

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



### FINAL REPORT

<b>Name of facility:</b>		Anamosa State Penitentiary/ (Satellite Facility) Luster Heights Correctional Facility	
<b>Physical address:</b>		406 N. High Street, Anamosa, Iowa 52205 481 Luster Heights Road, Harpers Ferry, Iowa 52146	
<b>Date report submitted:</b>		10/26/2015	
<b>Auditor Information</b>		<b>Diane Lee – The Nakamoto Group</b>	
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<b>Date of facility visit:</b>		July 14-16, 2015	
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>		P.O. Box 10 Anamosa, Iowa 52205	
<b>Telephone number:</b>		319-385-9511	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>		Captain Jean Even and Lieutenant Molly Champeau	<b>Title:</b> PREA Compliance Managers
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<b>Agency Information</b>			
<b>Name of agency:</b>		Iowa Department of Corrections	
<b>Governing authority or parent agency: (if applicable)</b>		State of Iowa	
<b>Physical address:</b>		510 East 12 <sup>th</sup> Street, Des Moines, Iowa 50319	
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## AUDIT FINDINGS

### NARRATIVE:

The site visit for the PREA audit of the Anamosa State Penitentiary (ASP) and Luster Heights Correctional Facility (LHCF) was conducted on July 14 to July 16, 2015 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor interviewed Director Jerry Bartruff, the state Agency-Wide PREA Coordinator Jean Schlichtemeier, and the Central Office Training Specialist at the Iowa Department of Corrections (IDOC) headquarters in Des Moines, Iowa on Monday, June 29, 2015. During the on-site audit, the auditor toured ASP, LHCF, two of the farm operations and conducted formal staff and inmate interviews.

Lynn Cahill-Masching, Certified PREA Auditor, Nakamoto Group, Inc. assisted with the staff and inmate interviews on the first day of the audit at the facility. The auditors interviewed 22 inmates from all of the housing units, including one self-identified transgender inmate, several who had made prior sexual abuse allegations, one self-identified bi-sexual inmate, one self-identified gay inmate and several inmates who had written a letter to the auditor. In addition, 12 inmates were informally interviewed during the tour. The auditor received 23 letters from inmates prior to the audit. The auditor questioned 22 staff (12 specialized staff and 10 random Correctional Officers from each shift), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Acting Warden, PREA Compliance Manager/Investigator/Captain, PREA Compliance Manager/Investigator/Lieutenant, Medical Director, Associate Warden Treatment Services, Associate Warden Security, Treatment Services Director, Psychologist, Contract Employee/ Teacher, Volunteer Chaplain, Human Resources Director and Luster Heights Director/ Unit Manager.

An entrance meeting was held with the following persons in attendance: Acting Warden, Agency PREA Coordinator, PREA Compliance Manager/Investigator/Captain, PREA Compliance Manager/Investigator/Lieutenant, Treatment Services Director, Associate Warden of Security, Associate Warden of Treatment Services, Associate Warden of Administration, Associate Warden of Prison Industries, Treatment Services Director and Medical Director. There were currently 911 male inmates at the maximum security facility (of which 7 are youthful inmates) and 88 male inmates at the minimum security Luster Heights Correctional Facility. Following the entrance meeting, I toured the facility. In this first PREA report period from 4/14 to 3/15,

there were 20 sexual assault/harassment allegation cases of which seven were determined to be substantiated, seven were determined to be unfounded, and six were unsubstantiated.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Anamosa State Penitentiary is a medium/maximum security prison for men. It is located in the Jones County community of Anamosa, Iowa - approximately 25 miles northeast of Cedar Rapids, Iowa. The purpose of ASP is to protect society from those who violate the laws of Iowa. A primary objective is to prepare individuals for re-entry so they can live within the rules of society. ASP primarily houses long-term offenders and those who have presented as management problems at other facilities. At an appropriate time, offenders are moved to less secure facilities as a part of the re-entry process. The primary function of staff is to provide a safe, secure and helpful environment which encourages behavior changes. The correctional process utilized to attain these objectives emphasize individualized treatment and a disciplined environment. All resources are used to promote development of behavioral self-control, academic and vocational skills, and to institute decision-making abilities. Kirkwood Community College is the provider of HiSET (formerly GED) and literacy based education programs. Iowa Prison Industries (IPI) provides on-the-job training and work skills in license plates, signs, graphic arts, housekeeping/laundry, HVAC filters, metal furniture, custom wood, and braille. In addition, IPI manages warehouse operations and a farm program including 1,434 acres on six farms with a cow-calf herd. In February 2014, the United States Department of Labor approved formal apprenticeship programs in the following areas: computer operator, cabinet maker, welder, air conditioning/refrigeration, electrician, plumber, metal fabricator, powder coat paint technician, maintenance repair/builder and cook. This expanded the vocational opportunities for the offenders. Treatment programs offered include: Controlling Anger and Learning to Manage (CALM), Moderate Intensity Family Violence Prevention Program, Thinking for a Change, Relapse Prevention, and Victim Impact. Supporting the treatment and security functions of the prison there is also a comprehensive program of religious services, physical, and creative activities. The religious center offers a variety of services, programs, and studies from multiple faith groups. The program is supported by over 60 regular volunteers who are clergy and lay authorities in their various faith groups. Activities areas also allow inmates to be positively occupied in various team sports through the gym. The hobby/craft area allows them to work with creative arts and crafts such as pottery, leather work, and woodworking. Finally, the music department provides an opportunity to be involved in the performing arts as soloists and in small bands.

In January 2014, ASP opened a Youthful Offender Unit designed to house the state's male juvenile offenders who are sentenced to the adult corrections system. The juveniles are housed and supervised separate from the adult population. Once the offenders in this unit turn 18 years of age, they are transferred out of the unit into one of the adult populations with the Department.

ASP also operates the Luster Heights Correctional Facility, a minimum security camp. It is located in the Yellow River State Forest in Northeast Iowa. The facility has a capacity of 88 with a licensed substance abuse program. It also provides offender workers to the Department of Natural Resources and various city, county and state governmental agencies.

The design capacity is 913, of which about 230 are serving life sentences. The average daily population in 2014 was 1,059. There are 335 authorized staff positions, of which 233 are correctional officers (including 11 at Luster Heights), and 41 IPI employees. Although not as old as the Fort Madison Penitentiary, the ASP has a long and interesting history, dating back over 130 years. No other institution has had such a varied role in Iowa corrections. First a penitentiary, it was, like most early institutions, built by the inmates who were sentenced there. The Insane Ward led to placement of mentally ill patients at Anamosa, which eventually evolved into the formation of the Iowa Security Medical Facility, which later moved to Oakdale in 1969. Designated a Reformatory in 1907, the emphasis was on younger offenders. Both penitentiaries initially housed women, but eventually all were housed at the "Female Department" at Anamosa until the Women's Reformatory was established in 1918. Even after that time, Anamosa housed female Federal prisoners. Anamosa inmates initially farmed the State Farm at Clive, a facility that closed at the time of the formation of the Newton Release Center. In 1945 the Eldora Annex was opened, housing 85 of the most incorrigible juveniles from the training school, a move prompted by a riot at Eldora that required the National Guard to quell. During the '60s and '70s, with an increased emphasis on community corrections, the then-Reformatory was instrumental in the development of community programs, starting the first work release half-way houses in Iowa City and Waterloo, as well as providing the initiative for work release houses in other eastern Iowa communities. The first Reception Center opened at Anamosa in 1981, receiving and processing all admissions to the Iowa prison system with almost no additional staffing, until the opening of the Reception Center at Oakdale in 1983. In 1997 the Iowa State Legislature, acknowledging the changing nature of Anamosa's prison population, officially renamed the prison to its current name, the Anamosa State Penitentiary. In recent years, the facility has withstood serious overcrowding, while the population has become older with longer prison terms. It continues to be the largest correctional facility in the state, with the lowest cost per inmate and the highest inmate staff ratio. Major construction continues to be accomplished with inmate labor, much as it has been for over 100 years. Living Unit A houses Protective Custody offenders and special needs offenders, Living Unit B and C house offenders in the Transition Incentive Program (TIP). There are also some disciplinary detention offenders in Unit B due to space limitations in the segregation units. Unit D has TIP offenders, a youthful offender unit and some segregation cells. Unit E is currently closed due to staffing and budgetary reasons. The Disciplinary Detention Unit has 14 cells for offenders. Lastly, the Health Services Unit has two separate wards. The Temporary Medical Housing Unit is for offenders who are recovering from temporary medical conditions and the Special Treatment Unit houses long term medical offenders.

The mission of Iowa Department of Corrections is to advance successful offender reentry to protect the public, staff and offenders from victimization.

The auditor found the staff and inmates to be very well aware of PREA. The staff were very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, the preservation of evidence, as well as dealing with victims of sexual assault

and/or sexual harassment. The staff have had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and/or sexual harassment.

**SUMMARY OF AUDIT FINDINGS:**

When the on-site audit was completed, an exit meeting was held. While I could not give the facility a final rating (3 non-compliant standards), I gave an overview of the audit and thanked the Anamosa State Penitentiary and Luster Heights Correctional Center staff for their hard work and commitment to the Prison Rape Elimination Act. Following a Corrective Action Plan period of two months, all standards are now being met. Documentation was provided to this auditor.

Number of standards exceeded:	8
Number of standards met:	35
Number of standards not met:	0
Not Applicable:	0

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

The Agency exceeds the standard with their policies, procedures and practice. Policies include PREA-01 Offender PREA Information and Form 1; PREA-02 Staff, Contractor or Volunteer Sexual Misconduct/Harassment/Retaliation with Offenders; PREA-03 Staff Response to Offender on Offender Sexual Violence or Retaliation; PREA-04 PREA Compliance; IO-RD- 03 Major Discipline Report Procedures and HSP-628 Offender Alleged Sexual Assault Health Services Responsibilities. The agency wide PREA coordinator has developed an excellent system for all agency efforts to meet the standards. She assists the PREA Compliance Managers at the facility and ensures they have the resources that they need. A PREA Database has been developed to include documentation from the Initial Report through the Incident Review. The facility has two PREA Compliance Managers who report directly to the Associate Warden of Security.

### **§115.12 - Contracting with other entities for the confinement of inmates**

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

The agency contracts with 8 Judicial District Departments of Correctional Services to provide 23 Residential Community Facilities. The agency requires that they adopt and comply with PREA standards. They also regularly monitor the contractor's compliance with PREA standards. The policy is covered in PREA-04 PREA Compliance and IS-CL-09 Interstate Corrections Compact Transfer for Prisons.

### **§115.13 – Supervision and Monitoring**

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

The following policies meet this standard: AD-PR-03 Review of Staffing Requirements and IO-SC-01 Management of Security Program. The Acting Warden reviews the institutional staffing plan annually and ensures that there is always the proper staffing level. They are

currently going through the annual review and have just filled 22 vacant correctional officer positions. Prior to adding the new officers, they were authorizing overtime so all posts were adequately filled. Documentation of unannounced rounds that cover all shifts was reviewed. The video camera system consists of 84 cameras with digital recording at the penitentiary and 7 cameras at the LHCF. There are also many mirrors placed to improve the viewing for staff of inmate activities. Physical modifications have been made to secure blind spots for staff in the gym, music room, stairwells and recreation/gym areas. Interviews with inmates and line staff confirmed that weekly visits are conducted by administrative staff to all areas of the institution.

### **§115.14 – Youthful Inmates**

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

The youthful offenders (7 at the time of the audit) are assigned to a dedicated living unit where they have sight and sound separation from adult offenders. Showers, sleeping quarters, meals, programming and some recreation are provided on the unit. Youthful offenders are allowed to utilize the weight yard for exercise during count times when the adult offenders are not outside. Youthful offenders are escorted by staff when they need to leave the unit for outside recreation, visits, appointments, etc.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

The Agency/facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The following policies meet the requirements of the standard: IO-SC-17 Cross Gender Supervision and IO-SC-18 Searches. The facility is an all-male population. Staff are trained on conducting strip searches of transgender and intersex inmates in a professional manner. The curriculum and training records were reviewed. They verbally announce to the inmates when a staff member of the opposite gender is on the housing units. In addition, there is a posted announcement in each housing unit that opposite gender staff members may be in the housing unit and throughout each shift they periodically make a PREA announcement in each housing unit. PREA notifications (English and Spanish) are posted in each housing unit of each facility, within the facility visitation area, and in all inmate program areas. Some bathrooms have been renovated to allow more privacy for inmates using the toilets. All inmates reported that they were aware that female staff worked routinely in the housing units (posters in the units provided this notification). Several inmates shared concerns that female staff can observe them in the group shower areas. A

portable privacy screen has been created to help allow some inmate privacy for the inmates entering and leaving the group shower area. There is a group shower area in LUB Unit that has a camera and the only staff assigned to review the camera for this area are male officers assigned to Tower 2 where the camera footage is seen. At LHCF they have added partial door coverage on the toilets and shower curtains to provide some privacy.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

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

The Intake Officer takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility continuously identifies staff that possess special skills such as being proficient in sign language or fluency in languages other than English. These staff are used to provide PREA education to inmates individually. PREA handouts and inmate handbooks are in English and Spanish. Policy IS-RO-02 Offender Intake ensures compliance with this standard. A statewide translator service is also available to use.

### **§115.17 – Hiring and Promotion Decisions**

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

Based on interviews with the HR this standard was not fully being met. Policies and operating procedures to meet this standard include: Iowa Law Chapter 22.7 of the Code of Iowa, AD-GA-13 Agreements and Contracts, OP-WI-01 Template for Work, AD-PR-05 Employee Selection and Forms and PREA-02. The IDOC conducts background checks at least every five years for employees. There was no documentation that information is requested from prospective employees or past employers whether the person resigned during a pending allegation of sexual abuse (115.17 (c)-1). The facility did understand the lack of compliance concerning this sub-standard. During the Corrective Action period, they have implemented a new Final Applicant pre-hire checklist for staff and contractors which covers that information requested from prospective employees or past employers whether the person resigned during a pending allegation of sexual abuse (115.17 (c)-1). I reviewed 8 examples of staff hired during the CAP period. They now meet the standard.

### **§115.18 – Upgrades to Facilities and Technology**

- Exceeds Standard (substantially exceeds requirement of standard)



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

Does Not Meet Standard (requires corrective action)

Although ASP and LHCF have not had any expansions or modifications during this report period, they do have the following policies which meet the standard: PP-OH-01 Offender Housing and IO-SC- 06 Security Operations. They have developed a priority list of where they would like to add cameras when funds allow. They will be upgrading the camera system to high definition and more storage capacity.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The healthcare staff follows the institution’s written plan for responding to allegations of sexual assault of inmates. Investigators also use a thorough PREA Investigation Checklist to ensure all policies and procedures are followed. The assaulted inmate from ASP is transported to the University of Iowa Hospital in Iowa City, Iowa which is properly equipped to assess (i.e. SANE Nurse), treat, provide required prophylaxis, and gather forensic evidence. An inmate from LHCF would be transported to Central Community Hospital in Waukon Junction, Iowa. In addition, the Riverview Center: Cedar Rapids, Iowa will be contacted to request an advocate to be sent to accompany the inmate. They have a detailed Memo of Understanding with the service provider to help clarify responsibilities. They also have staff trained as qualified advocates who can provide basic support to victims of sexual abuse when a local advocate is not available. Healthcare staff is not involved in the management or treatment of sexual assault cases unless it is necessary to stabilize the inmate before the transfer to the appropriate community facility. The Facility PREA Compliance Managers/Investigators notify the Agency PREA Compliance Coordinator to determine further guidance on whether to refer the matter to the local Police Department for a criminal investigation or to continue as an internal administrative investigation. Policies and interviews with investigators, medical and mental health staff support the compliance with this standard. Policies that meet this standard include: IO-SC-12 Escorted Trips, IO-SC-22 Evidence Handling, PREA -02 and PREA-03. There was one allegation over this report period where a forensic medical exam was performed.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies that meet this standard include: AD-PR-13 Employee Investigations; PREA 02, 03, 04; and IO-RD-03 Major Discipline Report Procedures. All allegations are referred to the Agency PREA Compliance Coordinator for review. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. During this audit period there have been 20 investigations. None of the allegations were referred for criminal investigation. The Auditor reviewed several of the investigations that had been conducted.

### **§115.31 – Employee Training**

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

Agency and facility policies that address this standard include; AD-TS-04 Orientation and Pre-service Training; AD-TS-05 In-service Training; and HSP-628 Offender Alleged Sexual Assault Health Services Responsibilities. I reviewed the new training curriculum refresher course with the Training Specialist in the Central Office which covers all aspects of the PREA standards. I also reviewed training records. All staff interviewed indicated that they received the required PREA training.

### **§115.32– Volunteer and Contractor Training**

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

Contractor and volunteer sign-in sheets for training received were reviewed. Policies and procedures AD-CL-01 Volunteer Program, OP-WI-01-28E Template for Work, and PREA-02 meet this standard.

### **§115.33 – Inmate Education**

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

PREA Posters are displayed throughout the facility in prominent areas with the address to contact to report abuse. In addition, they can send a staff message or letter to the institution PREA Compliance Managers via a Kiosk system. The facility inmate handbook covers the PREA information. All inmates receive a PREA Orientation within 3 days of arrival at the facility and how to report sexual harassment or abuse. They are also given a copy of the

handout “Staying Safe: A Guide for Offender Conduct”. Within 30 days of arrival a comprehensive education is provided on additional PREA information which includes a video. These sessions are all documented with the inmate’s signature that they have received and understand the information. Bookmarks are given to inmates in segregation and are also placed in checked out library books which explain the Zero Tolerance Policy and how to report any sexual abuse or harassment.

### **§115.34 – Specialized Training: Investigations**

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

The three Investigators at ASP have received specialized training developed by the Moss Group for conducting sexual abuse investigations and crime scene preservation. The four Central Office Investigators have also been trained. Documentation was reviewed.

### **§115.35 – Specialized training: Medical and mental health care**

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

All medical and mental health staff has received specialized on PREA addressing sexual abuse and harassment of inmates. This training includes issues on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Interviews with the medical and mental health staff confirmed the training was received.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

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

Policies addressing this standard include: IS-RO-01 Offender Admission Procedures and IS-RO-02 Offender Screening. The policy states that all offenders newly admitted have a Sexual Violence Propensity (SVP) –Intake Screening Tool completed by a trained Correctional Counselor within 24 hours of admission and they are given a SVP code. This is scanned into the inmate’s electronic record, ICON. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering inmates who have ever previously been victims or perpetrators of sexual abuse a

follow-up meeting with a mental health practitioner. The Psychology department receives the referral if any issues are identified and will schedule any requests for this follow-up within 14 days. Within 30 days, they will reassess the offender's SVP code based upon any additional, relevant information received by the institution. During the audit it was determined that the medical staff was not screening upon admission to the facility for inmates at risk of victimization or abusiveness of other inmates as required in their policy and in Standard 115.41 (a) 1. They have revised Policy HSP-770, but the corrective action will need to show a couple months of documentation that it is being followed. washave reviewed 23 examples of the Modified Mini Screening Tool showing that the health services nursing staff is now asking the inmates about the section of the screening tool that addresses prior sexual abuse. They now meet this standard.

### **§115.42 – Use of Screening Information**

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

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. Housing and program assignments are done on a case by case basis. They have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Placement and programming assignments for transgender and intersex inmates are reassessed at least twice a year. Operating procedures address how the information from the Sexual Violence Propensity (SVP) –Intake Screening Tool is used to ensure safety of each inmate. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering inmates who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner.

### **§115.43 – Protective Custody**

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

Agency policies IO-HO-05 Administrative Segregation and IO-HO-06 Protective Custody Segregation meet this standard. There was one inmate placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in a temporary close custody cell until the investigation is completed and alternative means of separation is found. Reviews are conducted as required to determine whether there is a continuing need for separation from the general population. The inmate file was reviewed.

### **§115.51 – Inmate Reporting**

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

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook and on posters located throughout the facility. Bookmarks are also placed in checked out library books which explain the Zero Tolerance Policy and how to report any sexual abuse or harassment. These bookmarks are also given to inmates in the segregation units. Agency policies that meet this standard are: PREA 01, 02, 03 and 04.

### **§115.52 – Exhaustion of Administrative Remedies**

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

Policy IO-OR-06 Offender Grievance Procedures (revised July 2014) covers the elements of this standard. Two grievances were filed in this report period that alleged sexual abuse and these were immediately referred to the Investigator.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

There are numerous outside contacts listed as resources for outside confidential support services on the posters and in the inmate handbook. Per Iowa code, the hospital would notify the Riverview Center: Cedar Rapids, Iowa program if a victim is brought in for a rape exam and they would report to the hospital. In addition, ASP has an agreement with the Riverview Center: Cedar Rapids, Iowa to provide services to victims in the institution should they request advocacy, counseling, or some other form of support. Documentation was reviewed of several meetings that inmate victims have had with the Riverview Center representative. The auditor also interviewed the Sexual Assault Advocate from Riverview Center: Cedar Rapids, Iowa telephonically who said they have a good working arrangement with the prison staff.

### **§115.54 – Third-Party Reporting**

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

Brochures and posters are given to family, guests, and visitors with the procedure for reporting. This is also located on the IDOC website at:

<http://www.doc.state.ia.us/Documents/PREA/ThirdPartyReportingPoster.pdf>.

### **§115.61 – Staff and Agency Reporting Duties**

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

Agency policy PREA 01, 02, 03 04 and HSP-628 includes all the components of this standard. This was also verified through interviews with random staff.

### **§115.62 – Agency Protection Duties**

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

The facility takes immediate action if there was substantial risk of imminent sexual abuse. There was one offender who was at imminent risk of sexual abuse and action was taken immediately. This was verified through interviews with random staff.

### **§115.63 – Reporting to Other Confinement Facilities**

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

Agency policy PREA-04 includes all the components of this standard. This was also verified through interviews with the Warden and PREA Manager. ASP has received one allegation that an inmate was abused while confined at another facility. There have been no allegations of sexual abuse that ASPF received from other facilities.

### **§115.64 – Staff First Responder Duties**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies PREA 01, 02 and 03 include all the components of this standard. This was also verified through interviews with random staff. Two allegations in this report period involved security staff collecting evidence per the PREA protocol.

### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies address this standard in a very detailed effective manner. They have a Sexual Abuse Flowchart and a Sexual Assault Flowchart for staff to follow in case of an allegation. This ensures all necessary steps are taken. This was discussed in interviews with the Warden and PREA Compliance Managers/Investigators.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All collective bargaining agreements meet the requirements of the standard.

### **§115.67 – Agency protection against retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The PREA Compliance Manager/Lieutenant/ Investigator is assigned to monitor for possible retaliation. Her responsibilities include interviewing inmates who previously alleged sexual victimization to ensure they haven't experienced retaliation because of their allegation(s), for at least 90 days following report of sexual assault/harassment allegation, and to monitor by way of periodic status checks. There have been no incidents of retaliation reported in this audit period.



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

Agency policy IO-HO-05 Administrative Segregation meets this standard. There has been one inmate placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in a temporary close custody cell until the investigation is concluded and alternative means of separation is found. All offenders in segregation, including offenders in protective custody, are reviewed every 7 days by the treatment director and psychology staff to review the appropriateness of the offender's current housing status. Records were reviewed by this auditor.

### **§115.71 – Criminal and Administrative Agency Investigations**

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

Agency policies that address this standard include PREA 02, 03, 04 and IO-RD-03 Major Discipline Report Procedures. The ASP Investigators and Central Office Investigators conduct investigations within the facility after consulting the Central Office PREA Coordinator to determine how to proceed. All Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively. There were no substantiated allegations that were referred for prosecution during this audit period.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

This is covered in the Investigator PREA training curriculum and Agency policy PREA-04.

### **§115.73 – Reporting to Inmate**

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



The PREA Agency Coordinator indicates that it is the Investigators responsibility to notify the inmate of the findings. There is a standard form letter that is used and a copy kept in the investigative file. All inmates were notified of the outcomes of the completed investigations. There were no investigations completed by an outside agency in this report period.

### **§115.76 – Disciplinary sanctions for staff**

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

Agency Policy PREA-02 includes all the components of this standard. During this audit period two staff members have been found to violate agency sexual abuse or sexual harassment policies and they both resigned.

### **§115.77 – Corrective action for contractors and volunteers**

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

Agency policies that meet this standard are AD GA 13 and AD CI 01. There were no contractors or volunteers during this audit period that were reported to law enforcement for engaging in sexual abuse of inmates.

### **§115.78 – Disciplinary sanctions for inmates**

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

This is stated in the inmate handbook which addresses all disciplinary sanctions for inmates. All sexual activity between inmates is prohibited. Agency policies that meet this standard are OP-SOP-08, IO-RD-03 and PREA 03.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies addressing this standard include: IS-RO-01 and HSP-628. Screening for any condition relevant to the Prison Rape Elimination Act of 2003 (PREA) through the use of the Sexual Violence Propensity screening form is scanned into the inmates electronic record ICON. If the SVP Intake Screening tool, Modified Mini Screen (MMS) or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual violence, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a medical or mental health practitioner within 14 days of the notification. Through interviews it was determined that they were not tracking under 115.81 (a) (c) 3 and 115.81 (b) 3 the inmates who disclosed prior sexual victimization or previously perpetrated sexual violence that were offered a follow-up meeting within 14 days of the intake screening and when they actually had the follow-up meeting with a mental health practitioner. There was no tracking of continued re-assessment and follow-up services if needed. The Corrective Action Plan includes a tracking form to show that mental health staff are offering the follow-up services within 14 days of the intake screening if requested by the inmate during the intake Modified Mini screening. The tracking form was reviewed which shows the results from 21 new inmates during the corrective action period. They now meet this standard.

### **§115.82 – Access to emergency medical and mental health services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A wide range of treatment services are offered to every victim without financial cost while at the facility. When mental health staff determines that follow up services are warranted relative to a sexual assault, referrals will be made in accordance with recommendations reported by the SAFE/SANE counselor and/or other hospital emergency department staff. The Riverview Center: Cedar Rapids, Iowa program is also notified and offers follow-up services to offender victims.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy HSP-628 meets the standard's requirements. Review of victim mental health records and interviews with staff and inmates verified this standard is compliant. The inmate keeps the same counselor, no matter what housing unit they are assigned which helps build better rapport and consistency.

### **§115.86 – Sexual abuse incident reviews**

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

Agency policy PREA 04 meets this standard. Committee members shall consist of, but are not limited to, a representative of the following departments: Warden or designee, Agency PREA Coordinator (if a substantiated case), Facility PREA Compliance Manager, Unit Manager, and Shift Supervisor involved, Investigator, Mental Health and/or Medical Services involved in the situation. All staff involved are consulted prior to the actual review for their input. An issue has been resolved to ensure that all incident reviews are completed within 30 days of the case being closed. Examples of incident reviews were provided for review. Suggestions made at the incident review meetings have been implemented.

### **§115.87 – Data Collection**

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

This is covered in Agency Policy PREA-045. The IDOC publishes an annual report regarding PREA-related incidents and, where necessary, plans to improve the Department's prevention, detection and response efforts. The Department reviews all sexual abuse/assault incidents to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required.

### **§115.88 – Data Review for Corrective Action**

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

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. An annual report with comparisons since 2005 and corrective action is published, and posted on the IDOC website at:  
<http://www.doc.state.ia.us/UploadedDocument/533>

## §§115.89 – Data Storage, Publication, and Destruction

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

An annual report with comparisons from previous years and corrective action is published, and posted on the IDOC website at: <http://www.doc.state.ia.us/UploadedDocument/533>

### AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

\_\_\_\_\_ *Diane Lee* \_\_\_\_\_

\_\_\_\_\_ October 26, 2015 \_\_\_\_\_

Auditor Signature

Date