

PREA Facility Audit Report: Final

Name of Facility: Beje Clark Residential Center

Facility Type: Community Confinement

Date Interim Report Submitted: 10/01/2024

Date Final Report Submitted: 03/31/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Candace L. Snyder

Date of Signature: 03/31/2025

AUDITOR INFORMATION

Auditor name: Snyder, Candy

Email: snyder@gwtc.net

Start Date of On-Site Audit: 08/15/2024

End Date of On-Site Audit: 08/16/2024

FACILITY INFORMATION

Facility name: Beje Clark Residential Center

Facility physical address: 818 15th Street Southwest, Mason City, Iowa - 50401

Facility mailing address: Iowa

Primary Contact

Name:	Jennifer Reynoldson
Email Address:	jennifer.reynoldson@iowa.gov
Telephone Number:	515-598-2104

Facility Director	
Name:	John Scholl
Email Address:	john.scholl@iowa.gov
Telephone Number:	641-422-3830

Facility PREA Compliance Manager	
Name:	John Scholl
Email Address:	john.scholl@iowa.gov
Telephone Number:	641-422-3830

Facility Characteristics	
Designed facility capacity:	61
Current population of facility:	56
Average daily population for the past 12 months:	52
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5	
Age range of population:	18-62
Facility security levels/resident custody levels:	Minimum Live Out
Number of staff currently employed at the facility who may have contact with residents:	18
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Second District Iowa Department of Corrections
Governing authority or parent agency (if applicable):	Iowa Department of Corrections
Physical Address:	311 1st Ave South, Fort Dodge, Iowa - 50501
Mailing Address:	
Telephone number:	5155768121

Agency Chief Executive Officer Information:	
Name:	Amanda Milligan, Director
Email Address:	amanda.milligan@iowa.gov
Telephone Number:	515-574-4021

Agency-Wide PREA Coordinator Information

Name:	Christine Deam	Email Address:	christine.deam@iowa.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.233 - Resident education

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-15
2. End date of the onsite portion of the audit:	2024-08-16

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:	Crisis Intervention Services Iowa Ombudsman's Office

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	61
15. Average daily population for the past 12 months:	52
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	52
19. 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:	0
20. 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:	0
21. 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
22. 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:	0
23. 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:	0
24. 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:	1

25. 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:	0
26. 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:	0
27. 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:	2
28. 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
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	13
31. 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

32. 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:	0
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input 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
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed residents from multiple housing areas.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<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>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

40. 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).	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
41. 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:	<p>0</p>
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
41. 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).	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
42. 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:	<p>0</p>

<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. 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).</p>	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>43. 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:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. 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).</p>	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>44. 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:</p>	<p>0</p>

<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. 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).</p>	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>45. 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:</p>	<p>1</p>
<p>46. 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:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. 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).</p>	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>

47. 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:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
47. 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).	I interviewed residents and staff at the facility and reviewed investigative documents which corroborated that there were no residents with this characteristic to be interviewed.
48. 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:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
48. 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).	There is not Community Confinement interview protocol for residents who disclosed prior sexual victimization during the risk screening.

49. 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
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 539 1469 701"> <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. </div> <div data-bbox="818 748 1469 826"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. 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).	There is no segregated housing at the facility.
50. 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	
51. Enter the total number of RANDOM STAFF who were interviewed:	8

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>54. 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>	<p>There were six residential officers on the schedule for the two days the auditor was on site. The auditor interviewed all six as well as the food service supervisor and the maintenance person.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

3

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☐ Yes

☐ No

☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☐ Medical staff
- ☐ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

66. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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.	
70. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

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.

72. 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	1	0	1	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	2	0	2	0

73. 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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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.

74. 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
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	1

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input 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	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were no reported allegations of sexual harassment.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

96. 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

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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
<ul style="list-style-type: none"> 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
<p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> Pre-Audit Questionnaire PREA Policy 101 – Prevention Planning Table of Organization FY2024 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> District Director PREA Coordinator Residential Manager 8 random staff 16 random residents <p>The Beje Clark Residential Center is a 61-bed community confinement facility in Mason City, Iowa. On July 1, 2023, due to new state legislation, the Second Judicial District Department of Correctional Services aligned under the Iowa Department of Corrections. It is now referred to as the Second District Iowa Department of</p>

Corrections (IDOC). PREA policies are being updated over time. The Second District is still operating mostly under its district PREA policies. However, the auditor reviewed some Iowa Department of Corrections policies, which will be noted throughout the audit.

Findings by Provision:

115.211 (a): The Second District PREA Policy 101 - Prevention Planning opening policy statement affirms, "Second Judicial District Department of Correctional Services will provide a safe, humane and secure environment, free from the threat of sexual violence and sexual harassment for all residents by maintaining a program preventing sexual violence and sexual harassment. The Second Judicial District Department of Correctional Services has zero tolerance for sexual violence of any kind. This policy applies to all employees, prospective employees, interns, volunteers, and contractors for the Second Judicial District Department of Correctional Services." The auditor interviewed staff and residents, and all were knowledgeable of the zero-tolerance policy. There is a total of 11 PREA policies and all state at the beginning that there is zero tolerance for sexual violence of any kind. The agency's approach is outlined by the following PREA policies:

- 100 - Definitions
- 101 - Prevention Planning
- 102 - Responsive Planning
- 103 - Training and Education
- 104 - Screening for Risk of Sexual Victimization and Abusiveness
- 105 - Reporting
- 106 - Official Response Following and Offender Report
- 107 - Investigations
- 108 - Discipline
- 109 - Medical and Mental Health Care
- 110 - Data Collection and Review

115.211(b): The PREA Coordinator holds the position of Assistant Director, is a member of the executive staff, and therefore has the authority to develop and oversee the efforts of the district and the facility to prevent, detect, and respond to sexual abuse and sexual harassment. Although not required by this standard, all districts utilize the residential manager for each facility as a PREA Compliance Manager within the facility to assist the PREA Coordinator in maintaining day-to-day compliance within each facility. The Residential Manager and the PREA Coordinator at Beje Clark Residential Center work well together and ensure compliance is achieved and maintained with all PREA standards.

The PREA Coordinator is knowledgeable as to her role and stated she has enough time to manage all of her PREA-related responsibilities. She stated that because of her promotion to Assistant District Manager, a new PREA Coordinator will be selected soon. She will assist in the turnover in her duties as PREA Coordinator once the new PREA Coordinator is selected. If she has an issue with complying with a

	<p>PREA standard she researches to find the answer and talks it over with the District Director.</p> <p>The Residential Manager stated that he works with the PREA Coordinator to ensure that they are maintaining PREA compliance within the facility and that the ultimate goal is to make sure that all residents are safe.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the organization chart, and interviews with the District Director, PREA Coordinator, the Residential Manager, random staff, and random residents.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.212 (a) and (b): The Beje Clark Residential Center does not contract for the confinement of residents with an outside entity.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire and interviews with the District Director and the PREA Coordinator.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 101 – Prevention Planning 3. Residential Policy 12 – Staffing Pattern 4. Table of Organization FY2024 5. Staff schedule

Interviews Conducted:

1. Residential Manager
2. PREA Coordinator

Findings by Provision:

115.213 (a): The auditor reviewed the PREA Policy 101 - Prevention Planning and Residential Policy 12 - Staffing Pattern, reviewed the Table of Organization FY2024, verified the staffing levels through the Beje Clark Residential Facility Staffing Plan, the schedule that was provided, and verified through direct observation and monitoring cameras while on the facility tour and throughout the onsite audit. The auditor reviewed PREA Policy 101 - Prevention Planning paragraph 2.A. which states that there is a documented staffing plan that provides for adequate levels of staffing (reference Residential Policy #12 Staffing Pattern), and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, consideration is given to:

1. The physical layout of each facility.
2. The composition of the resident population.
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
4. Any other relevant factors.

The auditor reviewed the Residential Policy 12 - Staffing Pattern which states that there will be two residential officers on duty at all times and continues to explain what their duties will be during their shift and how to ensure there are two staff on shift. The Beje Clark Residential Center has strong, consistent leadership, a good training program, and a positive culture. There have been no deviations from the staffing plan. The latest revised staffing plan completed in December 2023 is signed by the Assistant Director, the Residential Manager, and the PREA Coordinator.

The auditor toured all areas of the facility and observed all areas including the housing areas, resident rooms, restrooms, dayroom, TV lounges, dining room, kitchen, laundry room, storage areas, where pat searches are conducted, where the resident education is presented, staff areas, and the outside smoking area. While touring the facility the auditor noted camera locations, and the staff pointed out which cameras had audio capability. The administrators discussed where their two new cameras will be placed. The auditor came in during the night shift and early in the morning to be able to see operations at all times of the day. The auditor had informal conversations and made observations about resident supervision. One resident works in the kitchen to help serve the food. After the meal, the resident does the dishes. The storage doors were locked, and the facility practices and procedures ensure staff and residents are not in a one-on-one situation off camera. The laundry room is shared by both male and female residents. There is only one resident allowed in the laundry room at a time and the laundry room can be seen by direct observation from the staff at the control desk. The facility relocated the door

	<p>to the men's lounge so that it did not connect with the dining room. The door now opens to the men's housing unit hallway. This was to better prohibit male residents from interacting with female residents who are in the dining hall.</p> <p>115.213 (b): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 2.B. which states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The auditor discussed this with the Residential Manager who stated that there have been no deviations from the staffing plan. They have experienced staffing shortages, but other staff will pick up hours for short residential officers' shifts. For example, a Probation Officer, the Community Treatment Coordinator, the Community Program Monitor, or the Residential Manager will cover the shift if need be. If a shift were to fall short, even if for a very short duration, the Residential Manager would email the District Director and the PREA Coordinator and staff would enter it into a log note.</p> <p>115.213 (c): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 2.C. which states whenever necessary, but at least once a year, the facility shall assess, determine, and document whether adjustments are needed to:</p> <ol style="list-style-type: none"> 1. The staffing plan established pursuant to paragraph (1) of this section. 2. Prevailing staffing patterns. 3. The facility's deployment of video monitoring systems and other monitoring technologies. 4. The resources the facility has available to commit to ensure adequate staffing levels. <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations of rounds and watching staff monitor the facility both in person and the video monitor at the control desk, through a review of the pre-audit questionnaire, interviews with the District Director, the PREA Coordinator, and the Residential Manager (PREA Compliance Manager), and through random interviews with staff and residents. In informal conversations with residents, they stated they felt safe here and that staff conduct rounds regularly, including managers.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 101 – Prevention Planning 3. Cross-gender Pat/Search Log

4. Staff training records

Interviews Conducted:

1. District Director
2. PREA Coordinator
3. Residential Manager
4. 8 random staff
5. 16 random residents

Findings by Provision:

115.215 (a): There are both male and female residents at this facility. Both female and male staff are on duty at this facility. The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 3.A. which states that the facility will not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. There have been no cross-gender strip searches or cross-gender visual body cavity searches. The auditor interviewed administrators, staff, and residents - the facility does not conduct any type of strip search or change out of clothing of a resident as a matter of procedure. The only type of search typically done, even upon initial entry into the facility is a pat-search. The facility has a Cross-gender Pat/Search Log but there are no entries in the log.

115.215 (b): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 3.B. which states that the facility will not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities will not restrict female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision.

115.215 (c): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 3.C. which states that the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and will document all cross-gender pat-down searches of female residents. There have been no documented cross-gender searches of female residents. The auditor spoke with the female residents present and they stated that if there is not a female staff to conduct their pat search then the staff have them empty their pockets, search their belongings, and wand them. This was confirmed through conversations with staff as well.

115.215 (d): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 3.D. which states that residents may 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 room checks. When staff of the opposite gender enter an area where residents are likely to be showering, performing bodily functions, or changing clothing they will announce their presence loud enough to alert residents in the area. The auditor interviewed residents and staff who confirmed that staff of the opposite gender do not enter the bathroom. Residents and staff consistently stated that during rounds if someone is in the bathroom, staff of the opposite gender announce outside of the door and ask for their name to

	<p>conduct their count. Residents and staff consistently stated that staff of the opposite gender knocked on the resident's door and announced themselves before opening the door.</p> <p>115.215 (e): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 3.E. which states that employees shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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. There were no residents who identified as transgender present to be interviewed. The auditor interviewed the District Director, the PREA Coordinator, the Residential Manager (PREA Compliance Manager), and the staff who conduct the intake and screening who stated that information regarding sexual identity is typically known before the resident arrives as most residents are arriving from a more secure facility. If it is not known ahead of time, they do not conduct strip searches – only pat searches. Identity as a transgender or intersex person would be gathered through conversation with the resident and then they would ask who they prefer to be pat searched by, a male or a female staff.</p> <p>115.215 (f): The auditor reviewed Policy 101 – Prevention Planning paragraph 3.F. which states that staff shall be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All staff stated that they participate in an e-learning module that teaches cross-gender pat searches through a web-based video “Guidance on Cross-Gender and Transgender Pat Searches” produced by the Moss Group Inc. in collaboration with the PREA Resource Center. The auditor verified this by reviewing training records and through appropriate responses during the staff interviews. All staff either stated or demonstrated to the auditor during the interviews that they use the blade or the back of the hand for a cross-gender pat search.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations while on the tour, and staff making notices when they entered housing of the opposite gender, through a review of the pre-audit questionnaire, interviews with the District Director, the PREA Coordinator, and the Residential Manager (PREA Compliance Manager), and through random interviews with staff and residents. The auditor reviewed the camera coverage from the Control desk and there is no camera in an area where residents might be in a state of undress. The auditor had informal conversations with residents regarding their privacy during showering, toileting, and changing clothing.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 101 – Prevention Planning
3. PREA Policy 103 – Training and Education

Interviews Conducted:

1. District Director
2. PREA Coordinator
3. Random Staff

Findings by Provision:

The auditor reviewed PREA Policy 101 – Prevention Planning and PREA Policy 103 – Training and Education. In the Planning Prevention policy, Paragraph 4 outlines procedures for residents with disabilities and residents who are limited English proficient. In the Training and Education policy, paragraph C. 3. states that resident education will be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

115.216 (a): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 4.A. which states that residents with disabilities (including, for example, those 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 efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility has a contract with Language Link for interpreter services to include sign language interpretation. They have other services for the deaf as provided to all Iowa state agencies. In conversations with the administration and staff, they will work with residents who may have trouble reading or comprehension due to a disability or cognitive impairment. They read the information and explain it to them at a level they can understand. They have instructed all staff in the use of these procedures and provided the numbers for their 24-7 interpretation service in easily accessible areas. The interpretive services can assist in the intake process, screening process, education on how to report and if need be, translate during the investigative process. These procedures were confirmed during staff and resident interviews.

	<p>115.216 (b): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 4.B. states that the Department will take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents 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. There were no residents that needed these services during the onsite phase of the audit to be interviewed but the auditor has tested the Language Link services to verify they are available if the need arises.</p> <p>115.216 (c): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 4.C. which states that the Department will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under or the investigation of the resident's allegations. The auditor interviewed administrators and staff and there have been no reported uses of resident interpreters, readers, or assistants.</p> <p>The auditor determined compliance with this standard through a review of the policies, the interpretation service documentation, and through interviews with administrators, staff, and residents.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 101 – Prevention Planning 3. Documentation of background checks for employees and contractors 4. Documentation of checks with prior institutional employers 5. Documentation asking about previous sexual misconduct. <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Director <p>Findings by Provision:</p> <p>The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 5 Hiring and promotion decision outlines the procedures during the hiring and promotion process as it relates to PREA.</p> <p>115.217 (a): PREA Policy 101 – Prevention Planning paragraph 5.A. states that the Department shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with</p>

residents, who—

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section.

The auditor interviewed the Assistant Director who confirmed their compliance with this policy. They conduct reference checks of previous institutional employers and ask the sexual misconduct questions of applicants on the release of information background check form. The auditor requested and received a random sample of five employees in which these questions have been answered either during the past year as the annual review process or upon hire or promotion if hired or promoted within the last year.

115.217 (b): PREA Policy 101 – Prevention Planning paragraph 5.B. states that the Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with residents. The auditor interviewed the Assistant Director who confirmed their compliance with this policy by conducting a reference check with previous institutional employees and a review of a staff member's personnel record and PREA documentation for any incidents of sexual harassment when considering an employee for promotion.

115.217 (c): PREA Policy 101 – Prevention Planning paragraph 5.C. states that before hiring new employees who may have contact with residents, the Department shall:

1. Perform a criminal background records check; and
2. 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.

The auditor interviewed the Assistant Director who stated that the Beje Clark Residential Center conducts criminal background checks on applicants before an offer of employment is made and on current employees when they are promoted. The auditor reviewed a random sampling of employee files and found that the necessary background checks were run for new hires. The auditor requested and received the required documented information about any previous substantiated allegations of sexual abuse or resignations pending an investigation of an allegation of sexual abuse for a random sample of three employees who had previous

institutional employers. The IDOC form AD-PR-07 F-3 Institution Employer PREA Compliance Check form is used to document this procedure.

115.217 (d): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 5.D. which states that the Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. The auditor interviewed the Assistant Director who stated that the Beje Clark Residential Center will conduct criminal background checks on contractors before their services can be used at the facility. There are currently no contractors in service at this facility. However, the Assistant Director provided the auditor with a sample of the documentation for contractors in use within other facilities in the Second District.

115.217 (e): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 5.E. which states that the Department shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The auditor requested and received a random sample of five employees' criminal background checks. The random sample included some background checks for veteran employees who had the most recent five-year update as well as employees who had the background check run during the hiring process this past year. There have been no contractors in service over the past 12 months at this facility. However, the auditor discussed this with the Assistant Director, and they are aware of this requirement. There are contractors in service with the Second District, but not at this facility. The Assistant Director provided the auditor with a Second District volunteer and contractor-approved list that is accessed on the IDOC website.

115.217 (f): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 5.F. which states that the Department shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in the first paragraph of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose a continuing affirmative duty to disclose any such misconduct upon employees. The auditor reviewed the IDOC form AS-PR-07 F-4 Promotional PREA Compliance Questions that the employee completes by answering these questions, signing, and dating. An electronic version of these questions with a continuing duty to report is also pushed out to all employees each year. The auditor requested and received a random sample of five employees in which these questions have been answered either during the past year as the annual review process or upon hire or promotion if hired or promoted within the last year.

115.217 (g): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 5.G. which states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for discharge. The release of information form that is used by the Department states as follows, “I affirm that all the information provided herein is complete and accurate. I

	<p>understand that any false or incomplete information or entries may disqualify me, and if false information is discovered after employment, it may lead to my termination.” The applicant signs and dates directly below this statement.</p> <p>115.217 (h): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 5.H. which states that the agency shall 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. The auditor discussed this with the Assistant Director. The Human Resources staff have called her previously when other institutional employers have requested this information so that she can provide the information from the PREA investigation files.</p> <p>The auditor determined compliance with this standard through a review of the policies, a review of human resources forms used in the hiring process, and a review of databases used to keep track of the information. The auditor requested sample documents for five employees that were selected randomly by the auditor. The auditor also confirmed these policies and procedures through an interview with the Assistant Director as the Human Resources staff was not available during the onsite portion of the audit.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 101 – Prevention Planning <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator 3. Residential Manager <p>Findings by Provision:</p> <p>115.218 (a): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 6.A. which states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion or modification upon the agency’s ability to protect residents from sexual abuse. The auditor directly observed the facility and conducted interviews with the District Director, the PREA Coordinator, and the Residential Manager. The facility considers the protection of residents and the standards when contemplating upgrades to the facility or in the application of technology. The Beje Clark Residential Center has not made any substantial modifications to their building.</p>

	<p>They have identified areas in which they will be placing cameras in 2024 – the front area where pat searches are conducted as they want a better view than the current camera provides and a camera that can view the door to the maintenance area on the lower level.</p> <p>115.218 (b): The auditor reviewed PREA Policy 101 – Prevention Planning paragraph 6.B. which states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. The auditor reviewed video monitoring systems, directly observed the facility, and conducted interviews with the District Director, the Residential Manager, and the PREA Coordinator. The facility considers the protection of residents and the standards when contemplating the application of technology. They have identified areas in which they will be placing cameras in 2024 – the front area where pat searches are conducted as they want a better view than the current camera provides and a camera that can view the door to the maintenance area on the lower level.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire and a review of PREA policy, and through an interview with the District Director.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 102 – Responsive Planning 3. Investigative training certificates 4. Iowa Adult Sexual Assault Protocol 5. Iowa SANE Protocol 6. Iowa Sexual Assault Exam (SAE) Program 7. MOU with Crisis Intervention Services, <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator 3. Administrative Investigator 4. Family Crisis Shelter staff member <p>Findings by Provision:</p> <p>115.221 (a): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.A. which states that to the extent the Department is responsible for investigating allegations of sexual abuse; the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical</p>

evidence for administrative proceedings and criminal prosecutions. The auditor interviewed the PREA Coordinator who is one of five facility investigators who conduct administrative investigations. The administrative investigators have completed courses from various organizations that all emphasize a uniform evidence protocol for collecting physical evidence -- the PRC, the Moss Group, the IDOC, and the NIC. Criminal investigations are completed by the Mason City Police Department.

115.221 (b): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.B. which states that the protocol shall be adapted from or otherwise based on comprehensive and authoritative protocols developed after 2011. The uniform evidence protocol used in Iowa is the Iowa Adult Sexual Assault Protocol which references “A National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition. April 2013”.

The Iowa Adult Sexual Assault Protocol specifically lists special victim considerations to include cultural and religious, elderly victims, victims with disabilities, victims of domestic violence, male victims and LGBTI victims. It also includes a section that specifically says, “As in the general population, sexual assault is unreported and underreported in the prison system. Multiple factors may inhibit or preclude the incarcerated victim from reporting a sexual assault. The Prison Rape Elimination Act of 2003 (PREA) was enacted to address problems of sexual assault in correctional agencies. The development of standards for prevention, detection, reduction and punishment of prison rape is a major provision of the act. PREA initiated discussions between prison officials and local care providers to establish best practices for incarcerated victims of sexual assault. In order to ensure the same standards of care for the incarcerated victim, sexual assault victims are transported to local facilities for forensic examinations. It is recommended that community health facilities serving prisoners in Iowa have a procedure in place for conducting and documenting sexual assault of an incarcerated prisoner.”

115.221 (c): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.C. which states that the Department shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The auditor reviewed the Iowa SANE Protocol which also references the National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent (2d ed., April 2013). The auditor reviewed the Iowa Sexual Assault Exam (SAE) Program which states that all sexual assault forensic examinations are paid by the Iowa Sexual Abuse Examination Payment Program. The auditor discussed with the PREA Coordinator who stated residents who have been sexually assaulted would be transported to North Iowa Mercy One Hospital. There are SANE nurses at the hospital to conduct the forensic examination. However, if a SANE is not on duty, the emergency room nurses have been trained to conduct a forensic examination. There have been no forensic medical exams

conducted during the past 12 months. The auditor interviewed a random sample of staff to confirm they understand their responsibilities to preserve and protect evidence.

115.221 (d): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.D. which states the Department shall attempt to make available to the victim a victim advocate from a rape crisis center. The Department shall document efforts to secure services from rape crisis centers. The auditor reviewed the Memorandum of Understanding (MOU) with Crisis Intervention Services (CIS), the local rape crisis center in Mason City which states that CIS will provide an advocate who will provide the resident with information about options and resources and assist them through the criminal/civil justice process. They will assist the resident in safety planning and provide information and support. They provide accompaniment and support to the resident through the forensic medical examination and investigatory interview and until needed, even after release or transfer from the RCF, if requested. The auditor interviewed a staff member from the CIS who confirmed that they have an MOU with the facility and that they would provide the services as outlined in the MOU.

115.221 (e): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.E. which states that as requested by the victim, the victim advocate or qualified community-based organization 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 auditor interviewed the PREA Coordinator who confirmed that they would always ask the resident if an advocate can be provided from CIS.

115.221 (f): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.F. which states to the extent the Department itself is not responsible for investigating allegations of sexual abuse; the Department shall request that the investigating agency follow the requirements of paragraphs (1) through (5) of this section. The auditor interviewed the PREA Coordinator and the Resident Manager who stated that the Beje Clark Residential Center utilizes the Mason City Police Department to conduct criminal investigations.

115.221 (g): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.G. which states the requirements of paragraphs (1) through (6) of this section shall also apply to: 1. Any State entity outside of the Department that is responsible for investigating allegations of sexual abuse; and 2. Any Department of Justice component that is responsible for investigating allegations of sexual abuse.

115.221 (h): The auditor reviewed PREA Policy 102 – Responsive Planning paragraph 1.D. and the pre-audit questionnaire, and interviewed the PREA Coordinator. All three sources consistently stated that they do not use a qualified agency staff member but rather always use a victim advocate from the Crisis Intervention Services.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy 102 – Responsive Planning, and the documentation as

	stated in each provision above. The auditor also drew on interviews with the District Director, the Resident Manager, the PREA Coordinator/investigator, and the local rape crisis center.
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 102 – Responsive Planning 3. Administrative Investigation Reports 4. Iowa Department of Corrections website 5. PREA allegations and investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator 3. Administrative Investigator <p>Findings by Provision:</p> <p>115.222 (a): The auditor reviewed the PREA Policy 102 – Responsive Planning paragraph 2.A. which states that an administrative and/or criminal investigation will be completed for all allegations of sexual abuse and/or sexual harassment. The auditor reviewed two allegations and interviewed the PREA Coordinator and the Residential manager who corroborated compliance with the standard and the facility’s policies</p> <p>115.222 (b): The auditor reviewed the PREA Policy 102 – Responsive Planning paragraph 2.B. which states that allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such a policy on its Web site. All referrals for investigation will be documented and tracked. The auditor reviewed the investigative policy within IDOC Policy PREA-02 posted on the website at https://do-c.iowa.gov/iowa-doc-prea-policies. The PREA Coordinator showed the auditor the Iowa Department of Corrections investigation database which documents all law enforcement referrals.</p> <p>115.222 (c): The auditor reviewed IDOC Policy PREA-02 Staff, Contactor, or Volunteer Sexual Misconduct/Harassment/Retaliation with Clients/Incarcerated Individuals. Paragraph IV.A.3. of the IDOC policy specifically states that all allegations shall be reported to the Warden/District Director, the institution/district’s sexual violence investigator, and the designated Deputy Director/Designee and that all allegations and incidents shall be fully investigated as directed by the Deputy</p>

	<p>Director/Designee and treated in a confidential and serious manner. The auditor interviewed the District Director and the PREA Coordinator/investigator. The facility refers all allegations for investigation. A trained investigator completes preliminary administrative investigations. The PREA Coordinator and the Residential Manager have been trained to conduct administrative investigations. The auditor reviewed two investigative files. All allegations were properly reported and investigated. Any incident that is suspected of being criminal is referred to the Mason City Police Department to conduct any criminal investigation. There were no allegations referred for criminal investigation.</p> <p>115.222 (d): The auditor reviewed the PREA Policy 102 – Responsive Planning paragraph 2.D. which states that any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. The auditor reviewed both the Second District PREA Policy 107 – Investigations and IDOC policy PREA-02 which govern the conduct of investigations.</p> <p>The auditor determined compliance with this standard through a review of the policies, a review of the pre-audit questionnaire, and a review of investigative files. The auditor also confirmed these policies and procedures through interviews with the District Director and the PREA Coordinator/Investigator.</p> <p>115.222 (e): The auditor interviewed the District Director and the PREA Coordinator. There is no Department of Justice component responsible for administrative or criminal investigations of sexual abuse or sexual harassment at the Beje Clark Residential Center. The auditor is not required to audit this provision.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy 102 – Responsive Planning, a review of the IDOC website, a review of allegations and investigative reports, and through interviews with the District Director and the PREA Coordinator</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 103 – Training and Education 3. iaDOCLearn database <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Residential Manager 3. Random Staff

Findings by Provision:

115.231 (a): The auditor reviewed PREA Policy 103 – Training and Education paragraph A.1. which states that all employees who may have contact with residents shall be trained on:

1. The zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents’ right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The Beje Clark Residential Center uses an online learning management system “iaDOClearn”. The auditor interviewed the Residential Manager, the PREA Coordinator, and staff, and reviewed the training curriculum of various training topics within the learning management system while onsite. A review of the PREA training curriculum confirms that the training includes information on components required by the standard and outlined within their policy

115.231 (b): The auditor reviewed PREA Policy 103 – Training and Education paragraph A.2. which states that an employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The auditor reviewed the online PREA Training and found it to be general. The facility houses male and female residents, with the majority being male residents. Staff were able to state during the interviews the differences in supervising male vs. female residents. A few stated that sexual abuse with male residents sometimes is more about power and control and with female residents it is more relationship-oriented. It was also mentioned that female residents have a lot more previous sexual abuse in their history.

115.231 (c): The auditor reviewed PREA Policy 103 – Training and Education paragraph A.3. states that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current

	<p>sexual abuse and sexual harassment policies. The auditor reviewed the training files and interviewed the PREA Coordinator and random staff. PREA training is provided to all new hires and then continues annually. During interviews, staff were knowledgeable in the required competencies and stated that they have PREA training every year that includes a basic refresher on the main PREA components with additional training components added each year to diversify the training and add topics that are relevant to that time and sometimes they have talks – in-person training on certain things.</p> <p>115.231 (d): The auditor reviewed PREA Policy 103 – Training and Education paragraph A.4. states that the Department shall document, through employee signature or electronic verification, that employees understand the training they have received. The auditor interviewed the PREA Coordinator and staff and reviewed the training records. Staff stated that they are required to take a short test after the end of each learning session to verify their understanding of the training material. The auditor was provided training documentation which includes the course's name, the test score to verify understanding of the material, and the date the training was completed.</p> <p>The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator and staff.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 103 – Training and Education 3. Volunteer and Contractor training database <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.232 (a): The auditor reviewed PREA Policy 103 – Training and Education paragraph B.1 which states that the Department shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>115.232 (b): The auditor reviewed PREA Policy 103 – Training and Education paragraph B. 2. Which states that the level and type of training provided to</p>

	<p>volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.232 (c): The auditor reviewed PREA Policy 103 – Training and Education paragraph B.3. which states that the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>This facility has not utilized volunteers or contractors in the past year. If they are to be used, they are trained in the facility's zero-tolerance policy and how to report. They are provided with a web link and complete a short quiz at the end of the training. Their training is documented in a training database.</p> <p>The auditor verified compliance with this standard through a review of the volunteer and contractor training database which listed volunteers and contractors that were being used at other Second District facilities. The auditor has completed this online training previously to verify its content.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 103 – Training and Education 3. 13 Samples of Resident Training Documentation 4. Resident handbook 5. Posters posted throughout the facility 6. PREA brochure <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator 3. Resident Manager 4. 16 Random residents <p>Findings by Provision:</p> <p>115.233 (a): The auditor reviewed PREA Policy 103 – Training and Education paragraph C.1. which states that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to</p>

be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The auditor reviewed training information provided to the residents, requested a residential officer go over the process with the auditor as there were no new intakes to observe, and discussed the information with the residents who were interviewed. The Beje Clark Residential Center provides extensive PREA information to a resident during the intake process. This information includes their zero-tolerance policy and how to report. During the initial intake process, the residential officer goes over the intake packet with them. The intake packet has 13 pages that specifically outline residential rules, definitions, excellent information on prison rape, the facility's investigative process, the trauma a victim may experience, and resources for support services that can assist victims in their recovery process. Page 22 specifically states that all residents have a right to be free from sexual abuse and sexual harassment. The handbook also covers what a resident should do if they are retaliated against for reporting sexual abuse or sexual harassment. A video is shown to the residents soon following intake for more comprehensive information about PREA. Their training program was very thorough and went above and beyond what is required by the standard for this type of facility. The residents' excellent education was very evident in the residents' responses during the interviews. The resident intake process and notation that the resident viewed the PREA video are documented in the ICON case management information system.

115.233 (b): The auditor reviewed PREA Policy 103 – Training and Education paragraph C.2. which states that refresher information shall be provided whenever a resident is transferred to a different facility. The auditor discussed this section of the policy with both the PREA Coordinator and staff. All residents regardless of whether they have been transferred from another facility complete the same process. Interviews with residents verified this process as a few residents had stated they participated in the PREA training even though they had seen the training many times before. A few residents stated they have been placed at the facility more than once and they have been given the same training every time.

115.233 (c): The auditor reviewed PREA Policy 103 – Training and Education paragraph C.3. which states that resident education shall be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as residents who have limited reading skills. There were no residents that required special training accommodations that the auditor could interview. However, the District Director, the PREA Coordinator, the Resident Manager, and the staff confirmed that they have access to an interpreter service and that the staff would go over the information with the resident in whatever manner the resident needed to be able to comprehend the information presented. Staff will read the material aloud to residents who may need assistance due to visual impairments, learning disabilities, literacy or comprehension problems, or other reasons that require staff to give them specialized training.

115.233 (d): The auditor reviewed PREA Policy 103 – Training and Education paragraph C.4. which states that documentation of resident participation in these

	<p>education sessions shall be maintained. The auditor requested a sample of signed training documentation titled "Offender PREA Acknowledgement Memo". The resident initials each statement regarding their understanding of the zero-tolerance policy, that they have been given information regarding different methods of reporting sexual abuse and harassment, that they have been given information and understand their responsibility regarding sexual misconduct policies and procedures, and that they have watched the PREA video. The resident signs and dates the form.</p> <p>115.233 (e): The auditor reviewed PREA Policy 103 – Training and Education paragraph C.5. which states that in addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The auditor interviewed the staff and the residents and was advised that the resident keeps a copy of the handbook to have access to this information throughout their program. There are also brochures and posters throughout the facility so that there is readily available information that outlines how to report and how to contact external resources for both support and reporting.</p> <p>The auditor verified compliance with this standard through a review of the resident training information and signed resident training documentation. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator, staff, and residents. Due to the extensive amount of training provided to residents, including the basic information required by the standard, the additional information given through the video, and the many pages dedicated to PREA-related information in the handbook including the trauma-informed language used, the auditor believes the Beje Clark Residential Center exceeds the standard.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 103 – Training and Education 3. Training certificates of Specialized Investigator Training <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator/Administrative Director <p>Findings by Provision:</p> <p>115.234 (a) and (b): The auditor reviewed PREA Policy 103 – Training and Education paragraph D.1. which states that in addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators</p>

	<p>have received training in conducting such investigations in confinement settings to 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 a case for administrative action or prosecution referral. The auditor reviewed the pre-audit questionnaire, interviewed the PREA Coordinator/Investigator, and reviewed the training certificates and curriculum provided by the PREA Coordinator. The investigators for the Beje Clark Residential Center have received specialized training as facility administrative investigators either through the National PREA Resource Center course PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings, the National PREA Resource Center/Moss Group course Training for Correctional Investigators: Investigating Incidents of Sexual Abuse, through the Iowa Department of Corrections course Introduction to conducting PREA Investigations or Sexual Violence Investigators Training or the National Institute of Corrections course PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor interviewed the PREA Coordinator who has also been trained as an administrative investigator and found her to be well-trained, meeting all the requirements of the standard. The auditor reviewed the curriculum to ensure it had all the required components.</p> <p>115.234 (c): The auditor reviewed PREA Policy 103 – Training and Education paragraph D.2. which states that the Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The PREA Coordinator provided the training certificates from each investigative course attended by the five Second District investigators.</p> <p>115.234 (d): The auditor reviewed PREA Policy 103 – Training and Education Section D – Specialized Training and could not find any reference to provision 115.233 (d) which states any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. The PREA Coordinator stated that the local law enforcement agent, the Mason City Police Department conducts their criminal investigations. The auditor is not required to audit this provision.</p> <p>The auditor verified compliance with this standard through a review of the investigator training curriculum and specialized training certificates for investigators. The auditor also confirmed investigative knowledge through an interview with the PREA Coordinator/Investigator.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.235 (a) through (d): The auditor reviewed the pre-audit questionnaire and interviewed the PREA Coordinator. There are no full or part-time medical or mental health care practitioners who work within the Beje Clark Residential Center. The resident chooses their private provider from those available within the community. Typically, North Iowa Mercy One or private therapists provide these services. These facilities are also utilized by the facility in the event of a crisis or emergency.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Sexual Violence Propensity (SVP) Assessment Scoring Guide for Offenders 3. Random sample of 16 initial PREA Assessments 4. Random sample of 14 PREA Re-Assessments 5. Corrective Action Random Sample 1-13 SVP Assessments and 5 Reassessments 6. Corrective Action Random Sample 2-13 SVP Assessments and 5 Reassessments 7. Corrective Action Random Sample 3-21 SVP Assessments and 20 Reassessments 8. Corrective Action Random Sample 4-15 SVP Assessments and 15 Reassessments <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random staff 3. Random residents 4. Staff who administers the assessments <p>Findings by Provision:</p> <p>115.241 (a), b), and (f): The auditor reviewed the IDOC Sexual Violence Propensity (SVP) Assessment Scoring Guide for Offenders which states under the Initial Screening at Intake/Reception section paragraph C. that all offenders newly admitted to a Residential Correctional Facility (RCF) will have an SVP assessment by a trained designated staff member. The SVP will be completed immediately upon intake. It further states that offenders will not be placed in housing until the SVP assessment is completed.</p> <p>Under the Reception Classification section paragraph A. it states that the SVP Assessment will be screened on all offenders within 72 hours that are processed</p>

through reception centers or any other institution/RCFs as direct admits. In paragraph B. of that section, it states that a complete SVP reassessment will be submitted for all RCF offenders within 30 days of admission or transfer.

The auditor interviewed the PREA Coordinator, a staff who administers the SVP, and residents, and reviewed sample SVPs. Staff typically administer an SVP within 72 hours of intake. However, there were three SVPs that were not administered within 72 hours of intake. Staff administer the follow-up screening within 30 days of the original screening. The follow-up screening is to be done within 30 days of arrival at the facility. The screening is completed through the use of a form that includes all questions required of this standard.

115.241 (c): The auditor reviewed the IDOC Sexual Violence Propensity Assessment Scoring Guide for Offenders and determined the assessment to be objective. The assessment used by the Beje Clark Residential Center leads to a presumptive determination of risk using a point system. Regarding the Potential Perpetrator Attributes, a score of 10 or more assigns the value of AP – Aggressor Potential. A “Yes” answer to question 7A “The offender has committed a sexual assault of an offender in prison, jail, residential correctional facility or juvenile facility assigns the value of AI-Aggressor Incarcerated. Regarding the Potential Victim Attributes, a score of 10 or more assigns the value of VP – Victim Potential. A “Yes” answer to question 15A “Ever sexually assaulted in a correctional facility” assigns the value of VI – Victim Incarcerated. Questions are weighted depending on the seriousness and correlation to a propensity to victimize or be victimized.

115.241 (d) and (e): The auditor reviewed sample assessments and the scoring guide. The screening considers the following criteria to assess residents for risk of sexual victimization: Whether the resident has a behavioral, physical, or developmental disability; The age of the resident; The physical build of the resident; Whether the resident has previously been incarcerated; Whether the resident’s criminal history is exclusively nonviolent; Whether the resident has prior convictions for sex offenses against an adult or child; Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the resident has previously experienced sexual victimization; and the resident’s own perception of vulnerability. The auditor interviewed the PREA Coordinator, the Residential Manager, and a staff who administers the assessment to confirm that staff affirmatively ask directly if the resident openly defines their sexual orientation as other than heterosexual or document if they are perceived as such and if the resident expresses fear of being harmed while in the RCF. The screening considers the following criteria to assess residents for risk of sexual abusiveness: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor reviewed the assessment document and it considers all questions required of the standard.

115.241 (g): The auditor reviewed the IDOC Sexual Violence Propensity Assessment Scoring Guide. Under the section titled “Reassessments”. It states that SVPs will be completed as an annual review process, that transgender offenders will be done every six (6) months, and upon significant events such as a suspected or

	<p>confirmed security threat group (STG), a new sentence, an incident of victimization, a substantiated sexual assault or sexual abuse investigation, or when new and relevant information becomes available or any other significant event occurs that is relative to the elements contained in the assessment tool.</p> <p>115.241 (h): The auditor reviewed the IDOC Sexual Violence Propensity Assessment Scoring Guide. Under the section titled “Utilization of the Sexual Violence Propensity Assessment” paragraph D. it states that offenders may not be disciplined for refusing to answer questions or not disclosing complete information.</p> <p>115.241 (i): The facility implements appropriate controls on the dissemination within the facility of responses to questions asked according to this standard to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents. The auditor interviewed the staff that administers the SVP and the PREA Coordinator. The staff member who performs the screening stated they conduct the screening in a quiet area away from others because it is private information. Once the screening is complete it is entered into the ICON database. The PREA Coordinator stated that there is a policy regarding confidentiality and that you can only access what you need to perform your job – it is on the ICON screen when it opens.</p> <p>The auditor verified compliance or non-compliance with this standard through a review of the scoring guide, a review of a sample of screening and re-screening documents, and interviews with staff and residents.</p> <p>CORRECTIVE ACTION: The auditor required that all SVP assessments are completed within 72 hours of arrival at the facility and that all SVP reassessments are completed within 30 days of arrival to the facility. The auditor selected random samples throughout the corrective action period where the Beje Clark Residential Facility staff provided SVP assessment and reassessment documentation. During the beginning of the corrective action period the rate was minimized as those SVP that were late, but lateness was not completely eliminated. In addition, the PREA Coordinator sent staff to the Iowa Department of Corrections SVP training course. By the end of the corrective action period, the PREA Coordinator was able to provide a sample of 15 residents randomly selected by the auditor who all had an initial intake assessment, and a reassessment completed within 30 days of arrival. The facility has two staff who complete the assessments. They now keep a spreadsheet and check each other’s daily to ensure the dates are not missed. Also, the residential manager and the PREA Coordinator periodically check the assessment and reassessment dates to ensure they are completed within the time limits required by the standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness
3. Random sample of 16 initial PREA Assessments
4. Resident Roster

Interviews Conducted:

1. PREA Coordinator
2. Residential Manager
3. Random staff
4. Random residents
5. Staff who administer the Assessments

Findings by Provision:

115.242 (a): The auditor reviewed PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness paragraph B.1. which states that the Department shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed the PREA Coordinator and the Residential Manager. They stated that the information from the risk screening is utilized to determine housing. They do not house victims with perpetrators. Residents work outside of the facility, but they keep a close eye on who leaves the facility together, who is on smoke breaks together, etc. The interview with the staff responsible for administering the risk screening indicated that the risk screening information is utilized to determine who cannot be roomed together. He stated that the risk screening information helps to keep victims from abusers. The auditor reviewed resident risk screenings and resident housing assignments to ensure that residents with the potential for sexual perpetration are not housed with residents assessed to have the potential to be victimized.

115.242 (b): The auditor reviewed PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness paragraph B.2. which states that the Department shall make individualized determinations about how to ensure the safety of each resident. The auditor interviewed the PREA Coordinator who stated that the screening helps to identify who their residents are that have special needs so that they can make special accommodations if they are needed and with always basing the decisions on what will keep them safe.

115.242 (c): The auditor reviewed PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness paragraph B.3. which states that in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The PREA Coordinator stated that they talk to them to get a good feel for each resident's needs and make it super individualized. A resident that both assesses as high risk and as indicated from their conversation

	<p>with them is often given a single room because they change clothing in their room and may be isolated with that roommate. They want to make sure they have the privacy that they need for that. They would develop a safety plan that includes other things such as teaching good boundaries, and instructing them that when they leave the facility, make sure they surround themselves with people who have good values.</p> <p>115.242 (d): The auditor reviewed PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness paragraph B.4. which states that a transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration. The auditor interviewed the PREA Coordinator who stated that the placement has to meet their needs and consider the impact on other residents.</p> <p>115.242 (e): The auditor reviewed PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness paragraph B.5. states that transgender and intersex residents shall be given the opportunity to shower separately from other residents. The auditor interviewed the PREA Coordinator and the Resident Manager who stated that they would state the shower accommodations available such as time or single restroom and come up with a plan that worked with the individual and the other residents. Residents who indicate they are transgender, or intersex are asked if they wish to shower separately. This information is recorded on a form and staff are aware. They can accommodate by either putting a sign on the bathroom used by multiple residents to make it a single-use bathroom for a short duration or by assigning them a time to use the single bathroom.</p> <p>115.242 (f): The auditor reviewed PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness paragraph B.6. which states that the Department shall not place lesbian, gay, bisexual, transgender, or intersex residents 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 residents. The auditor interviewed the PREA Coordinator, the Residential Manager, and residents who identified as LGBTI and reviewed the housing roster to verify that housing decisions are not based on that identification.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy 104 – Screening for Risk of Sexual Victimization and Abusiveness, a review of screening documents and evaluating the resident roster with housing assignments and through interviews with the PREA Coordinator, the Residential Manager, staff, and residents.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 105 – Reporting of Incidents
3. Resident Handbook
4. Posters
5. Staff training documents
6. Resident training documents

Interviews Conducted:

1. Residential Manager
2. PREA Coordinator
3. Random staff
4. Random residents

Findings by Provision:

115.251 (a): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph A.1. which states that the Department shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor interviewed staff and residents, reviewed policy, and toured the facility. The auditor interviewed residents who provided multiple ways that they could report internally. Some said that they would tell their probation officer who also works in the building. Many stated that they would just tell the staff. Both from observations and through interviews with the residents it is apparent they have a lot of trust in their staff to do the right thing for them. The auditor interviewed the Resident Manager, the PREA Coordinator, and the staff and reviewed the training materials provided to the residents and the posters displayed throughout the facility. Residents can report in the following ways: Verbal reporting to any staff member; Third-party reporting; and grievance forms. The auditor reviewed the Resident Handbook, which includes the information as well.

115.251 (b): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph A.1. which states that the Department shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the Department and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to Department officials, allowing the resident to remain anonymous upon request. Residents are provided addresses and phone numbers to the Iowa Ombudsman, the Iowa Department of Corrections Office of Victims and Restorative Justice, and the Mason City Police Department. The Iowa Ombudsman information is provided to residents for reporting outside of their agency to include anonymous reporting. The auditor spoke with the Ombudsman’s office to verify that they would immediately report back to the administrator of the Beje Clark Residential Center any reports of sexual abuse and sexual harassment and allow the resident to remain anonymous.

115.251 (c): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph A.1. which states that staff shall accept reports made verbally, in writing,

	<p>anonymously, and from third parties and shall promptly document any verbal reports. Staff accepts reports made verbally, in writing through grievances or notes to any staff, anonymously, and from third parties. The staff promptly documents any verbal reports. The auditor interviewed staff who stated that they would immediately report the incident to the Residential Manager. They would document any verbal reports right away but definitely before the end of their shift. Staff stated that they can privately report sexual abuse and sexual harassment to either the Resident Manager or directly to the PREA Coordinator. The auditor interviewed the administrators and staff who stated that staff accepts reports any way that it is reported.</p> <p>115.251 (d): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph A.1. which states that the Department shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Staff stated that they can privately report sexual abuse and sexual harassment to either the Resident Manager or directly to the PREA Coordinator. The auditor interviewed the administrators and staff who stated that staff accepts reports any way that it is reported.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy 105 – Reporting of Incidents, a review of posters, the resident handbook, and training materials for both staff and residents, a test call placed to the Ombudsman’s Office, and through interviews with the Resident Manager, the PREA Coordinator, staff and residents.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 105 – Reporting of Incidents 3. Offender Handbook 4. Materials that list reporting methods <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Resident Manager 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.252 (a): The auditor reviewed PREA Policy 105 – Reporting of Incidents Section B – Exhaustion of Administrative Remedies. There is no reference to provision 115.252 (a) which states that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The Beje Clark Residential Facility allows the</p>

grievance procedure to be used to address resident grievances regarding sexual abuse. Those procedures are listed in subsequent paragraphs. The auditor interviewed the Residential Manager and the PREA Coordinator who stated that residents can file a grievance or administrative remedy regarding allegations of sexual abuse or sexual harassment. All allegations of sexual abuse or sexual harassment when received by staff, would immediately result in an administrative or criminal investigation. There were two allegations reported verbally to staff. There were no allegations reported using the written grievance system.

The auditor reviewed the Offender Handbook which outlines grievance procedures regarding PREA reports beginning on page 25 there is a section specifically to grievances regarding Sexual Abuse or Sexual Harassment that is compliant with the provisions in this standard.

115.252 (b): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph B.1, which states that the Department shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Paragraph B.2 states that the Department may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. Paragraph B.3. states that the Department shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Paragraph B.4. states that nothing in this section shall restrict the Department’s ability to defend against a lawsuit filed by a resident on the grounds that the applicable statute of limitations has expired. The auditor interviewed the Resident Manager and the PREA Coordinator and reviewed the offender handbook which confirmed compliance with this provision.

115.252 (c): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph B.5.a. which states that the Department shall ensure that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and paragraph B.5.b. that states that the grievance is not referred to a staff member who is the subject of the complaint. The auditor reviewed the offender handbook which outlines grievance procedures where beginning on page 25 there is a section specifically to grievances regarding Sexual Abuse or Sexual Harassment that is compliant with these provisions in this standard.

115.252 (d): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph B.6 which states the Department shall 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. Paragraph B.7. states that computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. Paragraph B.8. states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the resident in writing of any such extension and provide a date by which a decision will be made. Paragraph B.9. states that at any level of the administrative process, including the final level, if the resident does not receive a response within

the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. The auditor reviewed the offender handbook which outlines grievance procedures where beginning on page 25 there is a section specifically to grievances regarding Sexual Abuse or Sexual Harassment that is compliant with these provisions in this standard.

115.252 (e): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph B.10 which states that third parties, including fellow residents, staff members, family members, attorneys and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. Paragraph B.11. states that if a third party files such a request on behalf of a resident, the Department 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. Paragraph B.12. states that if the resident declines to have the request processed on his or her behalf, the Department shall document the resident’s decision. The auditor reviewed the offender handbook which outlines grievance procedures where beginning on page 25 there is a section specifically to grievances regarding Sexual Abuse or Sexual Harassment that is compliant with these provisions in this standard.

115.252 (f): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph B.13 which states that the Department shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Paragraph B.14. states that after receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the Department shall 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, shall provide an initial response within 48 hours and shall issue a final Department decision within 5 calendar days. The initial response and final Department decision shall document the Department’s determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The auditor reviewed the offender handbook which outlines grievance procedures where beginning on page 25 there is a section specifically to grievances regarding Sexual Abuse or Sexual Harassment that is compliant with these provisions in this standard.

The auditor spoke with the District Manager, the Residential Manager, and the PREA Coordinator who described the process. If an emergency grievance is filed, the first response will be to make sure that the resident is safe by separating the resident from the threat. The Residential Manager will gather the details and begin the investigative process and will provide an initial response to the resident within 48 hours. A final response will be given to the resident within 5 days. These documents will also be forwarded to the PREA Coordinator.

115.252 (g): The auditor reviewed PREA Policy 105 – Reporting of Incidents

	paragraph B.15 which states that the Department may discipline A Resident for filing a grievance related to alleged sexual abuse only where the Department demonstrates that the resident filed the grievance in bad faith.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 105 – Reporting of Incidents 3. Materials listing Victim Support Services <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator 3. Random residents 4. Crisis Intervention Services <p>115.253 (a): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph C.1. which states that the Department shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The auditor performed a test call from a resident payphone and spoke with the staff who stated that they have an MOU to provide advocacy services and that an advocate would be provided as well as emotional support services. The auditor did not have to pay for the phone call. There is a recorded menu when you pick up the handset that states that if you dial option 3 you will automatically be connected to Crisis Intervention Services.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 105 – Reporting of Incidents 3. Information on IDOC website

	<p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator 3. Random staff 4. Random residents <p>Findings by Provision:</p> <p>115.254 (a): The auditor reviewed PREA Policy 105 – Reporting of Incidents paragraph D. which states that the Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The auditor reviewed the IDOC website at https://doc.iowa.gov/prison-rape-elimination-act/how-report-allegations-sexual-violence-idoc. The website provides information on how an individual can make a third-party report. Third parties can report sexual abuse and sexual harassment to any IDOC staff member, by contacting the IDOC Victim and Restorative Justice Director, the IDOC Central Office, the Iowa Office of Ombudsman, by sending an email to IDOC at PREA.reporting@iowa.gov, or by contacting the facility’s Residential Manager/PREA Manager. All of the contact information for these entities is listed on the website. The auditor interviewed the Resident Manager and the PREA Coordinator who stated that the Beje Clark Residential Center has not received any third-party reports. Interviews with staff and residents confirm that third-party reporting options are available. The auditor sent an email to PREA.reporting@iowa.gov and received a reply back on the same day from the IDOC Assistant Deputy Director-Institutional Operations.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of the website, by testing some of the third-party reporting options, and through interviews with the Residential Manager, the PREA Coordinator, and staff and residents.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 106 – Official Response Following a Resident Report 3. Iowa Department of Health and Human Services (HHS) Dependent Adult Abuse – A Guide for Mandatory Reporters <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. Assistant Director/PREA Coordinator

3. Residential Manager

4. Random Staff

Findings by Provision:

115.261 (a): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph A.1. which states that staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment in any facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The auditor interviewed the District Director, the Assistant Director/PREA Coordinator, the Residential Manager and random staff who consistently stated that all Beje Clark Residential Center staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. When an allegation of sexual abuse or sexual harassment are reported they are immediately turned over to the Assistant Director.

115.261 (b): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph A.2. which states that apart from reporting to designated supervisors or officials, staff shall not reveal 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. Staff interviews confirmed that the information must be kept confidential and not shared with other coworkers or offenders.

115.261 (c): The Beje Clark Residential Center does not have any full or part-time medical or mental health staff. The auditor interviewed the Residential Manager and the PREA Coordinator who stated that those services are sought by the resident out in the community.

115.261 (d): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph A.3. which states that if the alleged victim is considered a dependent adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed the Residential Manager, the PREA Coordinator and random staff who stated that sexual abuse of a vulnerable adult will be reported to the Iowa Department of Health and Human Services toll-free number. The auditor reviewed the Policy 08 - Mandatory Reporting and the Iowa Dependent Adult Abuse – A Guide for Mandatory Reporters which lists mandatory reporters under the state statute.

The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph A.4. which states that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports and reports from other agencies or facilities, shall be reported for investigation. The auditor interviewed the Residential Manager, the PREA Coordinator and random staff who stated that incident is reported to the Assistant Director who then

115.261 (e): The auditor reviewed PREA Policy 106 – Official Response Following a

	<p>Resident Report paragraph A.4. which states that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports and reports from other agencies or facilities, shall be reported for investigation. The auditor reviewed the Coordinated Response plan and interviewed the District Director, the Assistant Director (who is currently also the PREA Coordinator), the Residential Manager, and random staff who stated that all reports, regardless of where they are from, are reported to Assistant Director. The Assistant Director, who is a qualified administrative investigator, then reviews the allegation to determine if it meets PREA definition of sexual abuse or sexual harassment and then forwards the report to the District Director and the PREA Coordinator. The District Director assigns an investigator for all reports of sexual victimization.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the Iowa HHS Dependent Adult Abuse – A Guide for Mandatory Reporters, and through interviews with the administrative staff, and random staff.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 106 – Official Response Following a Resident Report <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. Residential Manager 3. Random staff <p>Findings by Provision:</p> <p>115.262 (a): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph B.1. which states that when the Department learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The auditor interviewed the District Director who stated that her expectation is that staff will first immediately remove the threat, if identifiable. However, second to that is to surround them with roommates that are a good fit that will look out for them. Teach them good boundaries for when they go out into the community to minimize risk. The Residential Manager stated that they will explore other housing options, to include another facility for the person making the threat. If that is not possible, then at least move them right away to separate rooms, separate levels if they are on the same floor and ensure that they communicate with residential staff who are supervising the residents so that they know there are issues between the two and they need to</p>

	<p>be watchful. During interviews with staff they also responded to make sure they were immediately separated and for staff to be vigilant in their supervision.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the District Director, the Residential Manager, and random staff.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 106 – Official Response Following a Resident Report 3. Documentation of allegation received by a Second District facility <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. Residential Manager 3. PREA Coordinator <p>Findings by Provision:</p> <p>115.263 (a): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph C.1. which states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the District Director shall notify the head of the agency where the alleged abuse occurred.</p> <p>115.263 (b): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph C.2. which states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>115.263 (c): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph C.3. which states that the Department shall document that it has provided such notification.</p> <p>115.263 (d): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph A.4. which states that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports and reports from other agencies or facilities, shall be reported for investigation.</p> <p>The auditor reviewed policy and interviewed the District Director. If there is an allegation that a resident was sexually abused while confined at another facility, the District Director notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. If such an allegation is received by them from another facility, an investigation will be initiated immediately. Both notifying other</p>

	<p>agencies and receiving notifications are documented. The auditor also interviewed the Residential Manager who stated that reports made regarding something that happened at other facilities, are reported to the District Director and the PREA Coordinator, and she will notify the facility that the resident came from. There have been no incidents reported regarding sexual abuse that occurred at another facility. There have been no incidents reported to the Beje Clark Residential Center administrators by other facilities. The auditor interviewed the PREA Coordinator who stated that there was an allegation reported by a prison facility about another Second District facility, that she used as an example of how the process works.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of a sample of notification from another Second District residential center, and through interviews with the District Director and the PREA Coordinator.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 106 – Official Response Following a Resident Report 3. PREA Local Response Manual <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator 3. Random staff <p>Findings by Provision:</p> <p>115.264 (a): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph A.1. which states that that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser; • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; • If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and • If the abuse occurred within a time period that still allows for the collection

	<p>of physical evidence, 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.</p> <p>The auditor interviewed staff who were aware of their first responder duties and could articulate how to implement proper procedures. Staff stated they would first separate the alleged victim and the alleged abuser. The alleged victim would be taken to a more private area. They would encourage the alleged victim to protect any evidence by not washing, brushing teeth, changing clothes, using the restroom, drinking or eating until the physical evidence can be collected by the SANE. They would remove the alleged abuser and again, not allow them to wash, brush teeth, change clothes, use the restroom, drink or eat until the physical evidence can be collected by the SANE. The staff would secure and protect any physical area where there may be evidence to be collected. They will determine if the situation requires immediate involvement of law enforcement or medical personnel and also notify the supervisor or the on-call supervisor. If immediate medical attention is needed they would call an ambulance or arrange to take them to the hospital to provide immediate medical care. This was also confirmed through a review of the local response manual. There have been no instances where the first responder response has been used during this auditing period.</p> <p>115.264 (b): The auditor interviewed a food service worker and a maintenance worker who both stated that they know to keep the alleged victim and abuse separated, make sure they don't do anything to destroy the evidence, and call a residential officer. The food service worker spoke of an incident where she kept the resident with her and called a residential officer who separated them right away.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, the PREA Local Response Manual, and through interviews with the District Director, the PREA Coordinator, and staff.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 106 – Official Response Following a Resident Report 3. PREA Local Response Manual <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Residential Manager

	<p>3. Random staff</p> <p>Findings by Provision:</p> <p>115.265 (a): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph E.1. which states that the facilities shall develop 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. The auditor interviewed the PREA Coordinator, the Residential Manager, and random staff, and reviewed the PREA Local Response Manual. All those interviewed described the duties of the first responder as stated in the previous standard, notifying the supervisor or on-call management. The Resident Manager stated that staff can refer to the Local Response Manual in a book out on the control desk. Staff identified during interviews a good, coordinated response effort. The PREA Coordinator and the Residential Manager stated the need for making a victim services advocate from Crisis Intervention Services (CIS) available and coordinating with CIS and/or law enforcement to ensure that a forensic examination is conducted by a SANE at Unity Point/Trinity Medical Center. All interviews corresponded to the outline in the PREA Local Response Manual.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and coordinated response plan poster, and through interviews with the District Director, the PREA Coordinator, the nurse, the investigator, and staff.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2023 – 2025 Collective Bargaining Agreement <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director <p>Findings by Provision:</p> <p>115.266 (a) and (b): The auditor interviewed the District Director who stated that staff will remove alleged staff sexual abusers from contact with residents pending the outcome of the investigation and there is nothing within the collective bargaining agreement that prohibits this. She stated that the agreement is primarily about wages. The Beje Clark Residential Center staff are represented by a union with a collective bargaining agreement with the American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO. The auditor reviewed the</p>

	<p>document and found nothing that interferes with or restricts the disciplinary process or that would prohibit the Residential Manager's ability to remove an alleged abuser from contact with residents.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the union agreement, and an interview with the District Director.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 106 – Official Response Following a Resident Report 3. IDOC database for retaliation tracking <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. Residential Manager 3. PREA Coordinator <p>Findings by Provision:</p> <p>115.267 (a) and (b): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraphs F.1. which states that the Department shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services will be employed for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Paragraph F.2. states that following a report of sexual abuse, the Department shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. The auditor interviewed the Residential Manager who has been designated as the staff member charged with monitoring for possible retaliation. He stated the most important protective measure is to separate the victim from the perpetrator, but other measures would include looking for changes in behavior, if they are fearful, or he is hearing comments from staff or other residents and asking residential staff to be mindful and observant. The auditor interviewed the District Director who stated that she expects staff to follow up with the reporter frequently. They assigned the Residential Manager to monitor for retaliation. If the perpetrator</p>

	<p>of the abuse is a staff, they would reassign their post and if perpetrator of the abuse is a resident they would make a housing change so that there is no contact. There have been reported cases in which monitoring was required. The PREA Coordinator showed the auditor the IDOC investigation database which has a section to document monitoring efforts. There are prompts on the retaliation tracking page within the database to document housing changes, disciplinary reports, program/treatment impact, performance reviews, staffing issues, and any other items or check-ins that the monitor determines bears weight.</p> <p>115.267 (c) and (d): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph F.3. which states that in the case of residents, such monitoring shall also include documented periodic status checks for 90 days. The auditor interviewed the Residential Manager who stated that he would specifically check in with the resident to see how he/she is doing, ask them if they are engaged in crisis services and if not encourage them to do that. He stated he will monitor for at least 90 days by keeping a close eye on the situation for at least that but longer if that is needed.</p> <p>115.267 (e): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph F.4. which states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation.</p> <p>115.267 (f): The auditor reviewed PREA Policy 106 – Official Response Following a Resident Report paragraph A.1. which states that the Department’s obligation to monitor shall terminate if the Department determines that the allegation is unfounded.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and through interviews with the Residential Manager who has been assigned to monitor for retaliation.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 107 – Investigations 3. Investigative Reports 4. Administrative Investigator training certificates <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator

3. Administrative Investigator

Findings by Provision:

115.271 (a): The auditor reviewed PREA Policy 107 – Investigations paragraph A.1. which states that when the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. The auditor interviewed the administrative investigator who stated that as soon as he receives the investigation from the District Director, she immediately begins the investigation.

115.271 (b): The auditor reviewed PREA Policy 107 – Investigations paragraph A.2. which states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. The auditor interviewed the District Director, and the PREA Coordinator who is an administrative investigator. The Second District has five trained facility investigators to conduct administrative investigations. Typically, all Residential Managers, the Assistant Director, and the PREA Coordinator are trained administrative investigators. The auditor reviewed their specialized training certificates which showed they completed specialized investigator training from the PREA Resource Center, the Iowa Department of Corrections, the Moss Group, or the National Institute of corrections.

115.271 (c): The auditor reviewed PREA Policy 107 – Investigations paragraph A.3. which states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor interviewed the PREA Coordinator who is an administrative investigator who stated that during an investigation some types of evidence she would be responsible for gathering are camera footage, phone records, and testimony. The evidence would be very individualized based on the specific allegation. It may involve room searches and items that are found in that search. Of course, if there were a forensic examination by a SANE, then there might be physical and DNA evidence. She stated she would also look at the individual's previous history. The investigator stated she begins the investigation by reviewing the allegation, then looks through the camera footage that might be available, comes up with a game plan, and then begins the interviews – beginning first with the alleged victim, then any witnesses that might have been in the area and concludes with an interview of the alleged perpetrator. Once those are completed, she puts together her report with findings. The auditor reviewed the investigative reports which both included video evidence. In both investigations, there were statements that indicated credibility reasoning assessments and investigative facts and findings

115.271 (d): The auditor reviewed PREA Policy 107 – Investigations paragraph A.4. which states that when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after

consulting with County Attorney as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor interviewed the PREA Coordinator who is an administrative investigator who stated that the investigator will stop the administrative investigation while the criminal investigation is being conducted and will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. She also stated that the Peace Officer Bill of Rights says that the staff can say no to an interview. The interview would be voluntary. They would also call the IDOC's IG prior to conducting the interview.

115.271 (e): The auditor reviewed PREA Policy 107 – Investigations paragraph A.5. which states that 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 resident or staff. No Department shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor interviewed an investigator who stated that she looks to see if the evidence backs up the evidence or other things that support what was said. They do not use polygraphs. In both investigative reports that the auditor reviewed there were statements that supported the credibility of the people interviewed.

115.271 (f): The auditor reviewed PREA Policy 107 – Investigations paragraph A.6. which states that administrative investigations: shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The investigator stated that she looks at what the staff were doing at the time of the incident. The auditor reviewed investigative files. They did not have any mention of staff's actions or failures to act that contributed identified in the course of their investigation. The auditor recommends that in the absence of staff acts or failures to act that they should still add a statement in the investigative report that, "the investigator did not identify staff acts or failures to act in the course of this investigation.

115.271 (g): The auditor interviewed the PREA Coordinator who stated that they will request criminal investigative reports from the Mason City Police Department.

115.271 (h): The auditor reviewed PREA Policy 107 – Investigations paragraph A.7. which states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The District Director stated that all criminal allegations are referred for prosecution. They have had no cases at this facility that were referred for prosecution but provided the auditor documentation from another Second District facility that had an email referring a case. The county declined to pursue prosecution.

115.271 (i): The auditor reviewed PREA Policy 107 – Investigations paragraph A.8. which states that the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is

	<p>incarcerated or employed by the agency, plus five years.</p> <p>115.271 (j): The auditor reviewed PREA Policy 107 – Investigations paragraph A.9. which states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The auditor reviewed one case in which the victim was transferred to another facility. The investigation continued. The PREA Coordinator stated that investigations are completed regardless of employee status or resident custody status.</p> <p>115.271 (k): The PREA Coordinator stated that state entities or Department of Justice components do not typically conduct investigations within their facility. Investigations are conducted by the Mason City Police Department.</p> <p>115.271 (l): The auditor reviewed PREA Policy 107 – Investigations paragraph A.10. which states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. There have been no cases in which the Mason City Police Department investigated, but both the Residential Manager and the PREA Coordinator stated that they would collaborate with them and follow up.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative reports, a review of specialized investigator training, and through interviews with the Residential Manager, and the PREA Coordinator who is an administrative investigator.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 107 – Investigations 3. Investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator/Administrative Investigator <p>Findings by Provision:</p> <p>115.272 (a): The auditor reviewed PREA Policy 107 – Investigations paragraph B.1. which states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor interviewed the investigator and reviewed investigative files and was satisfied that this facility uses no standard higher than a preponderance of the evidence. She stated that they use a</p>

	<p>preponderance of evidence which means that more than 50% believe by through the evidence that the incident occurred.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the administrative investigation reports and through interviews with the PREA Coordinator who is an administrative investigator.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 107 – Investigations 3. Investigative Files 4. Outcome to Resident <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator/Administrative Investigator <p>Findings by Provision:</p> <p>115.273 (a): The auditor reviewed PREA Policy 107 – Investigations paragraph C.1. which states that following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor interviewed the PREA Coordinator/Administrative Investigator and the Residential Manager who stated that they will deliver in person a statement of findings which will require the signature of the resident. In the two investigations that were completed, one notice of outcome was signed by the resident and in the other there was a paragraph in which the Residential Manager documented the conversation that he had with the resident. In this incident the resident stated that the incident did not occur.</p> <p>115.273 (b): The auditor interviewed the PREA Coordinator who stated that if the Mason City Police Department conducts the investigation, they will obtain the information from them so that they can inform the resident as to the progress of the case and the conclusion.</p> <p>115.273 (c): The auditor reviewed PREA Policy 107 – Investigations paragraph C.2. which states that following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that</p>

	<p>the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The auditor reviewed the investigative files and interviewed the PREA Coordinator. There have been no substantiated or unsubstantiated allegations against staff in which these processes were required.</p> <p>115.273 (d): The auditor reviewed PREA Policy 107 – Investigations paragraph C.3. which states that following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There have been no cases in which these processes were required.</p> <p>115.273 (e): The auditor reviewed PREA Policy 107 – Investigations paragraph C.4. which states that all such notifications or attempted notifications shall be documented. The auditor reviewed the one investigation which required notice. The written notice of outcome was provided, and it was signed by the resident.</p> <p>115.273 (f): The auditor reviewed PREA Policy 107 – Investigations paragraph C.5. which states that an agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody. The auditor reviewed the investigative report which stated that although the resident had been transferred to another facility, the Residential Manager still personally visited the resident at the transfer facility and provided the notice of outcome of the investigation and obtained the resident’s signature on the documentation.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the investigative files, and notice of outcome to the resident, and through interviews with the Residential Director and the PREA Coordinator/Administrative Investigator.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 108 – Discipline 3. Investigative reports 4. Email of action taken at another facility <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Director/PREA Coordinator

	<p>Findings by Provision:</p> <p>115.276 (a): The auditor reviewed PREA Policy 108 – Discipline paragraph A.1. which states that staff are subject to disciplinary sanctions up to and including discharge for violating agency sexual abuse or sexual harassment policies.</p> <p>115.276 (b): The auditor reviewed PREA Policy 108 – Discipline paragraph A.2. which states that discharge shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse</p> <p>115.276 (c): The auditor reviewed PREA Policy 108 – Discipline paragraph A.3. which states that disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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.</p> <p>115.276 (d): The auditor reviewed PREA Policy 108 – Discipline paragraph A.4. which states that all discharges for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been discharged if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The auditor interviewed the Assistant Director/PREA Coordinator who stated that there has only been one allegation against staff at the Beje Clark Residential Center and through the investigative process it was determined to be Unfounded. The PREA Coordinator provided the auditor an email regarding an allegation against a staff from another Second District facility that occurred a few years ago. That documentation shows that the staff was put on administrative leave during the investigation, that termination followed, and that the previous Assistant Director turned the case over to the county prosecutor’s office.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative reports, and a sample of a staff-involved allegation from another facility, and through an interview with the Assistant Director.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 108 – Discipline 3. Investigative reports <p>Interviews Conducted:</p>

	<ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.277 (a): The auditor reviewed PREA Policy 108 – Discipline paragraph B.1. which states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.277 (b): The auditor reviewed PREA Policy 108 – Discipline paragraph B.1. which states that the Department shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The auditor interviewed the PREA Coordinator who stated that there are no contractors or volunteers working at the facility. If there are at any time in the future, they will be subject to the corrective actions as outlined in the policy. The auditor interviewed the Residential Manager who stated that they would immediately prohibit further contact, and if serious, end their service and if criminal, contact law enforcement to see prosecution.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Residential Manager and the PREA Coordinator.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 108 – Discipline 3. Resident handbook <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.278 (a): The auditor reviewed PREA Policy 108 – Discipline paragraph C.1. which states that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt</p>

for resident-on-resident sexual abuse. The auditor interviewed the Residential Manager who stated that they would follow their disciplinary process, and the discipline depends on the seriousness of the allegation.

115.278 (b): The auditor reviewed PREA Policy 108 – Discipline paragraph C.2. which states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. The Resident Manger stated that they follow their sanctions and often attempt treatment, counseling, or discussions on boundaries. In serious incidents, they would be removed by law enforcement and jailed.

115.278 (c): The auditor reviewed PREA Policy 108 – Discipline paragraph C.3. which states that the disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor interviewed the PREA Coordinator and the Residential Manager who stated that this would always be considered. The auditor reviewed one investigative file where it was evident they considered the resident’s mental disability.

115.278 (d): The auditor reviewed PREA Policy 108 – Discipline paragraph C.4. which states that if the Department offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Department shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

115.278 (e): The auditor reviewed PREA Policy 108 – Discipline paragraph C.5. which states that the Department may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The auditor interviewed the PREA Coordinator who stated there have been no incidents of this type at the facility.

115.278 (f): The auditor reviewed PREA Policy 108 – Discipline paragraph C.6. which states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g): The auditor reviewed PREA Policy 108 – Discipline paragraph C.7. which states that the Department may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. The Department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The auditor interviewed the Residential Manager who stated that they sometimes have an issue with consensual relationships. They investigate each incident. They usually respond by diverting one of the residents to a different facility. The auditor reviewed the resident handbook which says in the discipline section that “Offenders are not allowed to have sexual contact with each other while participating in the program. This includes while on pass or furlough.”

	<p>The auditor interviewed the Residential Manager and the PREA Coordinator who stated that the facility does prohibit sexual activity between residents.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, review of the resident handbook on discipline, and a review of investigative files, and through interviews with the Residential Manager and the PREA Coordinator. There was one incident of substantiated resident sexual abuse during this auditing period.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 109 – Medical and Mental Health Care 3. Local Response Manual <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.282 (a) and (b): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph A.1. which states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The auditor interviewed the PREA Coordinator who stated that they have no full or part-time medical or mental health practitioners who work within the facility. Staff are trained to call 911 or transport to the nearest medical facility for emergency medical treatment and crisis intervention services. The auditor reviewed the Local Response Manual which states in the first sentence that the reporting staff will initially determine whether the situation requires immediate involvement of medical personnel if there is an injured person to maintain the safety for all residents.</p> <p>115.282 (c): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph A.2. which states resident victims of sexual abuse while incarcerated shall be 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.</p> <p>115.282 (d): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph A.3. which states treatment services shall be provided to the victim</p>

	<p>without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The auditor reviewed the PREA policy and interviewed the PREA Coordinator, and the Residential Manager. All medical responses are met by taking the resident to the North Iowa Mercy One Hospital for emergency medical and mental health services and the professional judgement of health care providers at that facility would be followed. The PREA Coordinator confirmed that the resident would not be responsible for the payment of these services.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, the Local Response Manual, and through interviews with the Resident Manager and the PREA Coordinator.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 109 – Medical and Mental Health Care <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.283 (a): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.1. which states the Department shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility.</p> <p>115.283 (b): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.2. which states the evaluation and treatment of such victims 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.</p> <p>115.283 (c): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.3. which states the Department shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>115.283 (d): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.4. which states resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p>

	<p>115.283 (e): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.5. which states that if pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.283 (f): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.6. which states resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (g): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.7. which states treatment services shall be 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.</p> <p>115.283 (h): The auditor reviewed PREA Policy 109 – Medical and Mental Health Care paragraph B.8. which states the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The Beje Clark Residential Center policy requires that ongoing medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The PREA Coordinator verified that these services would be provided to the resident through community providers and she or the Residential Manager would follow up to ensure that follow-up services recommended by the providers would be continued. These services have not been required at the facility.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the PREA Coordinator.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 110 – Data Collection and Review 3. Incident Review form 4. Investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Director/PREA Coordinator

Findings by Provision:

115.286 (a): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph A.1. which states that the facility shall conduct a sexual abuse incident review pursuant to PREA Standard 115.287 at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The auditor reviewed the documentation of the sexual abuse incident review that was conducted for the one incident that occurred that required a review.

115.286 (b): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph A.2. which states that such a review shall ordinarily occur within 30 days of the conclusion of the investigation. The auditor reviewed the documentation of the sexual abuse incident review that was conducted for the one incident that occurred that required a review. The incident occurred on July 18, 2023, the investigation was completed on August 2, 2023, and the case closed out within the IDOC Investigation database on August 4, 2023. The sexual abuse incident review was conducted on September 6, 2023. The auditor interviewed the Assistant Director/PREA Coordinator who stated that she and the Residential Managers from every facility within the Second District meet on the first Wednesday of every month. During this meeting if any facility concluded any sexual abuse incident investigation during the previous month, they conduct the incident review.

115.286 (c): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph A.3. which states that the review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The auditor reviewed the documentation of the sexual abuse incident review that was conducted for the one incident that occurred that required a review. It was attended by the Assistant Director/PREA Coordinator and the Residential Managers for the Second District. The Residential Manager for the Beje Clark Residential Center was also the investigator for this incident. As the supervisor for the facility, he was able to provide the input from line supervisors.

115.286 (d): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph A.4. which states that 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 abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics; If the incident happened in a facility assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a) through (4)(e) of this section, and any recommendations for improvement, and submit such report to the District Director and PREA compliance manager. The auditor reviewed the documentation of the sexual abuse incident review that was conducted for the one incident that occurred that required a review. The Second District uses a form to complete their

	<p>incident review. The form has boxes to trigger discussion on the motivation for the incident and has a required explanatory section so that it is not a “check the box” form. The form includes areas for discussion on the area where the incident occurred and changes that may be needed in policy or practice. The managers documented meaningful discussion on the incident review form related to the specifics of that sexual abuse incident.</p> <p>115.286 (e): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph A.5. which states that the Department shall implement the recommendations for improvement or shall document its reasons for not doing so. The auditor reviewed the documentation of the sexual abuse incident review that was conducted for the one incident that occurred that required a review. The managers had no recommendations for improvement on this specific incident.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Assistant Director/PREA Coordinator.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 110 – Data Collection and Review 3. Investigative files 4. 2023 Annual Report 5. Aggregate data for 2022, 2023, 2024 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Director/PREA Coordinator <p>Findings by Provision:</p> <p>115.287 (a): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph B.1. which states that the Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The auditor reviewed investigative files, the annual report, and aggregate data for 2022, 2023 and 2024.</p> <p>115.287 (b): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph B.2. which states that the Department shall aggregate the incident-based sexual abuse data at least annually. This data will be forwarded to the Department of Corrections, Division of Investigative Services.</p> <p>115.287 (c): The auditor reviewed PREA Policy 110 – Data Collection and Review</p>

	<p>paragraph B.3. which states that 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.</p> <p>115.287 (d): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph B.4. which states that the Department shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.287 (e): The auditor interviewed the Assistant Director/PREA Coordinator who stated that they do not contract for the confinement of residents in private facilities.</p> <p>115.287 (f): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph B.5. which states that upon request, the Department of Correction, Division of Investigative Services shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Aggregate annual data was provided to the auditor. The auditor interviewed the Assistant Director/PREA Coordinator and reviewed the aggregate data. The facility collects uniform data for all allegations of sexual abuse based on a review of investigative reports. The aggregated data is included in their annual reports. The facility does not contract for the confinement of their residents. The Department of Justice has not requested data from this facility.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 110 – Data Collection and Review 3. Annual report with aggregate data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. Assistant Director/PREA Coordinator <p>Findings by Provision:</p> <p>115.288 (a): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.1. which states that the Department shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings and corrective actions.</p>

	<p>115.288 (b): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.2. which states that such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p>115.288 (c): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.3. which states that the Department’s report shall be approved by the District Director and made readily available to the public through its Web site or, if it does not have one, through other means.</p> <p>115.288 (d): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.4. which states that the Department may redact specific material from the reports when publication would present a clear and specific threat to safety and security, but must indicate the nature of the material redacted.</p> <p>The auditor interviewed the District Director and the Assistant Director/PREA Coordinator and reviewed the annual reports. The Beje Clark Residential Center’s review and annual report are aimed at assessing and improving the effectiveness of their sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis. Their annual report is posted on their website at https://doc.iowa.gov/media/596/download?inline</p> <p>The Beje Clark Residential Center does not include any specific material from the reports that publication would present a clear and specific threat to the safety and security of a facility, but if they do, they will indicate the nature of the material redacted.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the aggregate data within the annual report posted on the website, and through interviews with the District Director and the Assistant Director/PREA Coordinator.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 110 – Data Collection and Review 3. Annual report with aggregate data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator

	<p>Findings by Provision:</p> <p>115.289 (a): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.4. which states that the Department shall ensure that data collected pursuant to § 115.287 are securely retained.</p> <p>115.289 (b): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.4. which states that the Department shall make all aggregated sexual abuse data readily available to the public at least annually through its Web site.</p> <p>115.289 (c): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.4. which states that before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.</p> <p>115.289 (d): The auditor reviewed PREA Policy 110 – Data Collection and Review paragraph C.4. which states that the Department shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.</p> <p>The auditor interviewed the District Director and the Assistant Director/PREA Coordinator. The auditor reviewed the aggregate data posted on the website. The facility does not contract for the confinement of its residents with any facility. The PREA policy addresses data storage, publication, and destruction requirements. Information is maintained locked within the PREA Coordinator’s office or stored electronically on a secure drive that is password protected with limited access. Data collected is retained for at least ten (10) years. The Beje Clark Residential Center does not include any identifiable personal information within their report that would need to be redacted.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the annual report with the aggregate data through interviews with the District Director and the PREA Coordinator.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Beje Clark Residential Center 2014 PREA Audit 3. The Beje Clark Residential Center 2017 PREA Audit 4. The Beje Clark Residential Center 2021 PREA Audit 5. The IDOC website of previous audits <p>Findings by Provision:</p> <p>115.401 (a) and (b): There are three facilities within the Second District. All facilities are audited in each three-year audit cycle. During the first two cycles Beje</p>

	<p>Clark and Fort Dodge were audited in the first year and Marshalltown was audited in the second year. There was a break in audits in the first year of the third cycle due COVID-19. The Second District resumed auditing in April 2021 with the Fort Dodge audit, followed by the Beje Clark and the Marshalltown audits in September 2021. They are now on a consistent rotation with Marshalltown in the first year, Fort Dodge in the second year, and Beje Clark in the third year of each cycle.</p> <p>115.401 (h): The auditor had complete access and observed operations in every area of the facility. The auditor conducted a tour of the facility on the first day which included every area of the facility to include administrative areas, intake are and front control desk, all housing areas, storage areas, food service areas, laundry, and maintenance areas,</p> <p>115.401 (i): The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor requested many documents throughout the audit process. The Beje Clark Residential Center provided numerous copies of documents to include policies, resident screenings, resident handbooks, human resource documentation, forms, and investigative files.</p> <p>115.401 (m): The auditor conducted private interviews with residents in staff in a conference room that was provided for this purpose. The Beje Clark Residential Center staff were very cooperative throughout the audit process.</p> <p>115.401 (n): The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any confidential correspondence. The auditor determined compliance through a review of the pre-audit questionnaire, a review of previous PREA Audits, a very thorough tour, and a review of numerous documents.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The IDOC Center website <p>Findings by Provision:</p> <p>115.403 (f): This is the fourth audit for the Beje Clark Residential Center. Their last PREA audit report from September 21 and 22, 2021 is published on the Iowa Department of Correction's (IDOC) website at https://doc.iowa.gov/prea-audits-le-gacy. The IDOC website directs the public to archived publications for previous years</p>

	<p>facility PREA Audit Reports at https://publications.iowa.gov/. The auditor determined compliance through a review of the pre-audit questionnaire and a review of the IDOC website.</p>
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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 residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	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
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents 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?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	no
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents 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 residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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 the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents 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 residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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 residents 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
115.218 (b)	Upgrades to facilities and technology	
	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	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents 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 residents, does the agency always refrain from placing: transgender residents 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 residents 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 residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, 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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents 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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	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 115.221(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 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident'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 a resident'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 a resident'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
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents 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.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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 residents 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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	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