137 1485 1563">115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. The PAQ noted there were nine allegations reported within the previous twelve months, all of which resulted in an administrative investigation. The PAQ stated that all nine investigations were completed during the audit period. A review of documentation indicated there were nine allegations reported from January 2021 through January 2022. All nine allegations had an administrative investigation completed during the audit period. The auditor requested a list of allegations from January 2022 through July 2022. The facility provided documentation indicating there were four sexual abuse and sexual harassment allegations reported from January 2022 through July 2022. Documentation confirmed that all four had a completed administrative investigation. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that the Warden assigns an investigator and all criminal charges are turned over to the District Attorney.</p> <p data-bbox="240 1653 1485 2145">115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation. The policies further state that the Deputy Director of Institution Operations/Designee shall determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented and the IDOC shall publish sexual abuse violence investigation policies on its website. AD-PR-13, page 3 states that staff assigned by the Deputy Director of Institution Operations shall investigate allegations of employee rule violations such as allegations pertaining to staff sexual misconduct, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents. IO-RD-03, page 37 states In cases involving allegations of sexual violence, the Inspector General/Designee rather than the Warden/Designee shall handle issues connected with possible criminal prosecution. The Inspector General/Designee may consult with the police and prosecuting authorities and the incarcerated individual will receive a Miranda warning when</p>



appropriate. A review of the agency website indicates that AD-PR-13 and IO-RD-03 are publicly available (<https://doc.iowa.gov/policies>). A review of the nine allegations from January 2021 to January 2022 and four from January 2022 through July 2022 indicated that all were investigated by IDOC investigators. The interviews with the investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations. The administrative investigator stated that the Inspector General's Office (IGO) conducts criminal investigations and the facility conducts administrative investigations. The criminal investigator stated that they conduct criminal investigation and if it rises beyond a reasonable doubt they refer to the county attorney.

115.22 (c): The agency/facility has the authority to conduct both administrative and criminal investigations. PREA-02 (page 8) and PREA-03 (page 6) state the Deputy Director of Institution Operations/Designee shall ensure that an administrative or criminal investigation is completed for all allegations of precursor behavior, sexual abuse, sexual harassment, sexual violence, sexual misconduct or retaliation.

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

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, PREA-02, PREA-03, PREA-04, AD-PR-13, IO-RD-03, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the investigators indicate that this standard appears to be compliant.

115.31	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. AD-TS-04 – Orientation &amp; New Employee Training</li> <li>3. AD-TS-05 – In-Service Training</li> <li>4. PREA Training</li> <li>5. Policy Update Emails</li> <li>6. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on the requirements under this provision. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-TS-05, page 5 states that annual ongoing training for staff that includes mandatory training and other training relevant to their specific job duties is a required. Supervisor are responsible for ensuring that their staff receive the required training topics annually. Pages 6-7 further state that all employees who may have contact with incarcerated individuals, regardless of the amount of contact, shall be trained on the following information: IDOC's zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under the IDOC's sexual violence and sexual harassment policies and procedures; the incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual violence or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. HSP-628, page 7 states that medical and mental health care practitioners shall also receive training on how to comply with relevant laws related to mandatory reporting of sexual violence to outside authorities. A review of the PREA training curriculum confirms that the training includes information on: the agency's zero-tolerance policy; how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures; the incarcerated individuals' right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and sexual harassment in a confinement setting; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant</p>	

laws related to mandatory reporting. A review of nineteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen had received PREA training. Staff stated they receive e-learning on a quarterly basis and PREA is part of the quarterly training. All thirteen staff confirmed that the required components under this provision are discussed during the PREA training. Staff stated that the training discusses first responder duties, reporting mechanisms and steps to take after sexual abuse is reported.

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

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. The PAQ stated that staff are provided refresher training annually via PREA e-learning. AD-TS-05, page 7 states that IDOC shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual violence and sexual harassment policies and procedures. In years that employees don't receive refresher training, IDOC shall provide refresher information on current sexual violence and sexual harassment policies. The policy update emails indicate that staff are provided an email that states which policy were updated so they can review the updates. A review of nineteen staff training records indicated that thirteen had PREA training biennially. One staff member had it recently but the prior training was more than two years prior and five of the staff were new hires and had not yet been employed for two years.

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

Based on a review of the PAQ, AD-TS-04, AD-TS-05, the PREA training curriculum, the policy update emails, a sample of staff training records, as well as interviews with random staff indicate that this standard appears to be compliant.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. AD-TS-04 – Orientation &amp; New Employee Training</li> <li>3. AD-CI-01 – Volunteer Program</li> <li>4. Prison Rape Elimination Act (PREA) Volunteer and Contractor Training Curriculum</li> <li>5. Contractor Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Contractors who have Contact with Inmates</li> </ol> <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. AD-TS-04, page 5 states that all new employees, full-time and contract employees shall attend and successfully complete New Employee Training within the first six months of employment. Incarcerated individual/client supervision employees shall attend the next available New Employee Training after their date of hire. Incarcerated individual/client supervision employees shall not work alone with incarcerated individuals/clients until they have successfully completed New Employee Orientation. Page 8 further indicates that facility orientation topics at minimum shall cover PREA. The institution shall training all employees who may have contact with incarcerated individuals/clients on: its zero-tolerance policy for sexual violence and sexual harassment; how to fulfill their responsibilities under institution sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; incarcerated individuals’ right to be free from sexual abuse and sexual harassment; the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual violence and sexual harassment in a confinement setting; the common reactions of sexual violence and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual violence, how to avoid inappropriate relationship with incarcerated individuals and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals. AD-CI-01, page 6 states that all volunteers who have contact with incarcerated individuals shall be trained on their responsibilities under IDOC’s sexual violence and sexual harassment prevention, detection, and response policies and procedures. The PAQ indicated that 80 volunteers and contractors had received PREA training, which is equivalent to over 100% of the total volunteers and contractors reported in the facility characteristics. Further clarification with the PCM indicated that 80 contractors have received the training, including any vendors. Volunteer and contractor training is completed online via <a href="https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&amp;loop=false&amp;delayms=3000#slide=id.p">https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&amp;loop=false&amp;delayms=3000#slide=id.p</a>. The training consists of a 22 minute video that discusses; the agency’s zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders’ right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with contractors confirmed that both were provided information on the agency’s sexual abuse and sexual harassment policies. One contractor stated he gets training annually both in person and online. The other stated he had to watch a video that discusses topics and then at the end there is a test with 30 questions. A review of a sample of training documents for eight contractors indicated that all eight had documentation that they received PREA training. During the audit period the facility did not have any active volunteers due to COVID-19.</p>

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

Volunteer and contractor training is completed online via

[https://docs.google.com/presentation/d/1\\_8IcivpMCYdqasseVuOxzY2ISqjS3R](https://docs.google.com/presentation/d/1_8IcivpMCYdqasseVuOxzY2ISqjS3R)

Ui6Oups7t6-zA/pub?start=false&loop=false&delayms=3000#slide=id

.p. The training consists of a 22 minute video that discusses; the agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders' right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with contractors confirmed that the training they received included information on the zero-tolerance policy and how and who to report information to. One contractor stated he gets training annually both in person and online. The other stated he had to watch a video that discusses topics and then at the end there is a test with 30 questions. A review of a sample of training documents for eight contractors indicated that all eight had completed the PREA training online and were documented in the database as completed with a passing score on the post training quiz. During the audit period the facility did not have any active volunteers due to COVID-19.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. AD-TS-04, page 7 states that successful completion is through both written and hands-on testing during New Employee Training. AD-CI-01, page 6 states IDOC shall maintain documentation confirming that all volunteers understand the training they received. A review of a sample of training documents for eight contractors indicated that all eight had completed the PREA training online and were documented in the database as completed with a passing score on the post training quiz. During the audit period the facility did not have any active volunteers due to COVID-19.

Based on a review of the PAQ, AD-TS-04, AD-CI-01, the PREA Volunteer and Contractor training, a review of a sample of contractor training records as well as the interviews with contractors indicates that this standard appears to be compliant.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-01 – Incarcerated Individual PREA Information
3. PREA-02 (CCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
4. IS-RO-02 – Incarcerated Individual Intake and Orientation
5. Staying Safe A Guide for Incarcerated Individual Conduct (English and Spanish)
6. PREA Bookmark (English and Spanish)
7. PREA What You Need to Know Video
8. PREA Posters (English and Spanish)
9. PREA Brochure (Spanish)
10. Language Link Information
11. Inmate Training Records (Offender Orientation Receipt)

Documents Received During the Interim Report Period:

1. Hands Up Service Information
2. LEP and Disabled Inmate's PREA Education
3. Confirmation of PREA Video in Spanish

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 712 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of inmates who arrived in the previous twelve months. PREA-01, page 4 states all incarcerated individuals shall receive PREA orientation training within three days of admission to IDOC, including information on IDOC's zero-tolerance policy regarding unwanted sexual behavior and how to report incidents or suspicions of unwanted sexual behavior. All incarcerated individuals shall be given a copy of the handout, Staying Safe: A Guide for Incarcerated Individual Contact. the training shall be presented by staff, a

peer educator, or a volunteer from the community. PREA-02 (CCF), page 8 states that all incarcerated individuals are given PREA orientation information and PREA bookmarks upon entry into CCF. Incarcerated individuals are also given the opportunity to review this information during their annual custody reviews through classification. A review of the PREA Bookmark and the Staying Safe A Guide for Incarcerated Individual Conduct confirms that they include information on the zero tolerance policy and methods to report sexual abuse and sexual harassment. During the tour, the auditor observed the intake process through a demonstration by staff. The facility does not have an intake area where all activities are conducted. The inmate comes in, is searched, is taken to get clothing and property and is then taken to health services. The inmate is provided a copy of the Incarcerated Individual Information Guide upon intake. The inmate is then given the PREA Bookmark and is asked the 72 Hour PREA Transfer Screening questions in health services. The PREA Bookmark is available in both English and Spanish and contains information on the zero-tolerance policy and reporting mechanisms. The intake staff member stated that health services does the initial intake and then inmates are provided the orientation within seven days. The orientation includes viewing of the PREA What You Need to Know video and a verbal presentation of the Staying Safe A Guide for Incarcerated Individual Conduct form. The staff advised that the form is in English and Spanish and that he gives the inmates a chance to ask any questions after the video. The interview with intake staff indicated that individuals are provided the orientation packet, which includes the Staying Safe A Guide for Incarcerated Individual Conduct. The staff advised the first page goes over ways to avoid situations, how to report, right to treatment and possible outcomes of the investigation. The staff also stated that they receive the PREA Bookmark from health service as soon as they arrive. He further stated that all individuals receive the PREA Bookmark and orientation, regardless of where they are coming from. Interviews with 31 inmates indicated that 23 were provided information on the agency's sexual abuse and sexual harassment policies. A review of 29 inmate files of those received in the previous twelve months indicated that all 29 had received education at a prior IDOC facility and/or at CCF. All IDOC policies related to sexual abuse and sexual harassment are the same, with the exception of the victim advocacy contact information. Sixteen of 29 inmates were documented with supplemental (addition to the education received at a prior IDOC intake facility) PREA education once transferred to CCF.

115.33 (b): PREA-01, page 4 states that within 30 days of intake, IDOC shall provide comprehensive education to incarcerated individuals either in person or through video regarding their rights to be free from unwanted sexual behavior and to be free from retaliation from reporting such incidents, and regarding IDOC policies and procedures for responding to such incidents. The PAQ indicated that 660 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. During the tour, the auditor was provided a demonstration of the comprehensive PREA education process. The PREA education is provided during orientation. Orientation begins with the PREA video (available on a thumb drive). The video (PREA What You Need to Know) was only available in English and did not have closed captioning. After the video, the staff member goes over the Staying Safe A Guide for Incarcerated Individual Conduct verbally and has the inmates sign that they received the information. The orientation is completed in a classroom with a 27 inch television/computer monitor with adequate sound. During the orientation a mentor (inmate) is available to assist with any necessary translation. The staff member advised that they have an older version of the Staying Safe A Guide for Incarcerated Individual Conduct available in Spanish, however the inmates have told him it does not translate appropriately. The staff member further indicated for hearing impaired inmates he would write notes back and forth to communicate and for any special needs inmates he would have mentors assist with comprehension. It should be noted that mentors have been trained to assist with the mental health inmate population at the facility and have special skills to assist with cognitive disability individuals. The interview with intake staff indicated that individuals are provided the orientation packet, which includes the Staying Safe A Guide for Incarcerated Individual Conduct. The staff advised the first page goes over ways to avoid situations, how to report, right to treatment and possible outcomes of the investigation. He stated he goes over the form (Staying Safe A Guide for Incarcerated Individual Conduct) and then they watch the PREA What You Need to Know video. He further indicated he asks if they have any questions and if they understand the zero tolerance policy. The staff member indicated that the orientation is completed within seven days of the individuals arrival. Interviews with 31 inmates indicated that 23 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and how to report allegations of sexual abuse and sexual harassment. Inmates stated that they received the information during orientation which was soon after arrival. They stated the information was provide via video and they received a paper with the information. A few inmates stated they did not receive the information at CCF, but did receive it at a prior IDOC facility. A review of 29 inmate files of those received in the previous twelve months indicated that all 29 had received education at a prior IDOC facility and/or at CCF. All IDOC policies related to sexual abuse and sexual harassment are the same, with the exception of the victim advocacy contact information. Sixteen of 29 inmates were documented with supplemental (addition to the education received at a prior IDOC intake facility) PREA education once transferred to CCF.

115.33 (c): The PAQ indicated that of those inmates not educated within 30 days of intake, all inmates have been educated subsequently. It further stated that all incarcerated individuals receive information through orientation/intake within the first week of arrival. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for

reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. PREA-01, pages 4-5 state that upon transfer to a different institution, incarcerated individuals shall receive training and procedures of the incarcerated individual's new institution differ from those of the previous institution. Replacement copies of the handout, Staying Safe A Guide for Incarcerated Individual Conduct, shall be provided as needed. A review of 43 total inmate files indicated that all 43 had received comprehensive PREA education. The interview with intake staff indicated that all individuals that arrive at the facility, regardless of where they come from, receive the PREA Bookmark upon arrival and get orientation, which includes the orientation packet and the PREA video.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are disabled or limited English proficient. PREA-01, page 5 states IDOC shall provide incarcerated individual education in formats accessible to all incarcerated individuals, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to incarcerated individuals who have limited reading skills. IS-RO-02, page 6 states IDOC shall take appropriate steps to ensure that incarcerated individuals with disabilities (including, for example, incarcerated individuals who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of IDOC's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Policy further states that such steps shall include, when necessary to ensure effective communication with incarcerated individuals who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using necessary specialized vocabulary. In addition, IDOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with incarcerated individuals with disabilities, including incarcerated individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A review of the PREA Brochure and the Staying Safe Guide for Incarcerated Individual Conduct indicate that they are available in adequate size font and in Spanish. The facility utilizes Language Link to provide translation services. This company provides the facility a phone number that they can call that connects the staff member with a translator who can translate information between the staff member and LEP inmate. The facility has an account number they provide and the option to have a third party call if the individual is not in the same room as the staff member needing interpretation. The auditor utilized Language Link during the on-site portion of the audit when interviewing LEP inmates. The auditor dialed the number, entered the appropriate account number and selected the appropriate language. The service was easy to utilize and accessible both times. A review of six disabled inmate files and four LEP inmate files indicated that all ten had signed that they received and understood the PREA information. The LEP inmates had signed an English form and there was no indication of how the information was translated. During the on-site portion of the audit the PCM advised that they were not utilizing the Language Link and other accommodation services appropriately. Additionally, the intake staff member advised that they only had the PREA video in English and it did not have subtitles. Based on the information provided, observations on-site and interviews the auditor determined that corrective action was needed. During the interim report period the facility provided the auditor with confirmation that staff were educated on the use of Language Link during a counselor's meeting. The information was subsequently emailed to the staff as well, to include instructions on how to access the services. Additionally, the facility provided the auditor with information on Hands Up, an online service utilized for hearing impaired/deaf inmates (<https://handsupcommunications.com/>). This service is available on an app on the iPad in health services and the shift supervisor's office. The facility also provided confirmation that staff were educated on Hands Up and how to utilize the services on June 23, 2022. On July 7, 2022 the facility provided the auditor with confirmation that staff had access to the PREA What You Need to Know video in Spanish. The facility provided the auditor with the link (<https://www.ojp.gov/ncjrs/virtual-library/abstracts/prea-what-you-need-know-spanish-video>) of the Spanish video online. The facility also provided the auditor the updated Staying Safe Guide for Incarcerated Individual Conduct. In addition, during the interim report period the facility provided the auditor with photos of the updated PREA posters. The posters included reporting information (including the outside reporting mechanism), information on the zero tolerance policy and victim advocacy contact information. The photos illustrated that the new posters (that included reporting information only) were in English and Spanish and were placed at an appropriate height for disabled inmates. Additionally, the facility provided photos confirming the same information was placed on the inmate television channel in both English and Spanish. The facility also provided the auditor with eight LEP inmate education documents confirming that all eight were provided education in Spanish during the interim report period. All eight signed a Spanish acknowledgment form. The facility also provided the auditor with documentation confirming that the one hearing impaired/deaf inmate was provided PREA education in an accessible format (closed captioning) during the interim report period. The inmate signed that he received the refresher information.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. PREA-01, page 5 states IDOC shall maintain documentation of incarcerated individuals participation in these education sessions either by generic note or the signed copy of Form 1 scanned into ICON incarcerated individual attachments. A review of 43 total inmate files indicated all 43 had signed an acknowledgment that they received the PREA education.



115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. PREA-01, page 5 states that in addition to providing such education, IDOC shall ensure that key information is continuously and readily available or visible to incarcerated individuals through posters, bulletin boards, or other written format. A review of the Incarcerated Individual Information Guide indicated that it did not include information on PREA. A review of the PREA Bookmark and PREA Brochure confirmed they included information on the zero tolerance policy and reporting mechanisms. It should be noted that the PREA Brochure provided included a hotline number that was no longer functional. During the tour the auditor observed large PREA posters in each of the housing units. The posters advised inmates about sexual abuse and to report to staff. Posters were very large, however they were posted at a very high sight level which negated the large print for vision impaired inmates. The posters also did not contain any additional information on reporting, other than to staff. The auditor also observed a small paper posted next to the phone with the Ombudsman's phone number. The paper was very small and font was difficult to read. The paper did not provide any information other than the Ombudsman's contact information. The auditor did not observe any posted information on the outside emotional support services (Catholic Charities). The auditor did observe the contact information for the agency's Victim Services posted on the same paper as the Ombudsman's Office contact information. The large PREA posters were observed to be in both English and Spanish, however the Ombudsman's information was only observed in English. The auditor determined that the information posted was inadequate related to informing inmates information on sexual abuse and sexual harassment. Additionally, the posted information was inadequate for disabled and LEP inmates through not only the information provided, but the size of font, sight level of posted information and language of posted information. In addition to the posted information the facility provides information through the PREA Bookmark and the Staying Safe A Guide for Incarcerated Individual Conduct. The auditor reviewed this information and viewed that it contained information on how to report to staff. Additionally, during the tour the staff advised that information was added to the facility informational channel. The auditor asked to view the channel, but the inmate at the library advised the information was taken off the channel the day before. He advised it was on there for a few weeks. The inmate pulled up the information that was displayed on the channel and the auditor observed that it was four pages of Rape and Domestic Violence Centers, including the Phoenix House. The pages had addresses and phone numbers and stated that all calls are subject to monitoring. Informal conversation with staff and inmates confirmed that the large posters have been up a while but they don't have reporting information. The inmates indicated that the paper by the phone that had information on it was just recently put up. During the interim report period the facility provided the auditor confirmation that the updated PREA posters were displayed throughout the facility (photos). Additionally, the facility updated the Incarcerated Individual Information Guide with the information contained on the updated PREA poster and provided the updated information to the current population via the facility television channel and through the kiosk bulletin/message system.

Based on a review of the PAQ, PREA-01, PREA-02, IS-RO-02, Staying Safe A Guide for Incarcerated Individual Conduct, PREA Bookmark, PREA What You Need to Know Video, PREA Posters, PREA Brochure, Language Link Information, documents received during the interim report period, observations made during the tour as well as information obtained during interviews with intake staff and random inmates indicates that this standard has been corrected during the interim report period and as such is compliant.

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1401 528" style="list-style-type: none"> <li data-bbox="240 329 536 356">1. Pre-Audit Questionnaire</li> <li data-bbox="240 387 1401 414">2. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li data-bbox="240 445 794 472">3. IDOC Interview to Confession Training Curriculum</li> <li data-bbox="240 504 588 530">4. Investigator Training Records</li> </ol> <p data-bbox="240 616 352 642">Interviews:</p> <ol data-bbox="240 674 616 701" style="list-style-type: none"> <li data-bbox="240 674 616 701">1. Interview with Investigative Staff</li> </ol> <p data-bbox="240 786 483 813">Findings (By Provision):</p> <p data-bbox="240 902 1485 1332">115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. PREA-03, page 21 states in addition to the general training provided to all employees, the Deputy Director of Institution Operations shall ensure that, to the extent IDOC conducts sexual violence investigations, its sexual violence investigators have received specialized training in conducting such investigations in confinement settings. A review of documentation indicated that fourteen facility/agency staff were documented with the specialized investigations training. A review of investigations revealed they were completed by four investigators, all of which were included in the training records. The interviews with the investigators confirmed they both received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. The administrative investigator stated the training went over how to conduct an investigation and the process of the investigation. He stated they did a mock investigation with an actual allegation that occurred. He indicated they did an investigation and had people come in to do the interviews on to make it a real process. The criminal investigator stated that he took a class on interviewing and investigating sexual assaults and he also attended the Moss Group training on sexual assault. He stated the training went over Miranda and Garrity warnings, dealing with victims, how to interview victims without re-victimizing them and evidence collection.</p> <p data-bbox="240 1417 1493 1883">115.34 (b): PREA-03, page 21 states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, the impact of the Peace Officers' Bill of Rights, sexual abuse evidence collection in confinement settings, characteristics and behavior indicators of sexual violence perpetrators and victims in correctional settings, credibility assessments, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; IDOC Interview to Confession Training Curriculum (it should be noted this training has had numerous name changes over the years). A review of the training curriculum confirmed it is an in-depth 190 slide training that extensively covers the investigative process. The auditor confirmed the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of investigations revealed they were completed by four investigators, all of which were included in the training records. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="240 1968 1485 2161">115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that ten investigators have completed the specialized training. Further communication with the PCM indicated that the facility has nine investigators and central office has four investigators that complete sexual abuse investigations. PREA-03, page 21 states that the Deputy Director of Institution Operations shall maintain documentation that sexual violence investigators have completed the required specialized training in conducting such investigations. A review of investigations revealed they were completed by four investigators, all of which were included in the training records.</p>

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

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

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. HSP-628 – Patient Sexual Abuse</li> <li>3. PREA Resource Center’s (PRC) Specialized Training: PREA Medical and Mental Care Standards</li> <li>4. National Institute of Corrections (NIC)PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>5. Medical and Mental Health Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Medical and Mental Health Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. HSP-628, page 7 states that each institution shall ensure that all full and part-time medical and mental health care staff who work regularly in its facilities have be trained in: how to detect and assess signs of sexual violence; how to preserve physical evidence of sexual violence; how to respond effectively and professionally to victims of sexual violence; and how and who to report allegations or suspicions of sexual violence. The training is conducted via the PREA Resource Center’s Specialized Training: PREA Medical and Mental Care Standards or the National Institute of Corrections PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. A review of the training curriculums confirmed that the PRC’s training encompasses four modules: detecting and assessing signs of sexual abuse and harassment; reporting and the PREA response; effective and professional responses and the medical forensic examination and forensic evidence collection. The NIC’s training utilizes the same training as the PRC, including the four modules. The auditor confirmed the training curriculums included the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has seventeen medical and mental health staff. The PAQ did not indicate the percent of medical and mental health care staff that and that received the specialized training but further communication with the PCM indicated that 100% had received the specialized training. A review of seven medical and mental health care staff training records indicated that all seven were documented with the specialized medical and mental health training. Interviews with medical and mental health staff confirm that they receive quarterly e-learning training and the also receive specialized training. The medical staff member stated that she had the specialized training five or six years ago and the other said she also received it previously and it included numerous videos. One staff member stated the training covered how to detect sexual abuse, what the forensic staff do and how to identify sexual contact. The other staff member stated that the training went over signs to look for, things to talk to the victim about, head to toe examinations, forensic medical examinations, first responder duties, behaviors and signs of sexual abuse and victim advocacy information. Both staff confirmed the required topics under this standard were covered during the training.</p> <p>115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.</p> <p>115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. HSP-628, page 7 states the institution shall maintain documentation that medical and mental health practitioners have received the training reference in this standard either from the agency or elsewhere. A review of seven medical and mental health care staff training records indicated that all seven were documented with the specialized medical and mental health training.</p>

115.35 (d): HSP-628, page 7 states that medical and mental health practitioner's shall also receive the training mandated for all employees, depending on the practitioner's status at the agency. A review of seven medical and mental health staff training records indicated that all seven had completed the staff or contractors training required under 115.31 or 115.32.

Based on a review of the PAQ, HSP-628, the PRC's Specialized Training: PREA Medical and Mental Care Standards training curriculum, the NIC training curriculum, a review of medical and mental health care staff training records, as well as interviews with medical and mental health care staff and information from the PC indicate that this standard appears to be compliant.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IS-RO-01 - Incarcerated Individual Admission Procedures</li> <li>3. IS-RO-02 – Incarcerated Individual Intake and Orientation</li> <li>4. Sexual Violence Propensity Assessment Scoring Guide for Offenders</li> <li>5. 72 Hour PREA Transfer Screening</li> <li>6. Inmate Assessment and Reassessment Documents</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Staff Training Documents</li> <li>2. Inmate Assessments After an Incident of Sexual Abuse</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with Random Inmates</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with the PREA Compliance Manager</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Risk Screening Area</li> <li>2. Observations of Where Inmate Files are Located</li> </ol> <p>Findings (By Provision):</p> <p>115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. IS-RO-01, page 3 states that all incarcerated individuals shall be assessed immediately upon arrival using the paper SVP-Intake Screening Tool, IS-RO-01 F-2, and shall be assessed during an intake screening for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals. Policy further states the tool is confidential for staff use only and shall not be self-administered by the incarcerated individual and shall only be administered by the intake staff. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon arrival. Interviews with 21 inmates that arrived within the previous twelve months indicated that fifteen were asked questions related to risk of victimization and abusiveness. A review of the inmate records of the six inmates that said they did not remember the risk screening confirmed they were documented with an initial risk screening. The auditor was provided a demonstration of the initial risk assessment. Upon arrival inmates are taken to health services where they complete the 72 Hour PREA Transfer Screening. The inmates are provided the form (available in English and Spanish). They fill out the form, includes questions about prior sexual victimization, prior sexual perpetration, whether the inmate is registered sex offender and whether the inmate identifies as LGBTQI+. The mental health care staff then has one inmate at time bring up their form to go over the information. The staff member reviews the form and if the inmate has answered yes to any of the</p>

questions the staff member asks for more information. The staff member also asks if they want a follow-up with mental health related to their response(s). The information is then forwarded to the inmate's counselor, who utilizes it for the Sexual Violence Propensity screening (risk screening). After the information is provided to the counselor, the counselor utilizes that information as well as information from a file review to complete the initial risk screening. Informal conversation with the risk screening staff indicated that if an inmate has a disability that they are able to take them out of the room and go over the information with them in a way that they can understand. Also, the staff member stated that they have two inmate who have gone through confidentiality training and are paid to translate. The staff member stated they would translate any of the questions and the inmate would mark the response on the form.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. IS-RO-01, page 4 states that all incarcerated individuals shall receive a Sexual Violence Propensity (SVP) assessment. Intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ noted that 710 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 29 inmate files of those that arrived within the previous twelve months indicated that all 29 had an initial risk screening completed. Five of the 29 were past the 72 hours. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness as soon as they arrive. Interviews with 21 inmates that arrived within the previous twelve months indicated that fifteen were asked questions related to risk of victimization and abusiveness. Most stated they were asked the risk screening questions the first day they arrived. It should be noted that the 21 inmates interviewed were part of the documentation review and all 21 were documented with an initial risk screening, only two of which were past the 72 hour timeframe.

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

115.41 (d): A review of the Sexual Violence Propensity Assessment (SVP) indicates that the screening considers whether the resident has an intellectual/physical disability or is severely mentally ill; the residents age, height and weight; whether it is the residents first time incarcerated or in a residential community facility or feels threatened/traumatized by prison or a residential community facility; whether the resident displays sexual orientation in a way that projects vulnerability; whether the resident has a conviction for a current or previous sexual offense against a child thirteen years or under; whether the resident has a history of sexual violence victimization; whether the resident is unassertive, lacks confidence, projects weakness or fear and whether the resident has nonviolence crime or property crime only. Each response has a score based on the response. A score of ten or more on questions ten through seventeen indicate the resident is a victim potential (VP) and a yes response on question 15.A results in a victim incarcerated (VI) designation. The staff responsible for the risk screening indicated that the risk screening considers age, height, weight, physicality, how the individual looks, past sex offenses against an adult or child, criminal history and whether it was violent or nonviolent, whether the individual had prior

sexual victimization, whether they have been an aggressor in the past, their sexual orientation and how they view themselves. The staff indicated there is a 72 hour screening where they ask questions and that information is also gathered from the file related to certain questions. The staff indicated that the information is typically gathered before they answer the questions and that the questions are mainly yes or no.

115.41 (e): A review of the Sexual Violence Propensity Assessment (SVP) indicates it considers whether the resident has two or more felony convictions; whether the resident has prior violence in prison, work release, residential facility, or county jail; whether the resident's current or past convictions display a pattern of repeated predatory violence (other than sex offenses); whether the resident is a sex offender (victim over the age of fourteen); whether the resident has an intimidating or aggressive attitude; whether the resident is highly familiar with prison or residential community facility or present as prison wise or street smart; whether the resident has a history of sexual predatory behavior or sexual assault of offenders; whether the resident has two or more convictions for serious or aggravated misdemeanor assaults, domestic abuse assault, or one felony Class D willful injury and whether the resident has a felony drug conviction plus confirmed/suspected STG (serious threat group) plus two or more felony incarcerations. Each questions is awarded a point score depending on the response. If the score is ten or more for questions one through nine, the resident is considered an aggressor potential (AP). If the response to question 7.A is yes, the resident is considered an aggressor Incarcerated (AI). If the resident does not score out on the section she/he is considered a no score. The staff responsible for the risk screening indicated that the risk screening considers age, height, weight, physicality, how the individual looks, past sex offenses against an adult or child, criminal history and whether it was violent or nonviolent, whether the individual had prior sexual victimization, whether they have been an aggressor in the past, their sexual orientation and how they view themselves. The staff indicated there is a 72 hour screening where they ask questions and that information is also gathered from the file related to certain questions. The staff indicated that the information is typically gathered before they answer the questions and that the questions are mainly yes or no.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. IS-RO-01, page 4 states that within a set time not to exceed 30 days from the incarcerated individual's arrival at an institution, the institutional shall reassess the incarcerated individual's SVP code based upon any additional relevant information received by the institution since the most recent SVP assessment. IS-RO-02, page 3 states that staff shall refer to the SVP in ICON as the admission facility will have the updated SVP prior to transfer. Within 30 days institution shall reassess the incarcerated individual's SVP code based on any additional relevant information received since admission screening. The PAQ noted that 660 inmates were reassessed within 30 days, which is equivalent to 100% of the inmate who arrived and stayed longer than 30 days. The interview with the staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interviews with 21 inmates that arrived within the previous twelve months indicated that three had been asked questions related to their risk of victimization and abusiveness more than once. A review of 29 inmate files of those that arrived in the previous twelve months indicated that all 29 had a reassessment, however eight of the inmates had a reassessment completed over the 30 day timeframe. During the tour the auditor had the staff provide a demonstration of the reassessment process. The staff advised that for the 30 day reassessment they review any reports, any segregation notices, any messages from the inmate and any other changes. The staff indicated that the information is documented and that they do not meet with the inmate, they simply conduct a secondary file review. This information was in-line with what the auditor observed during documentation review and information received from the inmate interviews. The auditor observed that many reassessments were being conducted within a few days to a week of the initial risk assessment. Additionally, most of the inmates did not remember being asked the risk screening question on more than one occasion. During the interim report period the facility conducted a training with staff who complete the 30 day reassessment related to the requirement of the assessment to be conducted in-person and within the 30 days. The facility provided the auditor with signed training acknowledgments confirming the training was completed and understood by the staff.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. IS-RO-01, page 4 and IS-RO-02, page 3 state that an incarcerated individuals risk level shall be reassess when warranted due to significant events, a referral, request, incident of sexual assault or sexual abuse, or receipt of additional information that bears on the incarcerated individual's SVP code. The interview with staff responsible for the risk screening indicated that inmates are reassessed when warranted based on referral, request, incident of sexual abuse or receipt of additional information. The staff stated a reassessment is conducted anytime new information is received or comes up that is pertinent to the risk assessment. Interviews with 21 inmates that arrived within the previous twelve months indicated that three had been asked questions related to their risk of victimization and abusiveness more than once. A review of 29 inmate files of those that arrived in the previous twelve months indicated that all 29 had a reassessment, however eight



of the inmates had a reassessment completed over the 30 day timeframe. A review of the three reported sexual abuse allegations from January 2021 to January 2022 indicated that one was unfounded and the inmate indicated he lied. The other two inmate victims were not reassessed as the facility indicated they do not conduct reassessments unless the investigation is substantiated. During the interim report period the facility provided the auditor with a training memorandum that outlined the requirement of reassessments after a report of sexual abuse that is determined to be unsubstantiated or substantiated. Staff signed the training memo indicating the understanding of their responsibilities. The facility had three reported allegations of sexual abuse from January 2022 through July 2022. The facility provided documentation confirming that the victims from the two investigations that were unsubstantiated (one investigation was unfounded) were reassessed after the reported sexual abuse.

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

115.41 (i): IS-RO-01, page 4 and IS-RO-02, page 3 state that IDOC shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. The interview with the PREA Coordinator confirmed that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. She stated the agency has made it abundantly clear that basic line staff do not have access, only investigators, PCMs and other Compliance Managers. The PCM stated that the agency has outlined who has access to the risk screening information so it is not exploited. He stated only those who perform the risk assessment or supervisors can see the assessment tool itself, which outlines the response. He indicated that line staff can only see the codes derived, not the method on how the code was determined. The staff responsible for the risk screening stated that the agency has implemented appropriate controls on the dissemination of responses to the questions. He stated that the only individuals who can see the response details are the people performing the screening. He stated line staff can only see the results, not the sensitive information. Inmate risk assessments are both electronic and paper. Mental health staff complete a form (72 Hour PREA Transfer Screening) upon the inmates arrival. The paper form is then maintained in the inmate's mental health file, which is eventually scanned and maintained electronically. The information from the form is emailed to the inmate's counselor/case manager to utilized for the 72 hour risk assessment. The initial risk assessment is completed electronically and stored in the agency's ICON system. Access to the risk screening information in ICON is limited. During the tour the auditor asked a security staff member to illustrate what he was able to access related to the risk screening information. The staff member pulled up a list of inmates, where they were housed and their risk screening code. The staff member was not able to view the risk screening tool or any responses. The investigation database, which hold sexual abuse and sexual harassment information also has limited access. Only staff assigned as investigators or administrative level staff have access to this database. During the tour the auditor had a security staff member attempt to access the database. He was not familiar with how to do it and when directed on how, he did not have access. He was able to pull up attachments related to the investigation, such as the victim notification, but nothing that has sensitive and private information. Inmate medical and mental health files are electronic, however some files are initially paper. All paper file are scanned into the ICON system and then shredded. Access to the medical and mental health files in ICON is limited to medical staff, mental health staff and dental staff.

Based on a review of the PAQ, IS-RO-01, IS-RO-02, the Sexual Violence Propensity Assessment Scoring Guide for Offenders, the 72 Hour PREA Transfer Screening, inmate risk assessments, documents received during the interim report period and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard has been corrected and as such is compliant.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IS-RO-02 – Incarcerated Individual Intake and Orientation</li> <li>3. Sexual Violence Propensity Assessment Scoring Guide for Offenders</li> <li>4. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness</li> <li>5. Transgender/Intersex Biannual Assessments</li> <li>6. LGBTI Housing Assignments</li> </ol> <p>Document Received During the Interim Report Period</p> <ol style="list-style-type: none"> <li>1. Memorandum Related to Transgender Showers</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with PREA Coordinator</li> <li>3. Interview with PREA Compliance Manager</li> <li>4. Interview with Gay, Lesbian and Bisexual Inmates</li> <li>5. Interview with Transgender and Intersex Inmates</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Location of Inmate Records</li> <li>2. Shower Area in Housing Units</li> </ol> <p>Findings (By Provision):</p> <p>115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. IS-RO-02, page 5 states that IDOC shall use information from the SVP assessment to evaluate housing, bed, work, education, and program assignments with the goal of providing staff supervision for incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. A review of the Sexual Violence Propensity Assessment Scoring Guide for Offenders confirmed that page 33 outlines which SVP assessment codes can be housed together. It outlines that VP can only be housed with VP (Victim Potential), NS (No Score) or VI (Victim Incarcerated) and VI can only be housed with VP or VI. The interview with the PREA Compliance Manager indicated that policy dictates who may be housed together based on the SVP codes. He stated individuals who are at risk of aggression cannot be housed with those at risk of victimization. He further indicated there are certain cells that individuals cannot be housed in based on their SVP, because the cells are more obscure and out of staff's direct view. The interview with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to determine housing unit, bed assignment within the unit, work assignment and programs. He stated that they use the information to keep victims and aggressor separate. He stated the information is also used to determine mental health follow-ups, which can also protect them. A review of housing documents for inmates at high risk of victimization and inmates</p>

at high risk of abusiveness confirmed none were housed in the same cell. None of the VIs were housed in the same housing unit as the AIs (Aggressor Incarcerated), but there were potential victims in the same housing unit as potential aggressors. The auditor verified that the list that is accessible to security and other staff have the designation which is utilized by program, education and work staff to ensure the individuals are safe when working and attending programs.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. IS-RO-02, page 5 states IDOC shall make individualized determinations about how to ensure the safety of each incarcerated individual. The interview with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to determine housing unit, bed assignment within the unit, work assignment and programs. He stated that they use the information to keep victims and aggressor separate. He stated the information is also used to determine mental health follow-ups, which can also protect them.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. IS-RO-02, page 5 states that in deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals, and in making other housing and programming assignments, IDOC shall consider on a case-by-case basis whether a placement would ensure the incarcerated individual's health and safety and whether the placement would present management or security concerns. The interview with the PCM indicated that there is a group that meets and reviews the information on all transgender and intersex individuals, to include housing. He stated they take into consideration the individuals thoughts and feeling regarding their safety. The PCM also confirmed that placement would take into consideration the safety of the inmate and the presentation of any security or management problems. Interviews with five transgender inmates indicated that all five were asked how they felt about their safety with regard to their housing assignment. All five also stated that they did not feel they were placed in a facility, unit or wing based on their gender identity.

115.42 (d): IS-RO-02, page 5 states that placement and programming assignments for each transgender or intersex incarcerated individual shall be reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. The PCM confirmed that transgender and intersex inmates are reviewed at least every six months. He stated that he reviews them much more than that and that they are reviewed anytime they are moved as well. The staff responsible for the risk screening confirmed that transgender and intersex inmates would be assessed at least biannually. A review of documentation for four transgender inmates indicated that two of the four had biannual assessments completed. Two of the transgender inmates had arrived at the facility within the previous six months and had not yet had a second assessment.

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

115.42 (f): IS-RO-02, page 5 states that transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals. During the tour the auditor observed that all general population housing unit showers were single person showers with shower curtains. The segregated housing unit showers were single person with metal, lattice type material and mesh type material. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that transgender and intersex individuals are given the opportunity to shower during one of the three counts during the day while the other individuals are locked in their cells. The PCM stated the shower preference is documented on their treatment plan and they present their identification outside to notify staff that they want to shower at that time separately. Interviews with five transgender inmates confirmed that all five were offered the opportunity to shower separately from the rest of the inmate population. During the interim report period the PCM provided the auditor with a memo to the shift supervisors indicating that when transgender inmates are housed in the disciplinary segregation unit staff are directed to close the window barriers on the cells so other incarcerated individuals cannot look into the showers. Additionally, the memo stated that during the transgender incarcerated individuals shower time, male staff will remain at the desk area behind the wall where they can only view the incarcerated individual from the neck up.

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

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

115.43	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IO-HO-06 – Protective Custody (PC) Housing</li> <li>3. Inmates at High Risk of Victimization Housing Assignments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Staff who Supervise Inmates in Segregated Housing</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations in the Segregated Housing Unit</li> </ol> <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing. The PAQ further stated that one inmate was placed in protective custody at her request and the placement was not involuntary. IO-HO-06, page 6 states that incarcerated individuals at high risk for sexual victimization shall not be placed in involuntary PC housing unless an assessment has been made that there is not available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual in involuntary PC housing for less than 24 hours while completing the assessment. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation form likely abusers. He stated that they do not segregate victims and that they typically would segregate the abuser, if needed. He confirmed that they always look at the option on how to house appropriately. A review of housing assignments for current inmates at high risk of sexual victimization indicated one VI and nine VPs were housed in the segregated housing unit. All ten were documented to be placed in segregated housing due reasons other than their risk of victimization.</p> <p>115.43 (b): During the tour the auditor observed that the segregated housing had separate recreation area as well as offices that could be utilized for programming. The interview with the staff who supervise inmates in segregated housing indicated that the facility does not place anyone in involuntary segregated housing due to risk of victimization. He stated they would discuss with the individual whether they feel safe enough to be outside protective custody and if they request protective custody they would accommodate and follow the administrative rule. He stated that if they did not want protective custody and the facility felt this was what was best for their safety they would make any accommodations necessary, such as ensuring education was provided. He stated all accommodations would be based on administrative policy and they would document as outlined in policy. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.</p> <p>115.43 (c): The PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. IO-HO-06, page 4 states that within seven days of placement, the PCRC (Protective Custody Review Committee) shall conduct a PC review to determine the need for continued placement</p>	

in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. The interview with the Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He again stated it is not the practice to place victims in segregated housing. The interview with the staff who supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated that the timeframe would depend on if they had to transfer them to another facility or if they just had to find accommodations within the facility. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The PAQ indicated there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current inmates at high risk of sexual victimization indicated one VI and nine VPs were housed in the segregated housing unit. All ten were documented to be placed in segregated housing due reasons other than their risk of victimization.

115.43 (e): The PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. IO-HO-06, page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. He stated that classification is done every week and as such as the facility they would be reviewed weekly. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, IO-HO-06, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates this standard appears to be compliant.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-01 – Incarcerated Individual PREA Information</li> <li>3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>4. PREA-02 (CCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>5. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>6. PREA-03 (CCF) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>7. Incarcerated Individual Information Guide</li> <li>8. PREA Bookmark</li> <li>9. Staying Safe A Guide for Incarcerated Individual Conduct</li> <li>10. Sexual Assault in Prison Brochure</li> <li>11. PREA Posters</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Updated PREA Posters</li> <li>2. Updated Incarcerated Individual Information Guide</li> <li>3. Documentation of Education of Current Inmate Population on Updated Information</li> <li>4. Staff Training Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> <li>2. Interview with Random Inmates</li> <li>3. Interview with the PREA Compliance Manager</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observation of Posted PREA Reporting Information</li> <li>2. Testing of Internal Reporting Hotline</li> <li>3. Testing of the External Reporting Entity</li> </ol> <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for</p>

reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. PREA-01 (pages 5-6), PREA-02 (pages 9-10) and PREA-03 (pages 11-12) state that an incarcerated individual may report incarcerated individual-on-incarcerated individual sexual harassment or sexual abuse, or staff, contractor or volunteer sexual harassment or sexual misconduct, or retaliation by other incarcerated individuals or staff for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to the incident in any way. Policy provides the methods including: to any employee, contractor or volunteer; by sending a kite, kiosk message or letter to the institution Warden; or by sending a letter to the Victim Restoration Justice Director (address included) or the Iowa Ombudsman Office (address included). A review of additional documentation to include the PREA Bookmark, Staying Safe Guide for Incarcerated Individual Conduct and the Sexual Assault in Prison Brochure confirm that inmates are advised of reporting methods including: telling a trusted staff member; sending a kite to the Warden or Investigator; writing to the Victim and Restorative Justice Director or writing to the Ombudsman. It should be noted that the Sexual Assault in Prison Brochure had a hotline number that was no longer functional. The PCM indicated this was an old brochure and they no longer distribute it. During the tour the auditor observed large PREA posters in each of the housing units. The posters advised inmates about sexual abuse and to report to staff. The posters also did not contain any additional information on reporting, other than to staff. The auditor also observed a small paper posted next to the phone with the Ombudsman's phone number. The paper was very small and font was difficult to read. The paper did not provide any information other than the Ombudsman's contact information. Informal conversation with staff and inmates confirmed that the large posters have been up a while but they don't have reporting information. The inmates indicated that the paper by the phone that had information on it was just recently put up. Inmates stated they can report verbally to staff or they can report to the Ombudsman. A few inmates stated they can report to the Captain because if they verbally report to line staff it isn't taken seriously. A few inmates also stated when they report to the Ombudsman's Office it costs them money. Staff stated that inmates can report to any facility staff member or a member of the public. The auditor tested the kiosk reporting mechanism during the on-site portion of the audit. The auditor had an inmate submit an electronic kiosk message to the PCM on June 15, 2022. The PCM provided confirmation via email on June 16, 2022 that the kiosk message was received, confirming the reporting mechanism functionality. In addition to the kiosk, inmates can report verbally to staff and in writing through a kite. Inmates confirmed they can verbally report to any staff member, however a few advised they would report to the Captain because line staff do not always take things seriously. Interviews with 31 inmates confirmed that all 31 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through the Captain or other staff, through a kite, through a grievance or through the Ombudsman. Interviews with thirteen random staff indicate that inmates can report through staff, through the kiosk, in writing via a kite, through the Ombudsman and through their family. During the interim report period the facility updated their PREA Posters and the Incarcerated Individual Information Guide. Both documents were updated to include the internal reporting mechanisms (staff, kiosk and kite) as well as the external reporting mechanism (Ombudsman's Office address and phone number). The facility provided photos of the updated PREA Posters around the facility. Additionally, the facility provided photos and emails confirming that all current inmates were educated on the updated information through the facility television channel as well as through a message/bulletin on the kiosk system.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the IDOC does not house inmates solely for civil immigration purposes. PREA-01 (pages 5-6), PREA-02 (pages 9-10) and PREA-03 (pages 11-12) state that an incarcerated individual may report incarcerated individual-on-incarcerated individual sexual harassment or sexual abuse, or staff, contractor or volunteer sexual harassment or sexual misconduct, or retaliation by other incarcerated individuals or staff for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to the incident in any way. Policy provides the methods including: to any employee, contractor or volunteer; by sending a kite, kiosk message or letter to the institution Warden; or by sending a letter to the Victim Restoration Justice Director (address included) or the Iowa Ombudsman Office (address included). The Incarcerated Individual Guide, page 31 states that Incarcerated Individuals may write confidential letters to the Citizens Aide Office/Ombudsman's Office. It further provides direction on how the envelopes for confidential correspondence should be marked and handled. Page 22 of the Incarcerated Individual Guide states that the Citizen's Aide/Ombudsman's Office is available to discuss complaints/grievances when the normal routine channels afforded to an Incarcerated Individual are exhausted. It further provides the mailing address and telephone number. The PREA Bookmark, the Sexual Assault in Prison Brochure and the Staying Safe Guide for Incarcerated Individual Conduct all outlines reporting mechanisms, including writing to the Office of the Ombudsman in Des Moines (it should be noted none of these documents had the phone number). During the tour the auditor observed large PREA posters in each of the housing units. The posters advised inmates about sexual abuse and to report to staff. The posters also did not contain any additional information on reporting, other than to staff. The auditor also observed a small paper posted next to the phone with the Ombudsman's phone number. The paper was very small and font was difficult to read. The paper did not provide any information other than the Ombudsman's contact information. Informal conversation with staff and inmates confirmed that the large posters have been up a while but they don't have reporting information. The inmates indicated that the paper by the phone that had information on it was just recently put up. Inmates stated they can report verbally to staff or they can report to the Ombudsman. A few inmates stated they can report to the Captain because if they verbally report to line staff it isn't taken seriously. A few inmates also stated when they report to the Ombudsman's Office it costs them money. Staff stated that inmates can report to any facility staff member or a member of the public. During the tour the auditor observed the mailroom



and mail process. All outgoing mail is left unsealed and placed in a box. Staff then review the outgoing mail to check for contraband and then it is placed in the outgoing US mail. The auditor observed a mail box with a lock in each of the housing unit hallways. Incoming mail is copied and provided to the inmates weekly. The original mail is not provided to the inmate to reduce the introduction of contraband. Inmates are required to purchase writing material for any outgoing mail, unless they are indigent (the agency has a process/policy for this). The mailroom staff member confirmed that all outgoing mail is left unsealed unless it is legal mail. Staff go through the mail, check the return address and ensure there is not any contraband. Staff then seal the outgoing mail and it is sent out via US mail. The staff member stated that letters to the Ombudsman's Office can be sealed in front of a staff member and are not monitored. The staff member indicated that incoming mail is picked up, counted and sorted by unit. The mail is then opened and copied and the inmate gets the copy, unless it is legal mail. The staff stated that letters from the Ombudsman's Officer are not copied or opened and that they are treated as confidential mail. The auditor was unable to test the outside reporting mechanism (Ombudsman's Office) as calls to the officer were not free. The auditor did not want the inmate to be charged for a test call. The PC advised that the Ombudsman's Officer requested that inmate's be charged for calls to reduce the amount of frivolous calls they were receiving. The auditor did contact the Ombudsman's Office via phone after the on-site portion of the audit to discuss the reporting mechanism. The staff member advised that their office can be reached via phone or by mail. The staff member indicated that if a report of sexual abuse or sexual harassment was provided to them they would contact the agency's Central Office and let them know of the concern that was raised. She stated they would then notify the inmate that the information was forwarded to Central Office to handle. The staff member confirmed that the inmate can request to remain anonymous, but they do advise the inmate that by not sharing information it may limit the investigation. Informal conversation with inmates and staff confirm that they were aware of the Ombudsman's Office for reporting. A few of the inmates advised they could not report to the Ombudsman's Office unless they went through the grievance process. The Ombudsman's Office staff advised that this was not accurate and they did not have to go through the grievance process prior to contacting them. The auditor observed that this information was contained in the Incarcerated Individual Information Guide, though it was not directly related to reporting a sexual abuse or sexual harassment allegation. The interview with the PCM indicated that individuals can report through the Ombudsman's Office as the outside reporting mechanism. He stated they can report through the postal service or through the phone. The PCM indicated that the Ombudsman's office would immediately contact the Warden or Central Office of the compliant related to sexual abuse or sexual harassment to ensure it is investigated. The PCM stated he did not believe that individuals could remain anonymous when contacting the Ombudsman's Office. Interviews with 31 inmates indicated that 21 were aware of an outside reporting entity and eighteen were aware they could anonymously report. Some of the inmates stated that they were aware of a phone number to report, but did not know who the phone number went to or how to use it. Other inmates stated they were aware of the Ombudsman's Office, but they did not think they could report sexual abuse or sexual harassment to them unless it was a legal issue or they first went through the grievance process. The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable. During the interim report period the facility updated their PREA Posters and the Incarcerated Individual Information Guide. The PCM updated the documents and as such was provided appropriate information on the inmate's ability to remain anonymous when reporting to the Ombudsman's Office. Both documents were updated to include the internal reporting mechanisms (staff, kiosk and kite) as well as the external reporting mechanism (Ombudsman's Office address and phone number). The documents advise inmates that if they want to make a free call to the Ombudsman's Office they can contact a staff member (calls from the inmate phones cost money). The documents also advise that they can remain anonymous when reporting to the Ombudsman's Office and they do not have to go through a formal or informal grievance process prior to reporting to the Ombudsman's Office. The facility provided photos of the updated PREA Posters around the facility. Additionally, the facility provided photos and emails confirming that all current inmates were educated on the updated information through the facility television channel as well as through a message/bulletin on the kiosk system.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. PREA-01, page 7 states staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document all verbal reports. PREA-02 (page 10) and PREA-03 (page 12) indicate that any staff member who receives a report of sexual violence, sexual misconduct, sexual harassment, retaliation, staff neglect or violation of duties, whether verbally or in writing, anonymously, or from third parties, shall immediately notify the Shift Supervisor and complete an incident report. Interviews with 31 inmates indicate that 30 knew they could report verbally and/or in writing to staff and 22 knew they could report through a third party. Interviews with thirteen staff indicate that inmates can report verbally, in writing, anonymously and through a third party. One staff member advised he was unsure about the anonymous reporting method. Most of the thirteen staff indicated that they would document any verbal reports, however most stated that it had not occurred so they were not exactly sure how they would document it. A few indicated they would document it in a witness statement, in a special incident report or through a major report in the ICON system. A review of investigations indicated that seven were reported directly to staff and two were reported in writing. The seven reported to staff were documented in an incident report by the supervisor, which was included in the investigative report. The two that were written were also documented the same way. During the tour the auditor asked a staff member to illustrate how they would document a verbal report of sexual abuse or sexual harassment. The staff member pulled up the

incident reporting system in the database and indicated he would input the appropriate information and submit the form. He stated that the system can be accessed from any computer. Further communication with the PC indicated that staff are to document verbal reports through an email. Most staff indicated that inmates can report verbally and they were required to document it, however they indicated they had not had that happen to them and they were not sure where exactly to document it. During the interim report period the facility provided an email that was sent to all CCF staff that outlined the requirement to document all verbal reports. Staff were advised to immediately report any verbal reports to the Shift Supervisor and then follow-up with a written report that can be done through email or a written statement. Additionally, training was provided in-person prior to shifts and a sample of documentation was provided to the auditor as confirmation.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ noted that staff are informed of this method through policy. PREA-02, page 7 states that each institution shall provide a method for staff to privately report sexual violence against incarcerated individuals. Policy further states this includes calling the Ombudsman (1-888-426-6283) or sending them correspondence (Ola Babcock Miller Building, 1112 East Grand, Des Moines, Iowa 50319). PREA-02 (CCF), page 7 and PREA-03 (CCF), page 6 state that staff are encouraged to send emails or call the Warden, Deputy Warden or other supervisor with reports of sexual violence. Interviews with thirteen staff indicated that eight were aware that they could privately report sexual abuse of an inmate. Most staff stated they could report through email or a phone call. During the tour staff advised that they can report sexual abuse or sexual harassment of an inmate privately through email or phone. The staff indicated they do not have to go to their direct supervisor, they can report to any staff (such as the Warden, PCM or Investigator). During the interim report period the facility provided an email that was sent to all CCF staff that outlined the private reporting method, which included to any staff member other than their direct supervisor. Additionally, training was provided in-person prior to shifts and a sample of documentation was provided to the auditor as confirmation.

Based on a review of the PAQ, PREA-01, PREA-02, PREA-02 (CCF), PREA-03, PREA-03 (CCF), the Incarcerated Individual Information Guide, the PREA Bookmark, the Staying Safe A Guide for Incarcerated Individual Conduct, the Sexual Assault in Prison Brochure, PREA Posters, documentation received during the interim report period, observations during the tour and information from interviews with the PCM, random inmates and random staff this standard appears to be corrected and as such compliant.

115.52	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 874 528" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IO-OR-06 – Incarcerated Individual Grievance Procedures</li> <li>3. Grievance Log</li> <li>4. Sample Grievances</li> </ol> <p data-bbox="240 618 352 645">Interviews:</p> <ol data-bbox="240 676 667 703" style="list-style-type: none"> <li>1. Inmates who Reported Sexual Abuse</li> </ol> <p data-bbox="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 909 1485 1034">115.52 (a): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation.</p> <p data-bbox="240 1066 1485 1191">115.52 (b): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation.</p> <p data-bbox="240 1281 1485 1406">115.52 (c): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation.</p> <p data-bbox="240 1496 1485 1688">115.52 (d): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log and a sample of eleven grievances confirmed there were no reported sexual abuse allegations via the grievance process.</p> <p data-bbox="240 1778 1485 1971">115.52 (e): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log and a sample of eleven grievances confirmed there were no reported sexual abuse allegations via the grievance process.</p> <p data-bbox="240 2060 1485 2150">115.52 (f): The PAQ indicated that the agency is exempt from this standard. IO-OR-06, pages 4-5 state that allegations of incarcerated individual-on-incarcerated individual sexual abuse or sexual assault or staff, contractor or volunteer sexual misconduct or sexual harassment, or retaliation are not processed as a grievance. However, if an incarcerated individual</p>

submits a complaint to the grievance officer, it will be sent to the Inspector General's Office in Central Office for investigation. A review of the grievance log and a sample of eleven grievances confirmed there were no reported sexual abuse allegations via the grievance process.

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

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

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-02 (CCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>5. Memorandum of Understanding with Catholic Charities Phoenix House</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Updated PREA Posters</li> <li>2. Updated Incarcerated Individual Information Guide</li> <li>3. Documentation of Education of Current Inmate Population on Updated Information</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Inmates</li> <li>2. Interview with Inmates Who Reported Sexual Abuse</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observation of Victim Advocacy Information</li> </ol> <p>Findings (By Provision):</p> <p>115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential a manner as possible. The PAQ stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. Further communication with the PCM indicated that the facility does not house inmates solely for civil immigration purposes. The PAQ stated that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential manner as possible. PREA-02 (page 11) and PREA-03 (page 7) indicate that the institution shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual violence by giving incarcerated individuals mailing addresses and telephone numbers. Policies further state that the institution shall enable reasonable communication between incarcerated individuals and these organizations and agencies, in as confidential a manner as possible. The MOU with Catholic Charities Phoenix House that was signed on January 26, 2016. It states that Catholic Charities Phoenix House will provide a staff member or volunteer advocate to be available to inmate victims of sexual assault during normal business hours, provide the inmate victim with information about options and resources and assist them through the criminal/civil justice system and assist the inmate victim in safety planning, crisis intervention, information and support. A review of documentation indicated that none contained the contact information for Catholic Charities. Interviews with 31 inmates indicated that sixteen were aware of outside victim</p>

advocacy services and were provided contact information for a local, state or national rape crisis center. Many of the inmates advised that they believed the information was in the written documents they received or the information was on the facility television channel. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that none were provided a mailing address and phone number to a local, state or national rape crisis center. The auditor contacted Catholic Charities related to victim advocacy services. The staff member confirmed that they have an MOU with the facility and that it was executed in January 2016. The staff member stated that they provide advocacy services for survivors of sexual assault, human trafficking and domestic violence. She stated they provide legal advocacy, group facilitation, a 24 hour crisis line, counseling services, crisis counseling, hospital response (SAFE/SANE accompaniment) and other services. She confirmed her contact at the facility is the PCM and that the organization has provided services to individuals at CCF in the past. She stated they have provided advocacy services, but have not provided any hospital accompaniment. The staff member stated she did not have any concerns related to the facility's PREA compliance nor did she have any concerns related to sexual safety among the individuals housed at the facility. In addition to Catholic Charities, the auditor contacted Just Detention International (JDI). JDI staff advised they had no communication with inmates at CCF. The facility provides access to victim advocates through Catholic Charities Phoenix House. While the facility had a phone number for services, the number was not provided to the inmate population. The auditor was also unable to test the hotline number as it was required to be added to the inmate's call list and it cost the inmate a fee to make the call. The auditor did not want to have an inmate incur the cost in order to test the hotline. The PCM advised that while inmates can add the number to their call list and pay for the call, they can also set up a free confidential call through a staff member. The auditor inquired as to how the inmate population was informed of this and the PCM indicated they were not informed. Catholic Charities Phoenix House also has a mailing address that can be utilized for correspondence, however the facility did not provide this address to the inmate population. During the tour the auditor observed the mailroom and mail process. All outgoing mail is left unsealed and placed in a box. Staff then review the outgoing mail to check for contraband and then it is placed in the outgoing US mail. The auditor observed a mail box with a lock in each of the housing unit hallways. Incoming mail is copied and provided to the inmates weekly. The original mail is not provided to the inmate to reduce the introduction of contraband. Inmates are required to purchase writing material for any outgoing mail, unless they are indigent (the agency has a process/policy for this). The mailroom staff member confirmed that all outgoing mail is left unsealed unless it is legal mail. Staff go through the mail, check the return address and ensure there is not any contraband. Staff then seal the outgoing mail and it is sent out via US mail. The staff member stated that letters to the Ombudsman's Office can be sealed in front of a staff member and are not monitored. The staff member indicated that incoming mail is picked up, counted and sorted by unit. The mail is then opened and copied and the inmate gets the copy, unless it is legal mail. The staff stated that letters from the Ombudsman's Officer are not copied or opened and that they are treated as confidential mail. During the interim report period the facility updated their PREA Posters and the Incarcerated Individual Information Guide. Both documents were updated to include information on Catholic Charities. The documents advise inmates that they have access to free outside emotional support services. The documents state that all calls on the incarcerated individual phones cost money and are subject to monitoring and recording, but if they want to make a free confidential call they can contact their assigned counselor or psychologist who can set up the contact. The documents further state that letters to Catholic Charities will be treated like all regular US mail. The documents have the phone number and mailing address to Catholic Charities and also advise the inmates that Catholic Charities is not a reporting mechanism and due to confidentiality and reporting laws, they are required to obtain written consent prior to reporting to local law enforcement. The facility provided photos of the updated PREA Posters around the facility. Additionally, the facility provided confirmation that all current inmates were educated on the information through the facility television channel and through a message/bulletin on the kiosk system.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Further communication with the PCM indicated that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. PREA-02 (page 12) and PREA-03 (page 7) state that the institution shall inform incarcerated individuals, prior to giving them access, of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU with Catholic Charities Phoenix House that was signed on January 26, 2016. It states that Catholic Charities Phoenix House will provide a staff member or volunteer advocate to be available to inmate victims of sexual assault during normal business hours, provide the inmate victim with information about options and resources and assist them through the criminal/civil justice system and assist the inmate victim in safety planning, crisis intervention, information and support. A review of documentation indicated that none contained the contact information for Catholic Charities. Interviews with 31 inmates indicated that sixteen were aware of outside victim advocacy services and were provided contact information for a local, state or national rape crisis center. Many of the inmates advised that they believed the information was in the written documents they received or the information was on the facility television channel. Most stated they did not know any details related to the victim advocacy centers. They stated they were unsure of when they could call, whether it was free and the extent of confidentiality. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that none were provided a mailing address and phone number to a local, state or national rape crisis center. During the tour the auditor observed the mailroom and mail process. All outgoing mail is left unsealed and placed in a box. Staff then review the outgoing mail to check for contraband

and then it is placed in the outgoing US mail. The auditor observed a mail box with a lock in each of the housing unit hallways. Incoming mail is copied and provided to the inmates weekly. The original mail is not provided to the inmate to reduce the introduction of contraband. Inmates are required to purchase writing material for any outgoing mail, unless they are indigent (the agency has a process/policy for this). The mailroom staff member confirmed that all outgoing mail is left unsealed unless it is legal mail. Staff go through the mail, check the return address and ensure there is not any contraband. Staff then seal the outgoing mail and it is sent out via US mail. The staff member stated that letters to the Ombudsman's Office can be sealed in front of a staff member and are not monitored. The staff member indicated that incoming mail is picked up, counted and sorted by unit. The mail is then opened and copied and the inmate gets the copy, unless it is legal mail. The staff stated that letters from the Ombudsman's Officer are not copied or opened and that they are treated as confidential mail. During the interim report period the facility updated their PREA Posters and the Incarcerated Individual Information Guide. Both documents were updated to include information on Catholic Charities. The documents advise inmates that they have access to free outside emotional support services. The documents state that all calls on the incarcerated individual phones cost money and are subject to monitoring and recording, but if they want to make a free confidential call they can contact their assigned counselor or psychologist who can set up the contact. The documents further state that letters to Catholic Charities will be treated like all regular US mail. The documents have the phone number and mailing address to Catholic Charities and also advise the inmates that Catholic Charities is not a reporting mechanism and due to confidentiality and reporting laws, they are required to obtain written consent prior to reporting to local law enforcement. The facility provided photos of the updated PREA Posters around the facility. Additionally, the facility provided confirmation that all current inmates were educated on the information through the facility television channel and through a message/bulletin on the kiosk system.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The PAQ also indicated that the facility does not maintain copies of the agreement, however further communication with the PCM indicated that this was incorrect and they have a copy of the MOU. PREA-02 (page 12) and PREA-03 (page 7) state that the institution PREA Compliance Manager/PREA Coordinator shall enter into or attempt to enter into a memorandum of understanding or other agreement with community rape crisis service providers. Each institution shall maintain copies of agreements or document showing attempts to enter into such agreements. PREA-02 (CCF), page 13 states CCF has a signed MOU with Catholic Charities for advocacy. Their office is located in Council Bluffs Iowa. A review of documentation confirms that the facility has an MOU with Catholic Charities Phoenix House, a local rape crisis center. The MOU was signed January 26, 2016 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, PREA-02, PREA-02 (CCF), PREA-03, the MOU with Catholic Charities Phoenix House, Inc, documents received during the interim report and interviews with random inmates, inmates who reported sexual abuse and the staff member at Catholic Charities this standard appears to have been corrected and as such compliant.

#### Recommendation

During documentation review it was determined that the current MOU with Catholic Charities Phoenix House was signed in 2016 and had an ending date of 2018. While both the facility and Catholic Charities Phoenix House confirmed that they still have an MOU, the auditor highly recommends that the old MOU be updated with current dates.

115.54	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 365 295">Documents:</p> <ol data-bbox="242 329 536 470" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Third Party Poster</li> <li>3. Visiting Application</li> </ol> <p data-bbox="242 557 483 582">Findings (By Provision):</p> <p data-bbox="242 674 1490 1234">115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website confirms that the following information is provided to the public: "If you are aware of an incarcerated individual or client who is experiencing sexual abuse you can report this anonymously through multiply venues: Via email to PREA.reporting@iowa.gov, you can also mail a letter to IDOC Central Office, 510 E. 12th Street, Des Moines, IA 50319 or State of Iowa Office of Ombudsman, 1112 E. Grand Avenue, Des Moines, IA 50319." A review of the Third Party Poster confirms that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals are directed to call 319-372-5432 extension 41847 or request to speak with a shift supervisor. Additionally, the end of the visitation application advises visitors that the IDOC has a zero tolerance policy for sexual violence of if the individual is concerned about sexual violence committed against any person in IDOC prison they should contact the Warden. On May 4, 2022 the auditor sent an email to the above email address to test the functionality of the third party reporting mechanism. The auditor received a response on May 5, 2022 that indicated the email was received and that if a report of sexual abuse or sexual harassment was sent it would be forwarded to the IGO, Warden and PCM at the facility. The information would also be entered into the database and an investigator would be immediately assigned. The email stated that the PC and the Investigative Supervisor monitor the third party reporting email. During the tour the auditor observed that the third party posters had adequate font, were placed at appropriate sight level height, were in English and Spanish and included the phone number and email for reporting. Third party reporting information was observed in the visitation area.</p> <p data-bbox="242 1323 1431 1384">Based on a review of the PAQ, the Third Party Poster, the visitation application, the agency's website and observations during the tour, this standard appears to be compliant.</p>



115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1441 528" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> </ol> <p data-bbox="240 616 352 642">Interviews:</p> <ol data-bbox="240 674 759 869" style="list-style-type: none"> <li>1. Interview with Random Staff</li> <li>2. Interview with Medical and Mental Health Staff</li> <li>3. Interview with the Warden</li> <li>4. Interview with the PREA Coordinator</li> </ol> <p data-bbox="240 958 483 985">Findings (By Provision):</p> <p data-bbox="240 1075 1477 1570">115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. PREA-01, page 10 states all staff shall report immediately any knowledge, suspicion, or information whether verbally or in writing regarding: an incident of sexual abuse, sexual misconduct, or sexual harassment that occurred in a facility, whether or not it is part of IDOC; retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, PREA-02 (page 10) and PREA-03 (page 12) indicate that any staff member who receives a report of sexual violence, sexual misconduct, sexual harassment, retaliation, staff neglect or violation of duties, whether verbally or in writing, anonymously, or from third parties, shall immediately notify the Shift Supervisor and complete an incident report. Interviews with thirteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor and/or the Assistant Warden.</p> <p data-bbox="240 1659 1493 2018">115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. PREA-02 (page 8) and PREA-03 (page 6) state all sexual violence investigations are confidential under Iowa statute and administrative rules. Other than reporting to supervisors or the institution's sexual violence investigators or PREA Compliance Manager/PREA Coordinator, staff shall not reveal any information related to a report to anyone other than to the extent necessary, as specified in IDOC policy, to make treatment, investigation and other security or management decisions. Interviews with thirteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor and/or the Assistant Warden.</p> <p data-bbox="240 2107 1473 2134">115.61 (c): A review of documentation indicated that two allegations were reported to medical or mental health care staff. In</p>

both instances the staff member immediately notified security of the allegation. Interviews with medical and mental health care staff confirm that at the initiation of services to an inmate they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. One of the two staff members stated that an inmate had reported an incident of sexual abuse or sexual harassment directly to her and she immediately reported the information to security staff. She stated she walked the inmate to the PCM's office to report the allegation right away.

115.61 (d): The interview with the PREA Coordinator indicated that the agency does not house anyone under the age of eighteen. The Warden stated that they do not house offenders under eighteen and if it was a vulnerable adult they would go through their normal process.

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

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

115.62	<b>Agency protection duties</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 1441 618" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-02 (CCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>5. Investigative Report</li> </ol> <p data-bbox="240 766 352 792">Interviews:</p> <ol data-bbox="240 824 611 963" style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Warden</li> <li>3. Interview with Random Staff</li> </ol> <p data-bbox="240 1048 483 1075">Findings (By Provision):</p> <p data-bbox="240 1169 1489 1832">115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). PREA-02 (page 7) and PREA-03 (page 11) state when an institution learns that an incarcerated individual is subject to substantial risk of imminent sexual violence, it shall take immediate action to protect the incarcerated individual. PREA-02 (CCF), page 7 specifically states that staff shall separate the victim and perpetrator from sight and sound of each other. This may include living on the same pod but separate units. The PAQ stated that there was one determination made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse and that all potential perpetrators and victims result in immediate response and separation. A review of documentation indicated that there was one inmate who threatened suicide due to an allegation of sexual abuse. The inmate was not at imminent risk of sexual abuse but he wanted to report the sexual abuse. The inmate was not housed with the alleged perpetrators at the time and as such no immediate protective actions were required. The inmate was provided mental health services and indicated that he was safe if he could be housed alone. The allegation was reported and forwarded for investigation. The interview with the Agency Head indicated that when the agency learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse they take immediate action. She stated they would pull the incarcerated individual away to make sure they are staff and they would start an investigation. The Warden stated that the agency has a code that identifies the level or propensity of abuse or victimization. He stated they use this information to keep the victims and abusers separate. He further stated that the facility has three units and three yards to help protect individuals. He stated anyone at imminent risk would be immediately separated. Interviews with random staff confirm that they would remove the inmate from the cell and/or area. A few stated they would take the inmate to the Captain while a few other stated they would try to move the inmate to a different housing unit.</p> <p data-bbox="240 1917 1489 1980">Based on a review of the PAQ, PREA-02, PREA-03, PREA-02 (CCF), the investigative report and information from interviews with the Agency Head, Warden and random staff indicates that this standard appears to be compliant.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> <li>5. Notification Letter/Email</li> </ol> <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> <li>1. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Warden</li> </ol> <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. PREA-02 (page 9) and PREA-03 (page 7) state upon receiving an allegation that an incarcerated individual was sexually abused by another incarcerated individual while confined at another facility, the Warden shall immediately notify the Deputy Director of Institution Operations/Designee. The Deputy Director of Institution Operations/Designee shall notify the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ stated that there was one allegation received that an inmate was abused while confined at another facility. A review of documentation confirmed there was one inmate who reported prior sexual victimization while incarcerated at the county jail. The inmate reported the incident on February 17, 2022 during an interview with investigators and mental health. The inmate inquired via the kiosk on February 22, 2022 about the allegation. The facility sent a Warden to Warden notification to the county jail on February 24, 2022.</p> <p>115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. PREA-02 (page 9) and PREA-03 (page 7) state such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation confirmed there was one inmate who reported prior sexual victimization while incarcerated at the county jail. The inmate reported the incident on February 17, 2022 during an interview with investigators and mental health. The inmate inquired via the kiosk on February 22, 2022 about the allegation. The facility sent a Warden to Warden notification to the county jail on February 24, 2022. During the interim report period the facility provided a training memo from the PCM that indicated he is responsible for the Warden to Warden notifications and he is aware of the appropriate timeframes for all future notification.</p> <p>115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. PREA-02 (page 9) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall document that such notification has been provided. A review of documentation confirmed there was one inmate who reported prior sexual victimization while incarcerated at the county jail. The inmate reported the incident on February 17, 2022 during an interview with investigators and mental health. The inmate inquired via the kiosk on February</p>

22, 2022 about the allegation. The facility sent a Warden to Warden notification to the county jail on February 24, 2022.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. PREA-02 (page 9) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall ensure that the allegation is investigated in accordance with the requirements of the PREA standards. The PAQ stated there were zero allegations reported to them from another facility in the previous twelve months. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, they contact the Warden and get the appropriate information. She stated they then conduct an investigation. The Agency Head stated there have not been an examples of receiving an allegation from another agency within the previous twelve months. The interview with the Warden confirmed that when they receive an allegation from another facility that an inmate was abused while housed at their facility they conduct an investigation to the best of their ability based on what information was provided. He stated they typically get a letter from the other facility/agency related to the information. The Warden stated they have not had any examples of this in the previous year but they have had them in the past. He stated they assigned them for investigation and looked at everything they had. A review of the nine investigative reports from January 2021 to January 2022 and the four from January 2022 through July 2022 confirmed all were reported to staff (verbal or in writing) at CCF.

Based on a review of the PAQ, PREA-02, PREA-03, investigative reports, notification letter, the training during the interim report period and interviews with the Agency Head and Warden, this standard appears to be corrected and as such is compliant.

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 363 297">Documents:</p> <ol data-bbox="240 331 1437 584" style="list-style-type: none"> <li data-bbox="240 331 533 358">1. Pre-Audit Questionnaire</li> <li data-bbox="240 387 826 414">2. PREA-01 – Incarcerated Individual PREA Information</li> <li data-bbox="240 443 1437 470">3. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li data-bbox="240 499 1398 526">4. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li data-bbox="240 555 504 582">5. Investigative Reports</li> </ol> <p data-bbox="240 674 352 701">Interviews:</p> <ol data-bbox="240 734 815 875" style="list-style-type: none"> <li data-bbox="240 734 608 761">1. Interview with First Responders</li> <li data-bbox="240 790 576 817">2. Interview with Random Staff</li> <li data-bbox="240 846 815 873">3. Interview with Inmates Who Reported Sexual Abuse</li> </ol> <p data-bbox="240 965 480 992">Findings (By Provision):</p> <p data-bbox="240 1077 1485 2107">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. PREA-02 (page 11) and PREA-03 (pages 12-13) state the first security staff on the scene of an incident of sexual abuse/assault shall: separate the alleged victim and perpetrator; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if it is alleged that a sexual abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, drinking, or eating. PREA-01 pages 7-8, state that if applicable to the circumstances, the alleged incarcerated victim shall be advised by the employee receiving the report or Shift Supervisor that showering or body cleaning, or if the alleged abuse was oral, drinking or brushing could damage or destroy evidence. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ stated there were four allegations of sexual abuse in the previous twelve months. All four involved the first security staff first responder to separate the alleged victim and abuser. The PAQ further indicated that none of the four required any additional first responder duties. A review of the three sexual abuse investigations reported from January 2021 through January 2022 and the three sexual abuse investigation reported from January 2022 through July 2022 indicated one involved first responder duties. One involved the inmate victim being transported to the hospital for evidence collection via a forensic examination. The inmate victim was already separated from the inmate perpetrator at the time of the report and as such did not require immediate separation. The security staff first responders stated that he would make sure the victim is safe; take the victim to the supervisor; preserve evidence; not let the victim shower, brush their teeth, etc.; collect evidence; send them to medical; send them for SANE at the hospital; offer them a victim advocate and keep the individuals separated. The non-security first responder stated she would separate the individuals and notify security. She indicated she would probably walk the victim to the Captain. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that all were separated from the other individual, four had a housing change and one was already separated. Three stated they were taken to the Captain's Office, two of which had the alleged perpetrator moved while they were giving information to the Captain. The interviews confirmed that staff handled the allegations quickly and appropriately.</p>

115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. PREA-02 (page 11) and PREA-03 (page 12) state if the first responder is not security then, after ensuring that the alleged victim is free from harm, the staff member shall advise the alleged victim not to take any actions that could destroy physical evidence. The non-security staff member shall notify security of the situation immediately. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ stated there was one allegation of sexual abuse that involved a non-security staff first responder. The PAQ further stated that it occurred outside the 72 hour timeframe so the inmates were not advised not to take any action to destroy evidence. The PAQ also stated that there were zero instances where the non-security first responder notified security. Further communication with the PCM indicated that all staff are trained as security first responders and to complete the same first responder duties, regardless of their rank/position. A review of the three sexual abuse investigations reported from January 2021 through January 2022 and the three sexual abuse investigation reported from January 2022 through July 2022 indicated one was reported to mental health care staff who reported it to security staff. The security staff first responders stated that he would make sure the victim is safe; take the victim to the supervisor; preserve evidence; not let the victim shower, brush their teeth, etc.; collect evidence; send them to medical; send them for SANE at the hospital; offer them a victim advocate and keep the individuals separated. The non-security first responder stated she would separate the individuals and notify security. She indicated she would probably walk the victim to the Captain. The interviews with random staff confirm that staff are aware of first responder duties. Staff stated they would separate the individuals, secure the scene, not let the victim destroy any evidence and notify the supervisor.

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

115.65	<p><b>Coordinated response</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 (CCF) - Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 (CCF) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Sexual Assault Response Checklists</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. PREA-02 (CCF) and PREA-03 (CCF) confirm that they outline the duties and responsibilities for the Director’s Office, staff, contractors, volunteers, the Warden, the Shift Supervisor, Investigators and medical and mental health care staff. The Sexual Assault Checklists also outline first responder duties, health services duties, supervisor duties, investigator duties and leadership staff duties. The Warden confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>Based on a review of the PAQ, PREA-02 (CCF), PREA-03 (CCF), the Sexual Assault Response Checklists and information from the interview with the Warden, this standard appears to be compliant.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Collective Bargaining Agreement with the American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO</li> <li>3. Collective Bargaining Agreement with UE Local 893 Iowa United Professionals</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol> <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of the two agreements confirmed they only dealt with pay and wages. The interview with the Agency Head confirmed that the agency has entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012, however the agreements have been gutted and only include information related to wages.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 363 297">Documents:</p> <ol data-bbox="240 331 1461 584" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire</li> <li data-bbox="240 387 1398 414">2. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li data-bbox="240 443 1461 470">3. PREA-03 (CCF) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li data-bbox="240 499 667 526">4. Monitoring for Retaliation Documents</li> <li data-bbox="240 555 507 582">5. Investigative Reports</li> </ol> <p data-bbox="240 674 352 701">Interviews:</p> <ol data-bbox="240 734 1054 931" style="list-style-type: none"> <li data-bbox="240 734 611 761">1. Interview with the Agency Head</li> <li data-bbox="240 790 555 817">2. Interview with the Warden</li> <li data-bbox="240 846 1054 873">3. Interview with Designated Staff Member Charged with Monitoring Retaliation</li> <li data-bbox="240 902 815 929">4. Interview with Inmates Who Reported Sexual Abuse</li> </ol> <p data-bbox="240 1021 483 1048">Findings (By Provision):</p> <p data-bbox="240 1133 1493 1395">115.67 (a): The PAQ indicated that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. PREA-03, page 23 states the institution shall protect all incarcerated individuals and staff who report sexual violence or cooperate with investigations from retaliation by other incarcerated individuals or staff, and shall designate which staff members or institution departments are charged with monitoring for retaliation. Page 10 also states that staff shall not retaliate upon knowledge of sexual violence or precursors behavior allegations. PREA-03 (CCF), page 24 states that the PCM is responsible for retaliation monitoring at CCF. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation and the staff at the facility responsible for monitoring is the Treatment Services Director.</p> <p data-bbox="240 1485 1493 2141">115.67 (b): PREA-03, page 23 states the institutional shall employ multiple protective measure, such as housing changes or transfers for incarcerated individual victims or perpetrators, removal of alleged staff aggressors or incarcerated individual perpetrators from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting or cooperating with investigations. A review of investigative reports and monitoring documents indicated that there have been no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head stated that there is a designated staff member who monitors and will automatically investigate or move the person to a different housing unit. She stated that for staff they could place them on administrative leave or change their shift. The Warden stated that with regard to protective measure they would look at housing and monitor the individual through classification. He stated they would review housing and job assignment to ensure it was appropriate and that they would keep the individual away from the perpetrator. The Warden stated that they monitor the individual for 90-120 days. He confirmed that they have the ability to transfer individuals to another facility and the ability to move staff from contact with the individual. He also confirmed that they also offer victim support services. The interview with the staff who monitor for retaliation indicated that he meets with and talks to the individual during monitoring. He stated he tracks the individuals housing assignment, work assignment, reports and other elements to make sure none of the changes are based upon the report of sexual abuse or being involved in the sexual abuse investigation. The staff member indicated whenever there is a report of sexual abuse the victim is always separated from the perpetrator. He indicated that once the investigation is complete they always take into account whether the perpetrator can be reintroduced to general population, keeping the victims safety in mind. The staff member stated that possible protective measures can include moving the individual to a different housing unit in the facility, transferring one of the individual to another facility, removing</p>

staff from contact with the individual through administrative leave or placing the staff member outside the facility to work. He confirmed that they can also offer emotional support as a protective measure. The staff member stated he meets with the individual the first week to check on him/her and then he follows up routinely the entire 90-120 days. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that four felt protected against retaliation. They stated that the staff at the facility are pretty good and make sure they are protected. One inmate stated he did not feel protected, but was not sure why. There were no inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. PREA-03, pages 23-24 state for at least 90 days following a report of sexual violence, the institution shall monitor the conduct and treatment of incarcerated individuals or staff who reported the sexual violence and of incarcerated individuals who were reported to have suffered sexual violence to see if there are changes that may suggest possible retaliation by incarcerated individuals or staff, and shall act promptly to remedy any such retaliation. The institution shall monitor any incarcerated individual disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The institution shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported they segregate the individual (not the victim) and it would be investigated fully. He stated they would take any appropriate action based on the investigation, including transfer, if needed. The interview with the staff member responsible for monitoring retaliation indicated that during monitoring he reviews housing changes, discipline reports, generic notes, work assignments and things of that nature. He stated he does not do a lot of staff but when he would monitor leave request, post and shift changes and any other changes. The staff stated he monitors for 90-120 days minimum and that there is not a maximum. He stated he routinely talks to them to make sure they are doing okay and that he has monitored some individual for up to six months. He stated he does not always formally document it but it's more of an informal check in. A review of six sexual abuse investigative reports indicated that four required monitoring. All four had monitoring initiated. Two were completed and two were still in the 90 days process. All involved the monitoring of housing changes, job changes, written reports (to include discipline) and generic notes. Three of the four included at least one personal report (in person status check).

115.67 (d): PREA-03, page 24 states that in the case of incarcerated individuals, such monitoring shall also include periodic status checks. The staff member responsible for monitoring confirmed that he conducts periodic status checks. He stated he speak with them the first week and then will follow-up routinely with them during the entire 90-120 days. A review of six sexual abuse investigative reports indicated that four required monitoring. All four had monitoring initiated. Two were completed and two were still in the 90 days process. All involved the monitoring of housing changes, job changes, written reports (to include discipline) and generic notes. Three of the four included at least one personal report (in person status check).

115.67 (e): PREA-03, page 24 states if any other individual who cooperates with an investigation expresses a fear of retaliation, the institution shall take appropriate measures to protect that individual against retaliation. The Agency Head stated that the same protective measures would be taken for an individual who cooperates with an investigation. She stated the designated staff member would monitor them, an investigation would be conducted, housing would be changed, if necessary and if was a staff member they could be placed on administrative leave or have a shift change. The Warden stated that with regard to protective measure they would look at housing and monitor the individual through classification. He stated they would review housing and job assignment to ensure it was appropriate and that they would keep the individual away from the perpetrator. The Warden stated that they monitor the individual for 90-120 days. He confirmed that they have the ability to transfer individuals to another facility and the ability to move staff from contact with the individual. He also confirmed that they also offer victim support services. The Warden further indicated that if retaliation is suspected or reported they segregate the individual (not the victim) and it would be investigated fully. He stated they would take any appropriate action based on the investigation, including transfer, if needed.

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

Based on a review of the PAQ, PREA-03, PREA-03 (CCF), investigative reports, monitoring documents and interviews with

the Agency Head, Warden, inmates who reported sexual abuse and staff charged with monitoring for retaliation, this standard appears to be compliant.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IO-HO-05 – Short Term Restrictive Housing (STRH)</li> <li>3. IO-HO-06 – Protective Custody (PC) Housing</li> <li>4. Inmate Victim Housing Assignments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Staff who Supervise Inmates in Segregated Housing</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of the Segregated Housing Unit</li> </ol> <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility does not affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. Further communication with the PCM indicated that this was marked not applicable because this is against policy and does not occur. He stated an incarcerated individual would not remain in involuntary segregated housing for 30 days or more. The PAQ noted there were zero inmates who alleged sexual abuse who was involuntarily segregated for zero to 24 hours or longer than 30 day. IO-HO-05, page 3 states that any use of restrictive housing to protect an incarcerated individual who is alleged to have suffered sexual abuse shall be subject to the requirements of PREA Standard 115.43 (Refer to IDOC Policy IO-HO-06 Protective Custody. IO-HO-06, page 6 states that incarcerated individuals shall not be placed in involuntary PC housing unless an assessment has been made that there is not available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual in involuntary PC housing for less than 24 hours while completing the assessment. Page 4 states that within seven days of placement, the PCRC shall conduct a PC review to determine the need for continued placement in PC. The status of all incarcerated individuals placed in PC shall be reviewed every seven days for the first two months and every 30 days thereafter to determine whether the reason for placement still exists. Policy further states that incarcerated individuals in PC may request a review by the PCRC at any time. Reviews more frequently than every 30 days are at the sole discretion of the PCRC. During the tour the auditor observed that the segregated housing unit had a separate recreation area as well as offices that could be utilized for programming. A review of housing documents for six inmates who reported sexual abuse indicated five remained in the same housing unit after the reported abuse and as such were not involuntarily segregated. The fifth inmate was placed in a single cell in general population and was also not involuntarily segregated. The interview with the Warden confirmed that agency policy prohibits placing inmates who reported sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation form likely abusers. He stated that this is not their practice and that they would typically segregate the abuser, if needed and they always look at the best housing options. He further indicated they because this is not their practice they have not involuntarily segregated a victim. The interview with the staff who supervise inmates in segregated housing indicated that the facility does not place anyone in involuntary segregated housing due to risk of victimization. He stated they would discuss with the individual whether they feel safe enough to be outside protective custody and if they request protective custody they would accommodate and follow the administrative rule. He stated that if they did not want protective custody and the facility felt this was what was best for their safety they would make any accommodations necessary, such as</p>

ensuring education was provided. He stated all accommodations would be based on administrative policy and they would document as outlined in policy. He further indicated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated that the timeframe would depend on if they had to transfer them to another facility or if they just had to find accommodations within the facility. The staff member also confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. He stated that classification is done every week and as such as the facility they would be reviewed weekly. There were no inmates identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted.

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

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1441 584" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> <li>5. Investigator Training Records</li> </ol> <p data-bbox="240 674 352 701">Interviews:</p> <ol data-bbox="240 732 756 929" style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> <li>2. Interview with the Warden</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with the PREA Compliance Manager</li> </ol> <p data-bbox="240 1019 483 1046">Findings (By Provision):</p> <p data-bbox="240 1135 1493 1462">115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. PREA-02 (page 12) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall assign specially trained sexual violence investigators and manage all sexual violence investigations, allegations, and incidents of sexual violence of retaliation. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. A review of the twelve investigations confirmed that all were forwarded to the facility investigator for investigation and were completed within 30 days of the reported allegation. All twelve investigations were thorough and objective and reviewed prior complaints against the perpetrator. The investigators stated that an investigation is initiated immediately. Both also confirmed that an allegation that is reported anonymously or through a third party would be investigated in the same manner as an allegation reported via another method. The criminal investigator stated they would speak with the victim, if known, to confirm if the reported allegation is accurate and true.</p> <p data-bbox="240 1552 1493 2013">115.71 (b): PREA-03, page 21 states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, the impact of the Peace Officers' Bill of Rights, sexual abuse evidence collection in confinement settings, characteristics and behavior indicators of sexual violence perpetrators and victims in correctional settings, credibility assessments, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; IDOC Interview to Confession Training Curriculum (it should be noted this training has had numerous name changes over the years). A review of the training curriculum confirmed it is an in-depth 190 slide training that extensively covers the investigative process. The auditor confirmed the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of investigations revealed they were completed by four investigators, all of which were included in the training records. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="240 2103 1493 2159">115.71 (c): PREA-02 (page 18) and PREA-03 (page 19) state Sexual Violence Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data;</p>

interview alleged victims, suspected perpetrators and witnesses; review prior complaints and reports of sexual violence involving the suspected perpetrators and include an effort to determine if staff actions or failures to act contributed to the abuse. A review of twelve investigations confirmed that all twelve included statements and/or interviews of the alleged victim, perpetrator and witnesses, when applicable. One involved video review and one involved evidence collection. The interview with the administrative investigator indicated he would make sure the individuals were separated and he would place the alleged perpetrator in segregated housing. He stated he would make sure the victim felt safe and would then take the victim to health services to for evidence collection and possible transportation for a forensic medical examination. The administrative investigator stated the rest of the investigation would include statements, video review, evidence collection, entry into the PREA database and completion of the investigative summary. The criminal investigator stated that his initial steps would be to interview the victim to determine the case facts and then if the allegation was within 72 hours determine if evidence can be collected via a sexual assault kit. He further stated he would collect any evidence and interview the alleged perpetrator and potentially send him/her out for a forensic medical examination as well. The criminal investigator indicated the remainder of the investigative process would include interview potential witnesses, video collection, documentation (ICON) review and then review of facts to determine an outcome. Both investigators stated they would be responsible for collecting any physical evidence, any paper documents, audio, video and prior complaints.

115.71 (d): PREA-02 (page 12) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee shall assign specially trained sexual violence investigators and manage all sexual violence investigations, allegations, and incidents of sexual violence of retaliation. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The interviews with the investigators indicated they do not conduct compelled interviews. If that was something that would need to take place they would turn it over to local law enforcement and/or the county attorney. A review of investigative reports confirmed none involved compelled interviews.

115.71 (e): PREA-02 (pages 18-19) and PREA-03 (page 19) state the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. IDOC shall not require an incarcerated individual who alleges sexual violence submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interviews with the investigators indicated that credibility is based on the corroboration of evidence. Both stated that they do not require a victim to submit to a truth device or truth telling device test. Zero of the inmates who reported sexual abuse (four sexual abuse and one sexual harassment) stated they were required to take a polygraph or truth telling device test.

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

115.71 (g): PREA-02 (page 19) and PREA-03 (pages 19-20) indicate the investigators shall prepare a final written report that includes a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments and investigative facts and findings. The report shall include whether staff actions or failures contributed to the abuse. Additionally, PREA-02 (page 19) and PREA-03 (page 20) state that IDOC shall make best efforts to ensure that criminal investigations by outside agencies are to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence are attached where feasible. There were zero criminal investigations available for review during the on-site portion of the audit as there were zero criminal investigations within the previous twelve months. The interviews with investigative staff confirmed that criminal investigations



would be documented in written reports with the same components as administrative investigative reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. PREA-02 (page 8) and PREA-03 (page 8) state the Deputy Director of Institution Operations/Designee determine when the evidence is sufficient for criminal prosecution and shall refer appropriate incidents to criminal authorities. All referrals shall be documented. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. A review of documentation confirmed there have been no substantiated sexual abuse allegations over the audit period. The interviews with the investigators indicated that an allegation would be referred for prosecution if the criminal investigation determined proof beyond a reasonable doubt.

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

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

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

115.71 (l): PREA-02 (page 19) and PREA-03 (page 10) state when outside agencies investigate sexual violence, IDOC shall cooperate with outside investigators and shall endeavor to remain informed and keep the Deputy Director of Institution Operations informed about the progress of the investigations. The interview with the PREA Coordinator indicated that they have not had an outside agency conduct an investigation in over eight years. She stated if the Department of Criminal Justice did conduct an investigation they would keep them up to date through phone and email. She further indicated the agency has a good relationship with the Department of Criminal Justice. The Warden stated that the agency conducts its own investigations and that an outside agency would not investigate. The PCM stated that all investigations are done internally and they do not allow an outside agency to conduct any investigations. The interview with the administrative investigator indicated that the agency does all investigations. The criminal investigator stated that if for some reason they had an outside agency he would sit second chair and assist with anything that was needed.

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

115.72	<p><b>Evidentiary standard for administrative investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. PREA-02 (page 20) and PREA-03 (page 10) indicate IDOC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual violence are substantiated. A review of twelve investigations indicated that the sexual abuse allegations were deemed unsubstantiated or unfounded. One sexual harassment allegation was deemed substantiated and was appropriate based on the evidence. The other eleven investigative findings were also based on the evidence and were appropriate based on the information provided. The interviews with the investigators indicated that an administrative investigation would be substantiated with a preponderance of evidence.</p> <p>Based on a review of the PAQ, PREA-02, PREA-03, investigative reports and information from the interview with the investigators, it is determined that this standard appears to be compliant.</p>
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115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 368 297">Documents:</p> <ol data-bbox="240 331 1441 645" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation</li> <li>4. Investigative Reports</li> <li>5. PREA-02 F-4, Investigator's Closure Letter to Incarcerated Individuals</li> <li>6. PREA-03 F-3, Investigator's Closure Letter to Incarcerated Individuals</li> </ol> <p data-bbox="240 790 352 817">Interviews:</p> <ol data-bbox="240 846 815 987" style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Investigative Staff</li> <li>3. Interview with Inmates Who Reported Sexual Abuse</li> </ol> <p data-bbox="240 1077 485 1104">Findings (By Provision):</p> <p data-bbox="240 1193 1493 1753">115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. PREA-02 (page 20) and PREA-03 (page 20) state following an investigation into an allegation of incarcerated individual sexual misconduct or an investigation into an allegation of sexual violence, the sexual violence investigator shall inform the incarcerated individual victim as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ stated there were nine completed sexual abuse investigations in the previous twelve months and fourteen inmate victims who were provided a verbal or written victim notification. Further communication with the PCM stated that there were five notifications completed and four were missing notifications. A review of six sexual abuse investigations indicated that five were documented with an inmate victim notification. One investigation was closed by an investigator who is no longer at the facility and the notification was not completed. The auditor determined this was an error, but not a systemic issue based on the other five notifications. The interviews with the Warden and the investigator confirm that inmates are informed of the outcome of the investigation into their allegation. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that four were aware they were to be informed of the outcome of the investigation into their allegation. The four indicated that they were informed either verbally or through a letter. The one inmate who advised he was unsure indicated that he believed he was sent a paper with the investigative outcome. Most of the inmates indicated they were informed anywhere from a week to a few weeks after they reported the allegation.</p> <p data-bbox="240 1843 1477 2033">115.73 (b): The PAQ indicate that the agency conducts all administrative and criminal sexual abuse investigations and as such this provision is not applicable. The PAQ stated there were zero investigations completed by an outside agency in the previous twelve months. PREA-02 (page 20) and PREA-03 (page 21) state if IDOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the incarcerated individual. A review of investigations confirmed that none were investigated by an outside agency and as such no documentation was required under this provision.</p> <p data-bbox="240 2123 1477 2150">115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the</p>

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

115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. PREA-03 (page 21) states following a substantiated or unsubstantiated investigation of an allegation of sexual abuse, the institution shall subsequently inform the incarcerated individual victim whenever: the institution learns that the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; or the institution learns that the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility. A review of six sexual abuse investigative reports indicated five were inmate-on-inmate but none were substantiated and as such there were zero notifications required under this provision. There was one sexual harassment allegation reviewed that was substantiated, however notifications under this provision were not required. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that all allegations were inmate-on-inmate and none involved any notifications under this provision. A few of the inmates stated that they did not know anything other than that the inmate was moved.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. PREA-02 (page 20) and PREA-03 (page 21) state all such notifications or attempted notifications shall be documented. The PAQ stated there were zero notification made pursuant to this standard and zero notifications documented. Further communication with the PCM stated that there were five notifications completed and four were missing notifications. A review of six sexual abuse investigations indicated that five were documented with an inmate victim notification. One investigation was closed by an investigator who is no longer at the facility and the notification was not completed. The auditor determined this was an error, but not a systemic issue based on the other five notifications.

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

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

115.76	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 1441 472" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals</li> <li>3. Investigative Reports</li> </ol> <p data-bbox="242 557 483 586">Findings (By Provision):</p> <p data-bbox="242 672 1433 801">115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. PREA-02 (pages 20-21) states staff shall be subject to disciplinary sanctions up to and including termination for violating IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents.</p> <p data-bbox="242 887 1481 1084">115.76 (b): PREA-02 (page 21) states termination shall be the presumptive disciplinary sanction for staff who engage in sexual misconduct. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members that were terminated or resigned during the investigation for violating the sexual abuse or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.</p> <p data-bbox="242 1169 1489 1500">115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. PREA-02 (page 21) states disciplinary sanctions for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.</p> <p data-bbox="242 1585 1477 1951">115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. PREA-02 (page 21) states all terminations for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents or resignations by staff who would have been terminated if not for their resignation, shall be referred for criminal prosecution by the Deputy Director of Institution Operations when the evidence is sufficient for a criminal referral, and by the appropriate institution management team member to any relevant licensing bodies. The PAQ indicated there were zero staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.</p> <p data-bbox="242 2036 1297 2065">Based on a review of the PAQ, PREA-02 and investigative reports, this standard appears to be compliant.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 692 528" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. AD-GA-13 – Agreements and Contracts</li> <li>3. AD-CI-01 – Volunteer Program</li> <li>4. Investigative Reports</li> </ol> <p data-bbox="240 618 352 645">Interviews:</p> <ol data-bbox="240 676 547 703" style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol> <p data-bbox="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 909 1493 1330">115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. AD-GA-13, page 4 states that any contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. AD-CI-01, page 8 states that any volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it states that the institution shall take appropriate remedial measures, and shall consider whether to prohibit further contact with incarcerated individuals, in the case of any other violation of IDOC sexual violence or sexual harassment policies by a contractor or volunteer. The PAQ indicated that there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.</p> <p data-bbox="240 1420 1493 1912">115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. AD-GA-13, page 4 states IDOC shall take appropriate remedial measures, and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor. AD-CI-01, page 8 states that any volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it states that the institution shall take appropriate remedial measures, and shall consider whether to prohibit further contact with incarcerated individuals, in the case of any other violation of IDOC sexual violence or sexual harassment policies by a contractor or volunteer. The PAQ indicated that there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. The interview with the Warden indicated that if a volunteer or contractor violated the sexual abuse policies they would be restricted from entering the facility and an investigation would be conducted. He stated that they would prosecute if necessary. The Warden confirmed that they would prevent future contact with inmates, depending on the level of the allegation.</p> <p data-bbox="240 2002 1414 2065">Based on a review of the PAQ, AD-GA-13, AD-CI-01, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 770 584" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IO-RD-03 – Major Discipline Report Procedures</li> <li>3. OP-SOP-08 – Sex Offense Program Referrals</li> <li>4. Investigative Reports</li> <li>5. Disciplinary Report</li> </ol> <p data-bbox="240 674 352 701">Interviews:</p> <ol data-bbox="240 732 759 813" style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Medical and Mental Health Staff</li> </ol> <p data-bbox="240 902 483 929">Findings (By Provision):</p> <p data-bbox="240 1019 1476 1279">115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The PAQ stated there was one administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse.</p> <p data-bbox="240 1368 1489 1798">115.78 (b): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden indicated that there is an internal report that is outlined in the disciplinary process. He stated that depending on level of discipline, sanction could include a loss of earned time and disciplinary time. He stated they could also refer the allegation for prosecution. The Warden confirmed that they are consistent in the disciplinary process and that sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. He stated that there is a policy they follow based on class offense and that it is consistent throughout the agency. A review of investigative reports confirmed there was one substantiated inmate-on-inmate sexual harassment allegation (not sexual abuse). The inmate perpetrator was found guilty during a disciplinary hearing and was given a loss of earned time and 30 days of disciplinary detention.</p> <p data-bbox="240 1888 1485 2148">115.78 (c): IO-RD-03, page 2 states that as described more fully in IDOC policy IO-RD-01, Overview and Philosophy of Incarcerated Individual Discipline, it is the policy of the IDOC to use appropriate disciplinary action in the management of incarcerated individual violations of IDOC and institutional rules, regulations, policies and procedures. Where the use of informal action or minor disciplinary report procedures are not appropriate or insufficient to achieve correctional goals, the major report process shall be used. The interview with the Warden confirmed that the disciplinary process considers whether the inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. He stated that a mental health staff member would determine if the individual was able to comprehend their actions. A review of investigative reports confirmed there was one substantiated inmate-on-inmate sexual</p>

harassment allegation (not sexual abuse). The inmate perpetrator was found guilty during a disciplinary hearing and was given a loss of earned time and 30 days of disciplinary detention.

115.78 (d): The PAQ indicated the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Further communication with the PCM indicated this should have been marked yes and that they do offer services designed to address and correct underlying reasons or motivations for abuse. The PCM stated all services are voluntary and are not required as a condition of access to other programs or privileges. OP-SOP-08, page 2 states that incarcerated individuals who score Aggressor Incarcerated (AI) on the Sexual Violence Propensity Assessment or incarcerated individuals who are found guilty of an assault of sexual nature or sexual misconduct or a sexually violence offense while in a residential facility or while in prison shall be reviewed by their institutional classification team and the team shall forward the incarcerated individual name and information for a STOP review to the STOP Director. Interviews with medical and mental health staff indicated that inmate perpetrators and/or inmates who have prior sexual abusiveness are given the option of services through counselors and mental health. Both staff indicated that services are not required in order to gain access to other programs or benefits.

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

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

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

Based on a review of the PAQ, IO-RD-03, OP-SOP-08, investigative reports, disciplinary report and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.



115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. IS-RO-01 - Incarcerated Individual Admission Procedures</li> <li>3. IS-RO-02 – Incarcerated Individual Intake and Orientation</li> <li>4. 72 Hour PREA Transfer Screening</li> <li>5. Inmate Risk Assessments</li> <li>6. Medical/Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with Medical and Mental Health Staff</li> <li>3. Inmates who Disclose Sexual Victimization at Risk Screening</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Risk Screening Area</li> <li>2. Observation of Inmate Medical and Classification Files</li> </ol> <p>Findings (By Provision):</p> <p>115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior victimization were offered a follow-up with mental health within fourteen days. A review of documentation for five inmates who disclosed prior sexual victimization during the risk screening indicated all five were offered a follow-up with mental health the same day as the risk screening. The interview with the staff responsible for the risk screening indicated that inmates are offered a follow-up with mental health within fourteen days. It should be noted that CCF is not an intake facility and as such many of the inmates who reported prior sexual victimization may have also previously reported the sexual victimization during a prior risk screening at other facilities and may have been offered a mental health follow-up at those facilities.</p> <p>115.81 (b): The PAQ did not indicate where prison inmates who previously perpetrated sexual abuse are offered a follow-up with mental health. Further communication with the PCM indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 states that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that an incarcerated individual has previously perpetrated sexual violence, whether it occurred in an institutional</p>

setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. A review of two inmates with prior sexual abusiveness indicated both were offered a follow-up with mental health care staff the same day as the initial risk screening. It should be noted that CCF is not an intake center. All inmates that arrive at CCF have gone through the risk screening at a prior IDOC facility where prior sexual abusiveness would have been identified. The interview with the staff responsible for the risk screening indicated that inmates are offered a follow-up with mental health within fourteen days.

115.81 (c): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. The PAQ noted that 100% of those inmates who reported prior victimization were offered a follow-up with mental health within fourteen days. A review of documentation for five inmates who disclosed prior sexual victimization during the risk screening indicated all five were offered a follow-up with mental health the same day as the risk screening. The interview with the staff responsible for the risk screening indicated that inmates are offered a follow-up with mental health within fourteen days. It should be noted that CCF is not an intake facility and as such many of the inmates who reported prior sexual victimization may have also previously reported the sexual victimization during a prior risk screening at other facilities and may have been offered a mental health follow-up at those facilities.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PCM indicate that access is limited and that most security staff can only see the designation, not the information answered during the risk screening. The PCM confirmed that the information is not strictly limited to medical and mental health and that the few other staff with access only have access to assist with security and management decisions. HSP-628, page 6 states that any information related to sexual violence that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform of treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. Inmate risk assessments are both electronic and paper. Mental health staff complete a form (72 Hour PREA Transfer Screening) upon the inmates arrival. The paper form is then maintained in the inmate's mental health file, which is eventually scanned and maintained electronically. The information from the form is emailed to the inmate's counselor/case manager to be utilized for the 72 hour risk assessment. The initial risk assessment is completed electronically and stored in the agency's ICON system. Access to the risk screening information in ICON is limited. During the tour the auditor asked a security staff member to illustrate what he was able to access related to the risk screening information. The staff member pulled up a list of inmates, where they were housed and their risk screening code. The staff member was not able to view the risk screening tool or any responses. The investigation database, which hold sexual abuse and sexual harassment information also has limited access. Only staff assigned as investigators or administrative level staff have access to this database. During the tour the auditor had a security staff member attempt to access the database. He was not familiar with how to do and when directed on how, he did not have access. He was able to pull up attachments related to the investigation, such as the victim notification, but nothing that has sensitive and private information. Inmate medical and mental health files are electronic, however some files are initially paper. All paper file are scanned into the ICON system and then shredded. Access to the medical and mental health files in ICON is limited to medical staff, mental health staff and dental staff.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. HSP-628, page 6 states medical and mental health practitioners shall obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur within an institutional setting, unless the incarcerated individual is under the age of eighteen. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The staff indicated that they do not have inmates under eighteen so they would have to look at policy related to a separate consent. One staff member stated they do follow mandatory reporting laws.

Based on a review of the PAQ, IS-RO-01, IS-RO-02, 72 Hour PREA Transfer Screening, inmate risk assessments, medical

and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed prior sexual victimization during the risk screening this standard appears to be compliant.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. HSP-628 – Patient Sexual Abuse
3. Medical and Mental Health Documents

Documents Received During the Interim Report Period:

1. Response to Sexual Assault/Abuse Allegation Form
2. Staff Training Related to the New Form
3. Sexual Abuse Allegation with Form Utilization
4. Staff Training Documents

Interviews:

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

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. HSP-628, pages 1-2 state that it is the policy of the IDC that patients who report sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services; be offered psychological (mental health) and medical services; and, when appropriate, a forensic examination or sexual abuse examination will be completed by a qualified professional. During the tour, the auditor noted that the medical and mental health areas consisted of a waiting area and three exam rooms. Exam rooms provided confidentiality through solid doors. A review of the six sexual abuse allegations indicated one involved the inmate victim being transported to the local hospital for a forensic medical examination. The inmate was provided emergency medical treatment at the hospital. The facility did not have documentation for the other inmates, however the other five inmates did not require emergency medical treatment or crisis intervention services. Interviews with medical and mental health care staff confirmed that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated that medical services would be offered as soon as they are made aware of the incident and mental health services would be offered as soon as medical staff completed their responsibilities. Medical and mental health care staff stated that the nature and scope of services would be based on their professional judgment as well as policy. The interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that two were

provided medical and/or mental health services. One inmate reported sexual abuse but it was verbal only and one inmate indicated the sexual abuse was reported back in 2015. During the interim report period the facility provided the auditor with a form they created (Response to Sexual Assault/Abuse Allegation) to ensure that inmate victims of sexual abuse are offered access to medical and mental health services, regardless of the timeframe of when the sexual abuse occurred. The form has a section where the inmate can accept or decline medical follow up care as well as a section the inmate can accept or decline mental health follow up care. On July 8, 2022 the facility provided the auditor with documentation confirming that shift supervisors were trained on the utilization of the form via email. Additionally, during the interim report period the facility provided the auditor with two examples of reports of sexual abuse that occurred after the on-site portion of the audit where the forms were utilized. The facility also provided the auditor with training documentation with medical and mental health care of the requirements of services post sexual abuse allegation.

115.82 (b): The security staff first responders stated that he would make sure the victim is safe; take the victim to the supervisor; preserve evidence; not let the victim shower, brush their teeth, etc.; collect evidence; send them to medical; send them for SANE at the hospital; offer them a victim advocate and keep the individuals separated. The non-security first responder stated she would separate the individuals and notify security. She indicated she would probably walk the victim to the Captain. A review of the six sexual abuse allegations indicated one involved the inmate victim being transported to the local hospital for a forensic medical examination. The inmate was provided emergency medical treatment at the hospital. The facility did not have documentation for the other inmates, however the other five inmates did not require emergency medical treatment or crisis intervention services.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. HSP-628, page 5 states medical staff shall offer patients of sexual abuse timely information and access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. A review of documentation indicated that one inmate reported sexual abuse that involved penetration. The inmate was transported to the local hospital for a forensic medical examination and was provided discharge documentation with information on sexually transmitted infection prophylaxis. Two other inmates reported penetration allegations, but they were from years prior and requirements under this provision were not applicable. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that three made allegations involving oral and/or anal penetration. All three stated they were not provided/offered sexually transmitted infection prophylaxis. It should be noted that two of the inmates were those that reported allegations that occurred prior to the audit cycle. During the interim report period the facility provided the auditor with a form they created (Response to Sexual Assault/Abuse Allegation) to ensure that inmate victims of sexual abuse are offered access to medical and mental health services, regardless of the timeframe of when the sexual abuse occurred. The form has a section where the inmate can accept or decline medical follow up care as well as a section the inmate can accept or decline mental health follow up care. On July 8, 2022 the facility provided the auditor with documentation confirming that shift supervisors were trained on the utilization of the form via email. Additionally, during the interim report period the facility provided the auditor with two examples of reports of sexual abuse that occurred after the on-site portion of the audit where the forms were utilized. The facility also provided the auditor with training documentation with medical and mental health care of the requirements of services post sexual abuse allegation.

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

Based on a review of the PAQ, HSP-628, medical and mental health documents, documents received during the interim report and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to have been corrected and as such compliant.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

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

Documents Received During the Interim Report Period:

- 1. Response to Sexual Assault/Abuse Allegation Form
- 2. Staff Training Related to the New Form
- 3. Sexual Abuse Allegation with Form Utilization
- 4. Staff Training Documents

Interviews:

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

Site Review Observations:

- 1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. HSP-628, pages 1-2 state that it is the policy of the IDC that patients who report sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services; be offered psychological (mental health) and medical services; and, when appropriate, a forensic examination or sexual abuse examination will be completed by a qualified professional. Additionally, IS-RO-01, page 4 and IS-RO-02, page 5 state that if the paper SVP Intake Screening Tool, or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical and mental health practitioner within fourteen days of the SVP. During the tour, the auditor noted that the medical and mental health areas consisted of a waiting area and three exam rooms. Exam rooms provided confidentiality through solid doors. A review of documentation for five inmates who disclosed prior sexual victimization during the risk screening indicated all five were offered a follow-up with mental health the same day as the risk screening. A review of the six sexual abuse allegations indicated one involved the inmate victim being transported to the local hospital for a forensic medical examination. The inmate was provided emergency medical treatment at the hospital. The facility did not have documentation for the other inmates. During the interim report period the facility provided the auditor with a form they created (Response to Sexual Assault/Abuse Allegation) to ensure that inmate victims of sexual abuse are offered access to medical and mental health services, regardless of the timeframe of when the sexual abuse occurred. The form has a section where the inmate can accept or decline medical follow up care as well as a section the inmate can accept or decline mental health follow up care. On July 8, 2022 the facility provided the auditor with

documentation confirming that shift supervisors were trained on the utilization of the form via email. Additionally, during the interim report period the facility provided the auditor with two examples of reports of sexual abuse that occurred after the on-site portion of the audit where the forms were utilized. The facility also provided the auditor with training documentation with medical and mental health care of the requirements of services post sexual abuse allegation.

115.83 (b): HSP-628, page 11 states the evaluation and treatment of victims of sexual violence in any prison, jail, lockup or juvenile facility shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of the six sexual abuse allegations indicated one involved the inmate victim being transported to the local hospital for a forensic medical examination. The inmate was provided emergency medical treatment at the hospital. The facility did not have documentation for the other inmates related to medical and/or mental health services. Interviews with medical and mental health care staff confirmed that they provide on-going and follow-up services to inmate victims of sexual abuse. A few of the services include a SANE exam at the hospital, prophylaxis medication, follow-up treatment services, counseling services, victim advocacy services from the rape crisis center, treatment plans, group therapy and mental health trauma services. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that one was provided follow-up services with mental health staff. During the interim report period the facility provided the auditor with a form they created (Response to Sexual Assault/Abuse Allegation) to ensure that inmate victims of sexual abuse are offered access to medical and mental health services, regardless of the timeframe of when the sexual abuse occurred. The form has a section where the inmate can accept or decline medical follow up care as well as a section the inmate can accept or decline mental health follow up care. On July 8, 2022 the facility provided the auditor with documentation confirming that shift supervisors were trained on the utilization of the form via email. Additionally, during the interim report period the facility provided the auditor with two examples of reports of sexual abuse that occurred after the on-site portion of the audit where the forms were utilized. The facility also provided the auditor with training documentation with medical and mental health care of the requirements of services post sexual abuse allegation.

115.83 (c): HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. A review of documents confirmed that inmates are transported to the local hospital for emergency services and routine services are provided at the facility. The facility has numerous medical exam rooms and is able to provide adequate services. Additionally, mental health staff routinely provide services to the inmates at CCF. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

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

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

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. HSP-628, page 5 states that medical staff shall explain to the patient reporting the sexual abuse that, as part of the examination, there may be a need to draw blood to evaluate their current status for infectious disease, and that follow-up infectious disease testing may be indicated. A review of documentation indicated that one inmate reported sexual abuse that involved penetration. The inmate was transported to the local hospital for a forensic medical examination and was provided discharge documentation with testing information. Two other inmates reported penetration allegations, but they were from years prior and had received testing within those years. Interviews with medical and mental health care staff confirm that inmates are offered testing for sexually transmitted infections, as appropriate. Interviews with four inmates who reported sexual abuse and one inmate who reported sexual harassment indicated that three made allegations involving oral and/or anal penetration. All three stated they were not provided/offered

testing for sexually transmitted infection prophylaxis. It should be noted that two were inmates who reported sexual abuse prior to the audit period.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. HSP-628, pages 1-2 state treatment services shall be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident.. None of the five inmates who reported sexual abuse (four sexual abuse and one sexual harassment) stated they were charged for their medical services, although only two advised they were provided medical and/or mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. HSP-628, page 6 states that all institutions shall attempt to conduct a mental health evaluation of all know patient-on-patient aggressors within 60 days of learning of such sexual violence history and offer treatment when deemed appropriate by mental health practitioners. There were zero inmate-on-inmate sexual abuse allegations that were substantiated and as such there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff indicate that they attempt to conduct a mental health evaluation on all known inmate-on-inmate abusers. The mental health care staff member stated she would do this as soon as she is made aware of the abuse history.

Based on a review of the PAQ, HSP-628, IS-RO-01, IS-RO-02, medical and mental health documents, documents received during the interim report period, observations made during the tour and information from interviews with medical and mental health care staff and inmate who reported sexual abuse, this standard appears to be corrected and a such compliant.



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. PREA-02 – Staff, Contractor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Incarcerated Individuals
3. PREA-03 – Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
4. PREA-03 (CCF) - Staff Response to Incarcerated Individual-on-Incarcerated Individual Sexual Violence or Retaliation
5. Investigative Reports
6. PREA-02 F-5, Sexual Abuse Incident Review Report
7. PREA-03 F-4, Sexual Abuse Incident Review Report
8. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. PREA-02 (page 22) and PREA-03 (page 22) state that the institution, in association with the PREA Coordinator, shall conduct a sexual violence incident review at the conclusion of every sexual violence investigation that results in a substantiated or unsubstantiated finding. The PAQ stated there were eight sexual abuse investigations completed at the facility that were substantiated or unsubstantiated. A review of twelve investigations indicated that four required a sexual abuse incident review. The auditor confirmed that a sexual abuse incident review was completed on all four of the required sexual abuse allegations within 30 days of the closure of the investigations. In addition, the facility completed sexual abuse incident reviews on all sexual harassment allegations.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that there were eight sexual abuse incident review completed within 30 days over the previous twelve months. PREA-02 (page 22) and PREA-03 (page 22) state that such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. PREA-03 (CCF), page 22 states that PREA incident reviews are conducted monthly during scheduled CCF Management Team Meetings. A review of twelve investigations indicated that four required a sexual abuse incident review. The auditor confirmed that a sexual abuse incident review was completed on all four of the required sexual abuse allegations within 30 days of the closure of the investigations. In addition, the facility completed sexual abuse incident reviews on all sexual harassment allegations.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. PREA-02 (page 22) and PREA-03 (page 22) state the review team shall include: Warden or designee; unit managers or other upper level management team members responsible for the area of the institution where the incident occurred; shift supervisors with the

case or the shift which the misconduct occurred; at least one of the sexual violence investigators on the case; medical or mental health practitioners; the institution's PCM/PC and the PC in substantiated cases of staff sexual misconduct or incarcerated individual sexual abuse. The PCM advised that the CCF Management Team includes the Warden, Deputy Warden, Security Director, Treatment Director, Director of Nursing, a member of Unit Management, the PCM, the Operations Manager, Human Resources, Food Service staff and a Business staff member. The four completed sexual abuse incident reviews included the CCF Management Team. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, medical and/or mental health staff and the facility investigator. He stated the reviews are completed by the administrative team.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. PREA-02 (pages 22-23) and PREA-03 (pages 22-23) state the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual violence; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the institution; examine the area where the incident occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing level in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings using PREA-02 F-5 form or PREA-03 F-4 form. Policies further state that the report shall include but not necessarily be limited to determinations made pursuant to the above, and any recommendations for improvement. A review of the four completed sexual abuse incident review indicated that they included the required components under this standard. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The Warden stated that they conduct reviews to determine any necessary adjustments to better the facility. He stated the review team looks at blind spots, housing units, etc. to determine if there is something that can be done better to prevent the incident from occurring again. The PCM stated that he reviews all the sexual abuse incident reviews. He indicated that all the recent events have been in-cell incidents and are hard to prove due to lack of evidence. He stated that once the information is completed and submitted he would monitor specific areas to ensure that any deficiencies identified were corrected (i.e. cameras, staffing, modifications, etc.).

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. PREA-02 (page 23) and PREA-03 (page 23) states the institution shall implement the recommendations for improvement, or shall document its reasons for not doing so. A review of the four completed sexual abuse incident reviews indicated that a section exists for recommendations and things that went well, however neither included any recommendations.

Based on a review of the PAQ, PREA-02, PREA-03, PREA-03 (CCF), investigative report, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance
3. PREA Database
4. Annual PREA Report

Findings (By Provision):

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

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

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

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

115.87 (e): The PAQ indicated that this provision does not apply and the agency does not contract for the confinement of its inmates.

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

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

115.88	<b>Data review for corrective action</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 1278 470" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance</li> <li>3. Annual PREA Report</li> </ol> <p data-bbox="240 560 352 586">Interviews:</p> <ol data-bbox="240 618 756 757" style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with the PREA Compliance Manager</li> </ol> <p data-bbox="240 846 483 873">Findings (By Provision):</p> <p data-bbox="240 958 1497 1554">115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. PREA-04, page 3 states Office of the Deputy Director of Institution Operations shall review data collected and aggregated in order to assess and improve the effectiveness of IDOC's sexual abuse prevention, detection and response policies, practices and training. Policy further states this will be done by: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action for each institution, as well as the department as a whole. A review of the Annual PREA Report indicates that it includes data comparison, trend analysis, investigative findings, a summary of goal accomplishments and a data assessment. The interview with the Agency Head indicated that incident-based sexual abuse data is collected through the PREA database. All information is entered into the database and it is utilized to track, review and monitor trends. She stated that they review the database for updates and determine which facilities have vulnerabilities. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. She indicated that throughout the year she is involved in initial investigations and that they pull the information from the database each year for review. She stated she feels like she takes corrective action on an ongoing basis and that she had just recently sent out a message related to this. The interview with the PCM indicated that the facility data is utilized to help with the overall agency decisions.</p> <p data-bbox="240 1644 1497 1805">115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. PREA-04, page 3 states the report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of IDOC's progress in addressing sexual violence. A review of the Annual PREA Report confirmed that it includes a data comparison form the current year with previous years.</p> <p data-bbox="240 1836 1497 2065">115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website. The PAQ did not indicate whether the annual reports are approved by the Agency Head but further communication with the PCM indicated this should have been marked yes and the annual report is approved by the Agency Head. PREA-04, page 3 states the report shall be approved by the Director and posted on the IDOC website. The interview with the Agency Head confirmed that she approves all annual reports and the information is made publicly available through the website. A review of the website confirmed that the current annual report as well as prior annual reports are available for review.</p>

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. PREA-04, page 3 states specific material from the reports may be redacted when publication would present a clear and specific threat to the safety and security of an institution, but IDOC shall indicate the nature of the material redacted. A review of Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that they do not redact any information because she and another staff member ensure that the information is monitored and does not include any information that would need to be redacted.

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

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 1278 472" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire</li> <li data-bbox="240 389 1278 416">2. PREA-04 – Prison Rape Elimination Act (PREA) Data Collection, Reporting, and Audit Compliance</li> <li data-bbox="240 445 507 472">3. Annual PREA Report</li> </ol> <p data-bbox="240 560 352 586">Interviews:</p> <ol data-bbox="240 618 660 645" style="list-style-type: none"> <li data-bbox="240 618 660 645">1. Interview with the PREA Coordinator</li> </ol> <p data-bbox="240 732 483 759">Findings (By Provision):</p> <p data-bbox="240 846 1493 943">115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. PREA-04, page 3 states IDOC shall ensure the data collected is securely retained. The interview with the PREA Coordinator indicated that information is securely retained.</p> <p data-bbox="240 974 1469 1133">115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. PREA-04, page 3 states IDOC shall make all aggregated sexual abuse data readily available to the public at least annually on the IDOC website and posted on the State Library. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p data-bbox="240 1220 1485 1348">115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. PREA-04, page 3 states before making aggregated sexual abuse data publicly available, IDOC shall remove all personal identifiers. A review of the Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information.</p> <p data-bbox="240 1435 1497 1563">115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. PREA-04, pages 3-4 state sexual abuse data shall be retained for at least ten years after date of the initial collection or for as long as the subject of the investigation is an employee of the State of Iowa.</p> <p data-bbox="240 1650 1465 1711">Based on a review of the PAQ, PREA-04, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 485 300">Findings (By Provision):</p> <p data-bbox="242 385 1445 448">115.401 (a): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the three year audit cycle.</p> <p data-bbox="242 533 1445 595">115.401 (b): The facility is part of the Iowa Department of Corrections. A review of the website confirmed that all facilities have been audited during the three year audit cycle with one third being audited each year.</p> <p data-bbox="242 680 1490 743">115.401 (h) – (m): The auditor was provided access to all areas of the facility and was permitted to review and copy relevant policies, procedure and documents. The auditor conducted all staff and inmate interviews in a private office setting.</p> <p data-bbox="242 828 1465 990">115.401 (n): The facility provided an assurance memo indicating the audit announcement was posted in each housing unit bulletin board. During the audit the audit announcement was observed on bulletin boards in each of the housing units. The announcements were posted on white paper and had adequate font size and were posted at a readable level for disabled inmates. The announcements were observed in both English and Spanish. It should be noted a few of the notices were partially covered by other posted information.</p>



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

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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.)	na

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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



<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or 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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes



<b>115.43 (b)</b>	<b>Protective Custody</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
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of 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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	na



<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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 inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant 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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes