

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☒ Interim ☐ Final

**Date of Interim Audit Report:** April 29, 2025 ☐ N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** [Click or tap here to enter text.](#)

## Auditor Information

<b>Name:</b> Ronell Prioleau	<b>Email:</b> ron@preaauditing.com
<b>Company Name:</b> Correctional Consulting Services LLC	
<b>Mailing Address:</b> P.O. Box 596	<b>City, State, Zip:</b> Buchanan Dam, TX 78609
<b>Telephone:</b> 713.818.9098	<b>Date of Facility Visit:</b> March 31-April 2, 2025

## Agency Information

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

## Agency Chief Executive Officer

<b>Name:</b> Beth Skinner	
<b>Email:</b> beth.skinner@iowa.gov	<b>Telephone:</b> 515.725.5701

## Agency-Wide PREA Coordinator

<b>Name:</b> Deanne Krumm	
<b>Email:</b> deanne.krumm@iowa.gov	<b>Telephone:</b> <a href="#">Click or tap here to enter text.</a>
<b>PREA Coordinator Reports to:</b>  Darin Cox, Assistant Deputy Director -Institution Operations	<b>Number of Compliance Managers who report to the PREA Coordinator:</b>  17

Facility Information			
Name of Facility: Iowa Corrections Institution for Women			
Physical Address: 420 Mill Street Southwest		City, State, Zip: Mitchellville, IA 50169	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: <a href="https://mitchellvilleprison.org/https://doc.iowa.gov/administration/prisonrape-elimination-act">https://mitchellvilleprison.org/https://doc.iowa.gov/administration/prisonrape-elimination-act</a>			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Security Audit Report			
Warden/Jail Administrator/Sheriff/Director			
Name: Michelle Waddle			
Email: michelle.waddle@iowa.gov		Telephone: 515.725.5007	
Facility PREA Compliance Manager			
Name: Terry Seitz			
Email: terry.seitz@iowa.gov		Telephone: 515.725.5039	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Kerri Hunter			
Email: kerri.hunter@iowa.gov		Telephone: 515.725.5235	
Facility Characteristics			
Designated Facility Capacity:		888	
Current Population of Facility:		700	

Average daily population for the past 12 months:	673	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-65	
Average length of stay or time under supervision:	5 mos	
Facility security levels/inmate custody levels:	Min Live Out through Max Custody	
Number of inmates admitted to facility during the past 12 months:	1149	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1137	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	650	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input type="checkbox"/> N/A 2	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	197	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	85	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	16
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	18
Number of single cell housing units:	3
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	5
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	78
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided?</b> <b>Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	<b>11</b>
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> <b>Select all that apply.</b>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	<b>7</b>
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

Number of Standards Exceeded: 0  
List of Standards Exceeded: N/A

### Standards Met

Number of Standards Met: 45

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: N/A

# Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 31, 2025
2. End date of the onsite portion of the audit:	April 2, 2025
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Polk County Crisis and Advocacy Services
Audited Facility Information	
4. Designated Facility Capacity:	888
5. Average daily population for the past 12 months:	673
6. Number of inmate/resident/detainee housing units:  DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	18
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	710
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	15
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	54
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	1
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	18
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	12
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	7
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at 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 or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0



<p><b>23. 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).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center"><b>Staff, Volunteers, and Contractors</b>  <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p><b>24. 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:</b></p>	<p align="center">59</p>
<p><b>25. 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:</b></p>	<p align="center">2</p>
<p><b>26. 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:</b></p>	<p align="center">0</p>
<p><b>27. 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.</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center"><b>Interviews</b></p>	
<p align="center"><b>Inmate/Resident/Detainee Interviews</b></p>	
<p align="center"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p><b>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p align="center">23</p>
<p><b>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other (describe) Click or tap here to enter text.  <input type="checkbox"/> None (explain) Click or tap here to enter text. </p>
<p><b>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</b></p>	<p>I reviewed the number of offenders required to interview. I reviewed all the offender races, age span and varied release dates within the population. I then ensured I considered a variety of race, age and release dates. I further ensured I considered offenders from each housing unit. I also considered program assignments.</p>

31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	Click or tap here to enter text.

32. 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, etc.).  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
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*Targeted Inmate/Resident/Detainee Interviews*

33. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:  <i>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.</i>  <i>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.</i>  <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	11
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34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
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a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The completed pre-audit questionnaire information/data corroborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by
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	asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.
<b>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</b>	0

<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The completed pre-audit questionnaire information/data collaborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.
<b>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The completed pre-audit questionnaire information/data collaborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.

<b>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The completed pre-audit questionnaire information/data collaborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.
<b>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The completed pre-audit questionnaire information/data collaborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.
<b>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, 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>The completed pre-audit questionnaire information/data collaborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.</p>
<p>40. 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>0</p>
<p>a. If 0, 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>b. If 0, 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>The completed pre-audit questionnaire information/data collaborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>5</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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>b. If 0, 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>Click or tap here to enter text.</p>

<b>42. 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:</b>	<p>4</p>
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input 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>
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Click or tap here to enter text.</p>
<b>43. 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:</b>	<p>1</p>
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input 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>
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Click or tap here to enter text.</p>
<b>44. 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 Alleged to have Suffered Sexual Abuse)” protocol:</b>	<p>0</p>
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The completed pre-audit questionnaire information/data collaborated the numbers the facility provided. Multiple interviews conducted and during the site review did not produce any of this targeted group of offenders. I verified by asking all offenders who were interviewed if they were a person with a disability or part of a targeted group. I further asked if they knew of any other offenders that may be part of the targeted groups. The Auditor interviewed all the residents that were available to be interviewed.</p>

<p><b>45. 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, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center"><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p align="center"><i>Random Staff Interviews</i></p>	
<p><b>46. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p align="center">12</p>
<p><b>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</b></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 checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p><b>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</b></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 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 (describe) Click or tap here to enter text.</p>
<p><b>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</b></p>	<p>Click or tap here to enter text.</p>
<p><b>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><u>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 interview would satisfy multiple specialized staff interview requirements.</u></p>	
<p><b>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p align="center">18</p>
<p><b>51. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>

a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2



<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
<b>Site Review and Documentation Sampling</b>	
<b>Site Review</b>	
<i>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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
<b>59. Did you have access to all areas of the facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain what areas of the facility you were unable to access and why.</b>	Click or tap here to enter text.
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</b>	Click or tap here to enter text.
<b>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</b>	Click or tap here to enter text.

62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	Click or tap here to enter text.
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<b>Documentation Sampling</b>
<i>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.</i>

65. 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="checkbox"/> Yes <input type="checkbox"/> No
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	Click or tap here to enter text.

<b>Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</b>
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<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>
<i>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.</i>
<i>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.</i>

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:				
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.</i>				
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	13	0	0	0
Staff-on-inmate sexual abuse	3	0	3	0

Total	16	0	3	0	
a. If you were unable to provide any of the information above, explain why this information could not be provided.		Click or tap here to enter text.			
<b>68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:</b>					
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i>					
	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations	
Inmate-on-inmate sexual harassment	31	0	0	0	
Staff-on-inmate sexual harassment	6	0	0	0	
Total	37	0	0	0	
a. If you were unable to provide any of the information above, explain why this information could not be provided.		N/A			
<b>Sexual Abuse and Sexual Harassment Investigation Outcomes</b>					
<i>Sexual Abuse Investigation Outcomes</i>					
<i>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.</i>					
<b>69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:</b>					
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i>					
	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	1	0	0	0	0
Total	1	0	0	0	0
a. If you were unable to provide any of the information above, explain why this information could not be provided.		Click or tap here to enter text.			
<b>70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:</b>					
<i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i>					
	Ongoing	Unfounded	Unsubstantiated	Substantiated	
Inmate-on-inmate sexual abuse	0	4	8	1	
Staff-on-inmate sexual abuse	1	3	0	0	
Total	1	7	8	1	

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
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### 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.*

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

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	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	1	0	0	0	0
Total	1	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	10	14	7
Staff-on-inmate sexual harassment	0	5	1	0
Total	0	15	15	7

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

#### Sexual Abuse Investigation Files Selected for Review

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

10

a. If 0, explain why you were unable to review any sexual abuse investigation files:

Click or tap here to enter text.

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☒ Yes ☐ No  
☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

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

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

5

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☒ No  
☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	Click or tap here to enter text.
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<u><i>Sexual Harassment Investigation Files Selected for Review</i></u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	10
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Click or tap here to enter text.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
<b>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</b>  <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</b>	Click or tap here to enter text.
Non-certified Support Staff	
<b>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</b>  <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</b>	Click or tap here to enter text.
Auditing Arrangements and Compensation	
<b>92. Who paid you to conduct this audit?</b>	<input type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

## PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

ICIW Organization Chart

Informal Conversations with Staff

The Iowa Department of Corrections Agency (IDOC) and Iowa Correctional Institution for Women (ICIW) has a written policy that mandates zero tolerance toward all forms of sexual abuse and sexual harassment, and it outlines the Agency's approach to preventing, detecting, and responding to such conduct. The Agency has designated an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. During the interviews with the PREA Coordinator and the PREA Compliance Manager both outlined their duties to illustrate their ability to manage all the required duties associated with their positions. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders. The Auditor reviewed the entire policy and observed staff carry out their duties within the facility. The staff managed general operations and incidents according to policy and were able to discuss specifics of the policy.

After a careful and detailed review, the Auditor determined the facility meets the requirements of the standard.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.12 (a)**



- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

#### 115.12 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence Relied upon to make Compliance Determination:

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Informal Conversations with Staff

The Iowa Correctional Institution for Women does not manage public contracts for the confinement of its offenders. Information from the interview with the Iowa Department of

Corrections (IDOC), Agency Contract Administrator confirms that contracts are managed from the agency level. The Contract Administrator indicated currently, there are no active contracts to house offenders in other facilities outside of state facilities. IDOC manages all its own State operated facilities. This policy procedure is documented within the IDOC PREA policy and verified by this Auditor.

After a careful and detailed review, this standard appears to be not applicable and as such the Auditor determined that the facility meets the requirements of the standard.

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## Standard 115.13: Supervision and monitoring

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒

Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

Pre-Audit Questionnaire Responses

IDOC Policy

Staffing Plan

Specialty Staff Interview Notes

Informal Conversations with Staff

Site Review Observations

Housing Unit Logs

The Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) has a staffing plan that it reviews on a regular basis that provides adequate levels of staffing, and where applicable, video monitoring to protect offenders and staff against sexual abuse. During interviews with the Warden and the PREA Compliance Manager, it was confirmed that when establishing and reviewing the staffing plan, considerations are taken for current and new best correctional practices; any judicial or oversight rulings; the physical layout of the facility; the offender population security level; the staff to offender ratio to include supervisors; the current programming abilities afforded on each shift; the number of sexual assault incidents within specific areas of the facility; relevant state and local laws and any extenuating circumstances. A review of the staffing plan is conducted and documented yearly, and camera review is completed weekly. Camera/video coverage is extensive throughout the facility, the staffing levels are appropriate and mitigates the many blind spots within the facility layout.

Iowa Correctional Institution for Women (ICIW) policy outlines intermediate-level or higher-level supervisors must conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy and practice include all shifts and must be

logged in via electronic handheld device. The overall staffing plan, including unannounced intermediate-level or higher supervisory rounds must consider all components of the physical plant, including blind spots and areas where inmates may be isolated. Currently, housing unit H2 is (H-shaped) and has an isolated toilet and sink area in the cut-cross area between the two large sleep areas. Local security policy does not allow security staff or any staff alone to enter the sleep areas on either side to inspect the adjoining toilet and sink areas unless it is clear of offenders. While this practice prioritizes officer safety, it does not address inmate sexual safety in the toilet and sink area, which staff cannot check randomly. This facility design flaw compromises offender safety in the correctional facility. The auditor has requested additional information or corrective actions to ensure inmate safety and ensure appropriate response time for possible sexual abuse incidents in this area.

Iowa Department of Corrections has a PREA Policy that prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is a security function. The Auditor witnessed these rounds being conducted and reviewed multiple electronic housing unit round printouts to verify this was a regular shift function, but irregular timed security function. This was further verified by interviewing random staff and offenders.

The Auditor reviewed the current staffing plan dated February 2025. There have been no deviations from the staffing plan within the last 12 months. The Auditor confirmed through informal conversations with staff that overtime is used to fill vacant critical posts.

After an interim report was submitted to the facility, within 30 days the auditor received additional information that H2 unit bathroom safety concerns were addressed and resolved. Facility leadership acknowledged the building design flaw in H2 unit restrooms and took immediate corrective actions to enhance the safety of the restroom areas in H2 unit. A procedure change was implemented in which new signs were posted permanently at both side entrances to the restrooms indicating that only one offender is allowed in the restroom at a time. The newly installed Plexi-glass signs state “one person at a time, violation may result in discipline”. The facility staff and offender population were briefed on the change and explained the changes would enhance offender safety. The Warden believes the one-person bathroom policy change will have a positive impact and further enhance overall sexual safety within the facility.

The PREA compliance manager provided photos and emails as evidence of the corrective action. The auditor accepts these changes and deems the facility meets the standard requirements.

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## **Standard 115.14: Youthful inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.14 (a)**

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

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) policy requires direct staff supervision for youthful inmates when they are in contact with adult offenders. Although there are no youthful offenders currently at ICIW, they would reside in the same general population under constant supervision, with adult offender movement halted during their transitions.

These youthful inmates have access to exercise, education services, programs, and work opportunities, and are not isolated despite being housed in single cells. The Auditor confirmed that ICIW meets the required standards through thorough reviews and interviews.

After careful and detailed review, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review



## Pre-Audit Questionnaire Responses

### IDOC PREA Policy

### Specialty Staff Interview Notes

### Random Offender Interview Notes

### Random Staff Interview Notes

### Target Offender Interview Notes

### Informal Conversations with Staff and Offenders

### Site Review Observations

The Iowa Correctional Institution for Women (ICIW) does not conduct cross-gender visual body cavity searches or strip searches unless in exigent circumstances or when conducted by a medical examiner. The facility houses female offenders and has not conducted any cross-gender searches within the facility within the last 12 months. The auditor reviewed policy, that allow offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

The Auditor observed all areas of the facility and housing units and noted single person showers in use throughout the facility and appropriate dressing areas. Other areas had toilets within the cells which created a level of privacy. The offender strip areas had partitions or curtains and is only staffed by female security staff.

The current policy also requires staff of the opposite gender to announce their presence when entering an offender housing unit. This practice requires opposite-gender staff to ring a service-desk bell when entering female housing areas. During the audit, it was observed the announcement of opposite-gender staff was often ineffective, with the bell not ringing loud enough for all offenders to hear or not being able to locate the bell. Interviews with multiple offenders revealed these announcements were rarely heard. Additionally, multiple offenders interviewed stated some male staff do not announce their presence when entering the housing/cellblock areas; the Auditor witnessed this ineffective opposite gender announcement procedure multiple times throughout the site review. The auditor immediately requested a corrective action within 30 days from the facility.

The Iowa Correctional Institution for Women has never searched or physically examined a transgender or intersex offender for the sole purpose of determining the offender's genital status. If an offender's genital status is unknown, it would be determined as part of a broader medical examination conducted in private by a medical practitioner or by reviewing medical records or patient-doctor conversations. This was verified through multiple interviews of random staff, specialized staff interviews and informal and formal conversations with

transgender offenders. The facility has ensured all security staff are trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff training records and search and seizure training slides were reviewed to verify all staff were trained how to conduct cross-gender searches and pat-down searches of transgender and intersex offenders.

Within 30 days of the interim report being issued, the facility provided additional information related to the opposite gender staff announcements when entering housing areas. The facility leadership acknowledged the opposite gender staff announcements concerns and immediately implemented corrective actions.

The facility installed multiple electronic doorbell chimes in every unit and pod. The new electronic doorbell devices replaced the old service-desk bells that were previously used. The doorbell devices were installed in a fixed permanent location near each unit or pod entrance. Male staff are required to activate the bell each time they enter the unit or pod. The bell is loud enough to be heard throughout the unit or pod. All staff and offenders were advised of the enhanced opposite gender announcement feature. The auditor and the warden agree this change will eliminate the above-mentioned concerns that some staff are not using the service-bell and some offenders not hearing the bell.

After a careful and detailed review of all the information, this Auditor determined the facility meets the requirements of this standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Targeted Offender Interview Notes

Site Review Observations

Random Staff Interview Notes

Protocol Testing

Informal Staff and Offender Conversations

The Iowa Correctional Institution for Women (ICIW) has taken steps to ensure that offenders 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. These steps include, when necessary to ensure effective communication with offenders 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. This Auditor reviewed written materials in Spanish and verified staff interpreters

were available throughout the Agency to ensure effective communication with offenders who speak limited English. The facility uses a system called Language Link to assist with various language translations.

Offenders with physical disabilities and who have intellectual disabilities, limited reading skills, or who are blind or have low vision are also given the same programming opportunities and access to the facilities efforts to prevent, detect, and respond to sexual assault and sexual harassment. I confirmed the use of staff interpreters as well as the use of language link service during random offender interviews and informal staff conversations; The facility never uses offender interpreters. Several targeted population offenders interviewed confirmed they had received the PREA education and had no problems with obtaining the PREA information during the intake process. All targeted offenders could explain the zero-tolerance policy, knew how to properly report an allegation of sexual abuse, and knew what behavior was considered inappropriate and what behavior is considered sexual abuse.

After careful and detailed review of all the information this Auditor determined the facility meets the requirements of this standard.

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## Standard 115.17: Hiring and promotion decisions

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Type text here...

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Informal Conversations with Staff

Staff File Reviews

Site Review Observations

The Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) as an Agency has not hired or promoted anyone who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other lock up institution. The agency has not enlisted the services of any contractor who may have contact with offenders, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other lock up institution. The agency has not hired or promoted or used the services of anyone 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; or has been civilly or administratively adjudicated to have engaged in the activity as described.

The IDOC PREA Policy prohibit the facility/agency from hiring, promoting or during business with a person or business who may have contact with offenders who has engaged in or attempted to engage in sexual abuse while in incarcerated, or convicted of, civilly or administratively of the same.

The auditor verified this by reviewing a new hire applicant packet as well as reviewing multiple personnel files that included criminal background checks and self-disclosure forms. During my personnel file review I found this same process of checking backgrounds is also completed when starting new vender contracts and when qualifying staff for in-house promotions.

Before hiring new employees, who may have contact with offenders, the Agency (1) Performs 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 Agency also conducts criminal background records checks at least every five years of current employees and contractors who may have contact with offenders. This is accomplished by Human Resource staff conducting National Crime Information Center (NCIC) checks on all facility staff hire anniversary date. The current policy also requires that staff self-disclose new information related to sexual conduct behavior. Failure to self-disclose new sexual conduct behavior are grounds for termination. Finally, through policy the facility/Agency has an obligation to report sexual conduct behavior to other institutional employers. These processes were verified through interviews with local human resources staff and PREA Coordinator and informal conversation with random staff.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

## **Standard 115.18: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
☐ Yes ☐ No ☒ NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Site Review Observations

## Informal Conversations with Staff

The Iowa Correctional Institution for Women (ICIW) have not added new camera or video equipment however, according to current policy when they do add new camera or video equipment the agency with the facility input will consider the effect of the modification with the agency's ability to protect offenders from sexual abuse.

Through interviews with facility leadership, I confirmed that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility always considers how such technology will enhance the facilities ability to protect offenders from sexual abuse. This Auditor verified this information with random informal mid-level staff interviews.

After careful and thoughtful review of all the information, the Auditor determined the facility meets this standard.

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## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 ☐ No ☐ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Targeted Offender Interview Notes

Random Staff Interview Notes

The Iowa Correctional Institution for Women (ICIW) adheres to current policies and the Iowa Department of Corrections (IDOC) PREA Policy, which stipulate that the Agency is responsible for investigating all allegations of sexual abuse. The Agency follows a uniform evidence protocol designed to maximize the chances of obtaining usable physical evidence for both administrative proceedings and criminal prosecutions. It is responsible for conducting administrative and criminal investigations into sexual assaults. This was confirmed through an interview with the lead investigator at the facility. Upon reviewing the Agency's protocol, the Auditor concluded that it is suitable for youth and meets national standards, as stated by the lead facility investigator.

The Iowa Correctional Institution for Women ensures that offender victims of sexual abuse have access to forensic medical examinations at external facilities, at no financial cost, when medically appropriate. Offender victims are taken to the University of Iowa for Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) to complete forensic exams when required. If SAFEs or SANEs cannot be made available, the examination is performed by other qualified medical practitioners at the local hospital. There is a Memorandum of Understanding (MOU) with the Polk County Crisis and Advocacy Services (PCCAS). The Auditor reviewed and verified the memorandum of understanding with PCCAS. These community partnerships were confirmed through formal and informal interviews with staff and through documentation provided by the facility.

When a crisis center advocate is not available to provide victim advocacy services, the facility uses a qualified staff member from a community-based organization or a qualified member of the Agency/facility staff. During the onsite phase of the audit, the Auditor interviewed the PREA Compliance Manager, who confirmed the institution's MOU with PCCAS to partner with an external agency for victim advocacy services. This was further supported by both targeted and random interviews with offenders.

After a thorough and detailed review of all information, the Auditor concluded that the facility complies with the requirements of this standard.

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## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

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

#### **115.22 (b)**

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

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Investigation Case Reviews

Website Review

Targeted Offender Interview Notes

Community Advocacy Questionnaire

## Informal Conversations with Staff and Offenders

The Iowa Correctional Institution for Women (ICIW) and Iowa Department of Corrections (IDOC) ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment accusations. This was confirmed through an interview with the facility lead investigator and the review of current policies, IDOC PREA Policy and informal conversations with staff and offenders.

The Auditor could not find any investigative reports or grievances related to sexual abuse or sexual harassment that were not investigated properly. There were 60 allegations of sexual harassment or sexual abuse that were investigated within the last 12 months. The facility has a policy that governs the investigative process to ensure that all allegations of sexual abuse or sexual harassment are investigated with the legal authority to conduct criminal investigations and administrative investigations of sexual abuse or sexual harassment in prisons or jails. All the 60 cases within the last 12 months were all investigated administratively as required by IDOC policy. The PREA Compliance Manager and PREA Coordinator confirmed that there are policies that mandate the investigation of sexual abuse and sexual harassment allegations at the IDOC. All criminal investigations are performed by the Department of Investigative Services DIS. The agency publishes this information on its website. The auditor verified this information by reviewing the IDOC website and conducting informal conversations with random staff.

After careful and detailed review of the information, the Auditor determined the facility meets the requirements of this standard.

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## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

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

#### 115.31 (d)

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

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Random Staff Interview Notes

Staff Training Records

Site Review Observations

The Iowa Correctional Institution for Women (ICIW) and Iowa Department of Corrections (IDOC) has trained all new or transferred in employees who may have contact with offenders on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Offenders' rights to be free from sexual abuse and sexual harassment; (4) The right of offenders 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 offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. This policy and practice were verified by interviewing multiple random staff and all being very familiar with

all the training topics and were able to recall the approximate last time they were trained. The Pre-Audit Questionnaire responses also indicated all staff receive the mentioned training.

All current employees at IDOC receive in-service e-training annually to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. The annual in-service training is in addition to all new employee PREA training, the agency updates this training yearly on current sexual abuse and sexual harassment policies. This training is tailored to for female offenders because the facility does not house male offenders. All training is electronically documented in the employees training records. I reviewed 10 random staff training records, and all had documented completion of the initial sexual abuse and sexual harassment prevention training. All random staff interviewed recalled receiving the training. These practices were further verified through interviews with the Warden, PREA Compliance Manager and PREA Coordinator.

After careful and detailed review, this Auditor determined the facility meets the requirements of this standard.

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## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Volunteer/Contractor Training Records

Volunteer/Contractor Interview Notes

The Iowa Correctional Institution for Women ensures that all volunteers and contractors who have contact with offenders are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Multiple interviews were conducted with contractors and volunteers, and all recalled receiving the sexual assault and sexual harassment prevention training through an e-learning system.

Specifically, two volunteers and two contractors who have contact with offenders, were interviewed and asked directly if they were notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents; they all indicated they were notified of the zero-tolerance policy and they completed the PREA training online within the e-learning program format. The level and type of training provided to volunteers and contractors varies depending on the level of contact with the offender population. The Auditor reviewed some signed and some computer-generated completion records documentation confirming that volunteers and contractors understood the training they had received. This PREA re-training is completed annually online and includes an assessment. I validated the training further with informal conversations with staff and volunteer file reviews.

After careful and detailed review of all information, the Auditor determined the facility meets the requirements of this standard.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

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

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Offender File Reviews

Informal Conversations with Staff and Offenders

## Random Offender Interview Notes

### Site Review Observations

#### ICIW Intake Packet

During the intake process at the Iowa Correctional Institution for Women (ICIW) offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, this information is in the offender handbook. The auditor reviewed an intake packet which included an offender handbook to ensure the basic PREA safety information was included. This was further confirmed during the offender and random staff interviews. I further verified this by reviewing offender files and ensuring that the Zero-Tolerance Acknowledgment for Offenders Forms were in the files and signed by the offenders. The offenders receive an in-depth orientation at which time the facility provides education on the Prison Rape Elimination Act (PREA). This was confirmed during the leadership staff interviews and the informal offender conversations. This orientation takes place within seven days of arriving at the facility.

The Iowa Correctional Institution for Women facility provides offender education in formats accessible to all offenders, this includes offenders who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. The facility provides materials to offenders in Spanish, they also have designated staff within the agency and at the facility who can provide interpretation of other languages. The facility also has access to language link for additional translation services.

The Iowa Correctional Institution for Women has all key information on the zero-tolerance policy and reporting avenues provided through signage and pamphlets placed throughout the facility. I viewed the signage and reviewed the pamphlets during the facility site review. The Auditor further confirmed that the signage had been in place prior to the audit during the offender and staff interviews.

After careful and detailed review of all information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.34: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if

the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Investigator Training Records

Informal Conversations with Staff

In addition to the general training provided to all employees pursuant to § 115.31, the Iowa Correctional Institution for Women (ICIW) and the Iowa Department of Corrections (IDOC) Agency maintains that its investigators have received training in conducting such investigations in confinement settings. The Agency policy is written according to the standard.

The Agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. The Department of Investigative Services (DIS) are central office investigators and are trained in conducting criminal investigations. The DIS investigators work for and report to the Iowa Department of Corrections Agency. The Auditor interviewed the facility investigator and the PREA Compliance Manager (PCM) during the onsite phase of the audit. The PCM confirmed that they had taken the investigators training course provided by the Department and had successfully received the certificate. The investigator was able to recite all points from this provision and told the Auditor it was included in the training. The Auditor reviewed training records and verified completion of the online course provided by the Department. The training they have received includes the use of techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed during an interview with the PREA Compliance Manager and a review of the master training list.

I reviewed all documents verifying the specialized training attended by the investigators; this was confirmed during the interviews with the PCM. All the Agency investigators are certified and have received extensive training in conducting investigations. The investigators have also attended specific training courses on sexual abuse investigation.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of the standard.

Type text here...



## Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Type text here...

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Informal Conversations with Staff

Site Review Observations

Medical Staff Training Certificates

The Iowa Correctional Institution for Women (ICIW) and the Iowa Department of Corrections (IDOC) Agency ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities are trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and

sexual harassment. I confirmed this training with the medical and mental health staff during interviews. The Agency policy is written in accordance with the standard.

The medical staff at Iowa Correctional Institution for Women do not conduct sexual assault or forensic medical examinations onsite. All forensic medical examinations are conducted at the Mercy One Hospital, Des Moines, IA. The medical and mental health care practitioners receive the training mandated for employees under § 115.31 or for contractors under § 115.32, depending upon the practitioner's status at the agency. IDOC and Iowa Correctional Institution for Women maintains all documentation that medical and mental health practitioners have received the training referenced in this standard either from the Agency or elsewhere.

The Iowa Correctional Institution for Women is providing this specialized training on a yearly basis to all medical and mental health care practitioners. The auditor confirmed this while interviewing the medical supervisor and through informal conversations with medical and mental health practitioners and a review of the training records and certificates.

After a careful and detailed review of all information, the Auditor determined the facility meets and the requirements of this standard.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  
☒ Yes ☐ No

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒  
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒  
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Random Offender Interview Notes

Informal Conversations with Staff and Offenders

15 Offender File Reviews

Site Review Observations

Site Protocol Testing

The Iowa Correctional Institution for Women (ICIW) adheres to a policy that aligns with established standards. This policy mandates that the facility conduct assessments of all offenders during the intake screening process and upon transfer to another facility to evaluate their risk of being sexually abused by other offenders or exhibiting sexually abusive behavior towards others. The Auditor has confirmed the existence of this policy.

The intake screening process evaluates several factors, including, but not limited to: (1) the offender's perception of vulnerability; (2) the offender's age; (3) the offender's physical build; (4) whether the offender has prior incarceration experience; (5) whether the offender's criminal history is exclusively nonviolent; (6) any prior convictions for sexual offenses against adults or children; (7) the offender's sexual orientation or gender identity, including whether they are perceived as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) any prior experiences of sexual victimization; (9) the existence of any mental, physical, or developmental disabilities; and (10) whether the offender is detained solely for civil immigration purposes. The auditor reviewed the screening tool to ensure its objectivity. This tool requires a straightforward yes or no response to each question, and its scoring system is uniformly applied to all offenders screened. Since the screening tool does not permit subjective responses, it is deemed objective, as verified through interviews and a review of randomly selected offender files.

An examination of 15 offender files indicated that screenings were completed on the day of arrival at the facility. The Auditor also interviewed the PREA Compliance Manager about the risk screening process and confirmed that assessments for all offenders occur within mere hours of their arrival on the day of intake.

The Women's facility reassesses all offenders within 30 days of their arrival. This reassessment is carried out by counselor staff, who consider all relevant information available at the time of the evaluation. This process was validated through a review of reassessment documentation and staff interviews. Additionally, offenders are reassessed when circumstances arise that warrant further

evaluation due to a referral, request, incident of sexual abuse, or the acquisition of new information that could affect the offender's risk of sexual victimization or abusiveness. This was corroborated during staff interviews and multiple reviews of offender files.

Offenders are informed during the screening process that they will not face disciplinary action for refusing to answer questions or for not providing complete information. All offenders have the freedom to choose whether to respond. Staff members are encouraged to motivate offenders to answer questions by explaining that the information contributes to their safety. This practice was confirmed through an examination of the screening forms as well as during formal and informal interviews with staff and offenders.

During staff interviews and informal discussions with classification/counselor staff, the auditor learned that access to the intake self-assessment forms is restricted to those staff members who require the information, such as the PREA Compliance Manager and supervisors. If an offender is identified as high-risk during the initial assessment, they are promptly referred to mental health services for further screening and support.

After conducting a thorough and detailed review of all relevant information, the Auditor concluded that the facility complies with the requirements of the standard.

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## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the



placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Targeted Offender Interview Notes

Informal Conversations with Staff Offenders

The Iowa Correctional Institution for Women (ICIW) conducts screenings for every offender upon their arrival at the facility. These screenings are called Sexual Violence Propensity (SVP) assessments. This assessment information is used to guide decisions regarding housing, bed assignments, work, education, and program placements. The aim is to separate offenders at high risk of sexual victimization from those likely to engage in sexual abuse. The PREA

Coordinator confirmed that there is no consent decree in place; instead, offenders are individually screened and housed. This was corroborated by a review of the policy, which adheres to established standards. The auditor further verified these procedures through protocol testing, interviews with staff and random offenders.

The Iowa Department of Corrections (IDOC) does not assign lesbian, gay, bisexual, transgender, or intersex (LGBTI) offenders to dedicated facilities, units, or wings solely based on their identity or status, unless such placements are mandated by a consent decree, legal settlement, or court ruling designed to protect these offenders.

The Iowa Correctional Institution for Women effectively screens offenders before assigning them to cells. Using the information gathered from screenings and offender self-disclosure forms, the facility can make safe cell assignments for all high-risk offenders, including those who identify as LGBTI. During the on-site phase of the audit, the auditor interviewed the PREA Compliance Manager, who also oversees offender risk screenings. When asked about how the agency utilizes the risk screening information, they explained that the scores for victimization and abusive behavior risks are entered into the classification system. This system helps ensure that offenders with differing risk scores are not housed together. The Iowa Correctional Institution for Women is committed to maintaining the necessary separation for safety. Housing decisions are made on an individual basis and are based on the risk screening scores, affecting not only offender housing but also their job assignments and program participation. I confirmed this process through interviews with random offenders, informal discussions with staff, and specialized staff interviews.

LGBTI offenders are reassessed as necessary, with a minimum of biannual assessments conducted. This fact was verified through interviews with specialized staff, random offender interviews, and reviews of facility policy and offender files.

After a thorough and detailed review of all relevant information, the auditor concluded that the facility complies with the requirements of this standard.

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## Standard 115.43: Protective Custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Targeted Offender Interview Notes

Informal Conversations with Staff and Offenders

Site Review Observations

The Iowa Correctional Institution for Women (ICIW) and the Agency maintain a protective custody policy that aligns with this standard. According to the policy, no high-risk offenders who are at risk of sexual abuse will be placed in segregated housing unless an assessment reveals that all alternative housing options are inadequate to separate the alleged abuser from the potential or alleged victim. During the onsite phase of the audit, the Auditor interviewed the Warden, who confirmed that involuntary segregation is employed at the Iowa Correctional Institution for Women to protect offenders at risk of victimization only when other means are not available. Offenders at ICIW are only placed in restricted housing when no other options are available. The Auditor corroborated this information through informal discussions with staff and offenders.

Over the past 12 months, the Iowa Correctional Institution for Women has not had to place any high-risk offenders in involuntary segregation due to being at risk of sexual victimization.

After a thorough review of all the information, the Auditor concluded that the facility meets the requirements of the standard.

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## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Random Staff Interview Notes

Site Review Observations

Site Protocol Testing

Random Offender Interview Notes

Informal Conversations with Staff and Offenders

Third Party Letter Reviews

The Iowa Correctional Institution for Women (ICIW) and Iowa Department of Corrections (IDOC) provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such

incidents. Offenders can write letters, request a meeting with a staff member or unit supervisor. The offenders may write a letter to the Ombudsman Office or the Director of the Victim and Restorative Justice Center. I verified the contact information on multiple bulletin boards throughout the facility audit onsite observation. During the onsite phase of the audit, the Auditor completed a full site review and located the posted zero-tolerance signs throughout the facility with the reporting information for the Ombudsman Office and the Victim and Restorative Justice Center, including the mailing addresses. The posted signs were written in two languages, English and Spanish. Offenders are also provided this information in the IDOC Offender Handbook and in the Sexual Abuse Awareness Brochure.

The Auditor interviewed the PREA Compliance Manager and the PREA Coordinator and asked about the outside reporting entity. They explained that the Ombudsman office is the outside reporting agency. The offenders are encouraged to report allegations directly to staff or to the Ombudsman's office. The Auditor interviewed 23 random offenders, and all knew how to report allegations of sexual abuse to the Ombudsman's office. They knew the information was posted on the signs in the housing unit. During the random offender interviews the offenders consistently were able to name various ways to privately report sexual abuse or sexual harassment. Some offenders mentioned reporting directly to staff as their first avenue to report abuse.

Iowa Department of Corrections also provides the same information and address to the Ombudsman's office on its website for family/third party or staff to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender or staff reports of sexual abuse and sexual harassment to agency officials, allowing the offender or staff to remain anonymous upon request.

Random staff that were interviewed all stated they would accept reports made verbally, in writing, anonymously, and from third parties and always promptly document any verbal reports. All staff interviewed were aware of the policy and were able to provide at least one method to privately report sexual abuse and sexual harassment of offenders.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements for this standard.

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## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may



also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
☐ Yes ☐ No ☒ NA

#### 115.52 (f)

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

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Offender Grievance Reviews

Informal Conversations with Staff and Offenders

Site Review Observations

The Iowa Correctional Institution for Women has ensured all provisions of this standard are comprehensively covered in the Agency's Offender/Offender Grievance Process. To ensure thoroughness, I reviewed this policy; during this review, I also questioned staff regarding their understanding and implementation of the procedure, specifically in the context of grievances related to sexual abuse. The staff demonstrated a clear understanding of the process and were well-versed in the steps to take if an offender were to file such a grievance. According to policy the grievance process is not used for sexual abuse or sexual harassment incidents however, if an offender filed a grievance related to sexual abuse or sexual harassment they are sent to the Inspector General's Office for investigation. This information was corroborated through interviews with staff and offenders, as well as a supporting documentation from the facility.

Furthermore, the offenders interviewed were aware of their rights and the process to file a grievance concerning operational concerns verses sexual abuse or sexual harassment concerns. Many offenders expressed a preference for utilizing other reporting avenues available to them such as reporting anonymously or directly to a staff member. This suggests that while the grievance process is known and understood, offenders feel more comfortable or find it more effective to report through different channels such talking to a trusted staff member. Staff interviewees confirmed their awareness of their duty to forward information related to PREA or sexual abuse or sexual harassment directly to the PREA Compliance Manager. They also emphasized their commitment to reporting incidents immediately as

required by policy and ensuring timely and appropriate responses to any allegations of sexual abuse.

After a meticulous review of all the relevant documentation and a comprehensive analysis of the information obtained through interviews at the facility level, I have concluded that the facility does meet the requirements of this standard.

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## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Random Offender Interview Notes

Targeted Offender Interview Notes

Site Review Observations

Informal Conversation with Staff and Offenders

Community Partner Contact Notes

Offenders within the Iowa Correctional Institution for Women (ICIW)/Iowa Department of Corrections (IDOC) have access to confidential support services, which are outlined in the Agency's policies and procedures and IDOC PREA Policy. In the offender handbook, on bulletin boards and available through counselors' details about the available support services are clearly laid out. Currently, IDOC has an active Memorandum of Understanding (MOU) with the Polk County Crisis and Advocacy Services (PCCAS). Offenders have access to write a letter or make an unmonitored phone call to PCCAS. Additionally, there are trained staff offender victim representatives in the facility. This was verified through interviews with targeted offenders, random offenders and random staff.

When sexual abuse incidents occur, offenders receive support equivalent to what they would receive in the community. This consistency ensures that their needs are met regardless of their circumstances. Follow-up mental health care is available for both victims and abusers involved in incidents. These services are provided at no cost to the victim.

The PREA Compliance Manager takes the responsibility of informing offenders about communication monitoring during orientation. They clarify the extent to which communications will be observed and how reports of abuse will be handled in accordance with mandatory reporting laws. This transparency helps maintain trust and ensures that offenders are aware of the process. This orientation process was verified through formal and informal conversations with offenders and staff. Many offenders interviewed were aware of outside services but had never wanted or needed to use the services.

Iowa Department of Corrections PREA policy states, if PCCAS is not able to provide the offender with victim advocate services, the facility will make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the facility will make available a qualified IDOC staff member to provide the offender with victim advocate services. Through secure mail and telephone access, it remains confidential whether offenders reach out to the agency. Privacy is respected, and offenders can choose whether to utilize these services. I tested the confidentiality of the advocate contact process while discussing the mail routing procedures. The auditor contacted the Polk County Crisis and Advocacy Services (PCCAS) and verified the working relationship with the facility. The spokesperson for PCCAS emphasized their advocacy agency is all confidential. The offender/victim must give permission before information is shared, except in specific mandatory reporting situations.

After a thorough review of documentation and interviews conducted, I found that the facility complies with the requirements of this standard and all associated provisions.

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## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Site Review Observations

Informal Conversations with Staff and Offenders

IDOC Website Review

Third Party Test Verification

The Iowa Correctional Institution for Women (ICIW) has established a procedure to receive third-party reports of sexual abuse and sexual harassment within the facility. The procedures are written in accordance with standard allowing offenders and other outsiders to report incidents on behalf of other offenders. This is described in the Iowa Department of Corrections (IDOC) PREA Plan. The Agency's website provides clear instructions for third-party reporting, which were verified via receipt of a response to a test letter sent by the auditor.

Within the Iowa Correctional Institution for Women (ICIW) there are posters in: offender living units, medical, program areas, intake, visitation, and reception areas regarding third-party reporting and the address required to file the complaint. The Offenders are provided an address to contact the Office of the Ombudsman and the Victim and Restorative Justice Center; this information is posted on signs near the offender information bulletin boards, within the PREA intake pamphlet, offender handbook, and the PREA video.

Multiple offender interviews indicated knowledge of the third-party reporting methods and offenders advised they felt comfortable reporting all allegations of sexual misconduct via third party. Furthermore, the facility prominently displays signage for third-party reporting avenues in areas accessible to visitors. This was verified through interviews with the PREA Compliance Manager, informal conversations with staff and offenders, observations during the site review and review of facility website.

After a thorough examination of all documentation and information gathered during facility interviews, it was determined that the facility meets all the requirements of this standard.

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## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.61 (a)

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

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

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

#### 115.61 (d)

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

## 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Site Review Observations

Informal Conversations with Staff and Offenders

Random Staff Interview Notes

Investigative Reports Reviews

The Iowa Correctional Institution for Women (ICIW) requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, as evidenced by protocol testing, the site review checklist and interviews with random staff.



Apart from reporting to designated supervisors or officials, ICIW staff will not reveal 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, as evidenced by policy and interviews with random staff.

Medical and mental health practitioners are required to report sexual abuse pursuant to state law or policy requirements and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, as evidenced by interviews with medical and mental health staff.

During interviews with the Warden and PREA Coordinator, it was verified the facility does not currently have offenders younger than 18 years of age.

The Iowa Correctional Institution for Women reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators, as evidenced by investigation policy discussions, investigative file reviews and informal conversations with the Warden.

Based on the evidence presented, the facility is compliant with this standard.

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## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Site Review Observations

Random Staff Interview Notes

When the Iowa Correctional Institution for Women (ICIW) staff learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender, as evidenced by policy, Iowa Department of Corrections (IDOC) PREA Policy and interviews with the Agency Head Designee, the Warden and random staff. As notated by the pre-audit questionnaire responses, the facility has not had to initiate this policy within the last 12 months, that an offender was subject to a substantial risk of imminent sexual abuse. The staff interviewed however, understood their responsibility and all random staff interviewed responded that they would immediately take appropriate steps to protect the offender no matter the circumstances. Informal conversations with offenders also revealed offenders were comfortable that staff would act upon reporting an imminent risk of sexual abuse incident.

After a review of all information the Auditor determined the facility meets the requirements of this standard.

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## **Standard 115.63: Reporting to other confinement facilities**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.63 (a)**

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

### **115.63 (b)**

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

### **115.63 (c)**

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

#### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Informal Conversations with Staff

Site Review Observations

When the Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) receives notification of an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation promptly informs the appropriate head of the facility or office within the agency where the alleged abuse occurred. This process is confirmed through existing policies and interviews with the Agency Head Designee, the Warden, and various staff members. The Warden indicated that any notification from an outside agency would be immediately forwarded for investigation. Additionally, the Agency Head clarified that external notifications are referred without delay to the Department of Investigative Services (DIS) for investigation, just as with any other allegation.

The Warden of the facility or the relevant agency office that receives such notifications ensures that the allegations are investigated in accordance with established standards, as evidenced by policy documentation and the IDOC PREA Policy review, alongside interviews with the Agency Head Designee and the Warden. These notifications are executed as quickly as possible, but not later than 72 hours after the receipt of the allegation, as supported by policy review.

After a thorough and meticulous review of all relevant information, the Auditor concluded that the facility complies with the requirements of this standard.

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## Standard 115.64: Staff first responder duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.64 (a)

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

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Site Review Observations

Informal Conversations with Staff

Targeted Offenders Interview Notes

Random Staff Interview Notes

The Iowa Correctional Institution for Women (ICIW) and Iowa Department of Corrections (IDOC) has a policy in practice indicating the first responder duties to include a security and non-security staff response when responding to a sexual abuse incident. 1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) 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 (4) If the abuse occurred within a time period that still allows for the collection 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. If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff, as evidenced by policy reviews, interviews with 12 random staff, with many who were first responders.

Based on the evidence provided by the Iowa Correctional Institution for Women staff it has a procedure and IDOC PREA Policy governing the staff first responder duties to include a

security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The Auditor completed many random interviews formal and informal to include the PREA Compliance Manager, first responders and supervisory staff, all indicating they understood the requirements of this standard.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

## Informal Conversations with Staff

### Site Review Observations

The Iowa Correctional Institution for Women (ICIW) has developed a written institutional Policy; the Incident Response Policy, 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, as evidenced by the reviewed documentation provided and an interview with the Warden and other facility leadership. This procedure was laminated on the housing unit officer desk as a quick reference during an emergency.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Collective Bargaining Agreements

The State of Iowa recognizes collective bargaining. The Iowa Correctional Institution for Women (ICIW) and Iowa Department of Corrections (IDOC) has a collective bargaining agreement with the American Federation of State, County, and Municipal Employees, Council 61 AFL-CIO. This agreement does not prevent the agency from removing alleged staff sexual abusers from offender contact during investigations or pending disciplinary decisions.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## **Standard 115.67: Agency protection against retaliation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No



#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

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

#### 115.67 (e)

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

## 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Iowa Department of Corrections (IDOC) and the Iowa Correctional Institution for Women (ICIW) have implemented a policy and a IDOC PREA Policy to safeguard all offenders and staff who report incidents of sexual abuse or sexual harassment, or who cooperate with investigations regarding these matters. This policy aims to protect individuals from retaliation by other offenders or staff members. Responsibilities for monitoring retaliatory actions will be assigned to specific staff members or departments, as supported by facility policies and interviews with staff.

The Iowa Correctional Institution for Women (ICIW) /IDOC has adopted various protective measures, including housing transfers for victimized offenders or alleged abusers, the removal of suspected staff or offender abusers from contact with victims, and the provision of emotional support services for those who may fear retaliation for reporting sexual abuse or harassment. These actions are corroborated by reviews of investigative files and interviews with the Agency Head Designee, the Warden, designated staff responsible for monitoring retaliation, and offenders who have reported such abuses.

For a minimum of 90 days following a report of sexual abuse, the facility will monitor the conduct and treatment of both the reporting offenders or staff and the alleged victims. This monitoring is intended to identify any changes that might indicate possible retaliation by offenders or staff, and the facility will take swift action to address any identified instances of retaliation. If initial monitoring suggests a continuing need for oversight, the facility will extend the monitoring period beyond 90 days, as indicated by policy documents, data from retaliation monitoring, and interviews with the Warden and designated staff responsible for these efforts.

For offender-related cases, monitoring will also include periodic status checks, supported by data gathered during the retaliation monitoring process and interviews with designated staff. If

any individual cooperating with an investigation expresses concern about possible retaliation, the facility is prepared to implement appropriate protective measures, as demonstrated by interviews with the Agency Head Designee, the Warden, and various staff members. The Auditor has confidence in the staff's understanding of how to implement the necessary procedures when the situation arises.

After a thorough review of all relevant information, the Auditor has concluded that the facility complies with the established standards.

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## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

## Targeted Offender Interview Notes

## Informal Conversations with Staff and Offenders

## Site Review Observations

Agency policy indicates that the Iowa Correctional Institution for Women (ICIW) uses segregated housing to protect offenders who have allegedly suffered sexual abuse, complying with PREA standard 115.43. This is supported by a review of policy and interviews with the Warden and staff who oversee segregated housing.

The Iowa Department of Corrections (IDOC) PREA Policy and Short-Term Restricted Housing Policy outline the use of restricted or segregated housing at Iowa Correctional Institution for Women and throughout IDOC. The policy specifies that restrictive housing is reserved for offenders on a temporary basis while awaiting the outcome of a formal investigation related to allegations of sexual abuse or sexual harassment. It ensures confinement in restrictive housing follows appropriate confinement procedures for the offender's specific category. Random staff were questioned about the Short-Term Restricted Housing Policy, and staff working within this unit were able to explain the policy practices.

Facility leadership stated in the pre-audit questionnaire that no offenders have been involuntarily segregated following the report of a sexual abuse allegation in the last 12 months. This was further confirmed through conversations with staff that no offenders were placed in involuntary segregation following such reports in the last 12 months. Additionally, during an interview, the Warden confirmed that no offenders who alleged to have suffered sexual abuse have been placed in segregated housing.

After reviewing all the information thoroughly, the Auditor concluded that the facility meets the requirements of this standard.

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# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

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

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Investigative Case Reviews

Informal Conversations with Staff

Targeted Offender Interview Notes

Site Review Observations

Investigator Specialized Training Records

The Iowa Correctional Institution for Women (ICIW) and Iowa Department of Corrections (IDOC) operating procedure is written in accordance with the standard and states that all investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Policy and IDOC PREA policy require that the Agency conduct both administrative and criminal investigations of sexual abuse and harassment. The policy requires that investigations are responded to promptly. Iowa Correctional Institution for Women investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports administratively. The Department of Investigative Services (DIS) is an internal investigative department within the IDOC that conducts all criminal investigations. The provided policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.

The DIS is notified immediately upon the facility learning of the allegation. Immediate steps are taken to preserve evidence upon learning of the allegation and initiating the investigation. The investigation process for third-party allegations is the same.

The PREA Compliance Manager and other facility investigators all appear knowledgeable in conducting sexual abuse and sexual harassment investigations in accordance with the elements of the standard. All IDOC investigators have received specialized training in conducting sexual abuse investigations in confinement settings. The auditor reviewed all training certificates provided to confirm the specialized type of training received.

If an allegation is reported anonymously, the Investigators stated the investigation would be handled the same as any other investigation. Investigative staff indicate they would continue an investigation even if an offender is released or a staff member terminates employment during the investigation. The lead facility investigators and PREA Compliance Manager stated that they will complete each investigation all the way thru, even when the involved parties leave employment or are released or transferred. All investigative files were reviewed for content and policy compliance.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Informal Conversations with Staff

The Iowa Correctional Institution for Women (ICIW) and Iowa Department of Corrections (IDOC) PREA policy is written in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. It was confirmed through multiple staff interviews that Iowa Correctional Institution for Women leadership or investigators imposes no standard higher than preponderance of the evidence in making determinations. This is documented as a section of the investigator training, which all designated investigators have completed.



The PREA Compliance Manager and other investigators were able to articulate what preponderance meant and how they arrive at the basis for their determinations. This was confirmed by reviewing policy and interviewing one investigator and the PREA Compliance Manager. All investigative files were reviewed for policy compliance.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

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

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

#### 115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

## Specialty Staff Interview Notes

### Informal Conversations with Staff

### Investigative Case Reviews

### Targeted Offender Interview Notes

The Iowa Department of Corrections (IDOC) /Iowa Correctional Institution for Women (ICIW) operating procedure is written in accordance with the standard and requires an offender be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. When a staff member has committed sexual abuse against an offender, unless the determination is unfounded, the PREA Compliance Manager or investigator will inform the offender whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This was confirmed by reviewing the PREA policy and through multiple interviews with ICIW leadership. The Warden indicated that offenders are always informed of the results of an investigation at the conclusion of the investigation. Subsequent onsite conversations with the facility leadership reaffirmed the offender notification process.

Agency policy and IDOC PREA policy dictate that the offender will be notified by the PREA Compliance Manager or investigator. When an offender has alleged sexual abuse by another offender, the PREA Compliance Manager or investigator is required to inform the offender whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the administration learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. This was corroborated by conducting informal conversations with staff and random offenders. The random offenders were able to recall the policy and some specific requirements of the policy. The staff were knowledgeable about the notification requirements.

Iowa Correctional Institution for Women reported 68 such notifications were completed within the last 12 months. Several random offenders also confirmed that notifications do occur at the end of investigations. The Agency is responsible for both administrative and criminal investigations notifications. The auditor reviewed all investigative files for content and policy compliance.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Informal Conversations with Staff

The Iowa Department of Corrections (IDOC) /Iowa Correctional Institution for Women (ICIW) disciplinary policies were reviewed and are meeting the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Facility policy and IDOC PREA policy requires that staff found responsible for sexual abuse of an offender shall be terminated from employment. Employees who are found to have violated Agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts, as well as the previous disciplinary history of the staff and comparable to offenses by other staff with similar disciplinary histories.

In accordance with policy, IDOC notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are also reported, unless that activity was clearly not criminal. The Agency's policy requires staff who are terminated or resign in lieu of termination for violating sexual abuse or sexual harassment policies are notified of the agency's responsibility to report such violations to licensing bodies and/or law enforcement agencies.

During an interview with the Warden, he stated that there was zero staff termination during the last 12 months, the Agency and the facility has a zero-tolerance policy on any allegations of sexual misconduct, including if staff members are involved. The presumptive discipline for violating this policy is termination.

Informal interviews with facility staff and administrators verified that staff are aware of the disciplinary sanctions for violating the agency's sexual abuse policies and consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff were aware that the IDOC has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

## Pre-Audit Questionnaire Responses

### IDOC PREA Policy

### Specialty Staff Interview Notes

### Volunteer and Contractor Interview Notes

The Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) PREA and disciplinary policies and practices were reviewed and are in line with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with offenders/offenders and will have their entrance privileges revoked. The disciplinary sanctions for volunteers or contractors are like those of the disciplinary sanctions for staff members. Policy states if there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the Agency will take measures to prevent contact from the volunteer or contractor with any offender within the IDOC system.

The Iowa Correctional Institution for Women leadership reported via the pre-audit questionnaire that in the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse and were reported to outside law enforcement agencies.

Targeted interviews with contract staff verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the Agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary. The Auditor conducted in-person interviews with two volunteers and two education contractors. The volunteers and contractors all stated they had received training on the PREA rules and were aware of the agency's zero tolerance policy.

Volunteers and contractors are made aware of the facility's sexual abuse and sexual harassment policies during their initial training and orientation prior to providing services in the facility. Each volunteer and contractor complete training online and signs an acknowledgement of understanding for the training, which is retained in their file. The Auditor verified this through training records and file reviews that volunteers and contractors at the facility had received training and reviewed the policies.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.78: Disciplinary sanctions for inmates

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

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



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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Random Offender Interview Notes

Offender Records Review

Random Staff Interview Notes

Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) operating procedure directs that offenders are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. If it is determined that the offender did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions. The Auditor reviewed offender files, offender records and interviewed random staff, including an interview with the PREA Compliance Manager. There is no evidence to suggest an offender received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.

Iowa Department of Corrections (IDOC) and ICIW prohibits sexual activity between offenders. Offenders found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between offenders is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between

offenders, if reported to be consensual, are still investigated and each case is taken at face value. This was verified through informal and formal interviews with staff.

Iowa Department of Corrections (IDOC) and ICIW operating procedure states offenders are subject to formal disciplinary action following an administrative finding that they engaged in offender-on-offender sexual abuse. According to the submitted pre-audit questionnaire, there have been substantiated instances of offender-on-offender sexual abuse. Any substantiated reports of offender-on-offender abuse would result in a disciplinary charge for the perpetrator. There have been no criminal findings of guilt for offender-on-offender sexual abuse in this review period.

Agency policy requires that staff consider whether an offender's mental health contributed to their behavior before determining their disciplinary sanctions. There are psychology staff available to provide mental health services to the offenders at ICIW. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the offender. Psychology staff stated that they would provide services to offender perpetrators, if requested.

Facility policy stipulates that offenders will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no substantiated instances of offender on staff sexual assault during the audit period. Interviews with staff and offenders confirmed their knowledge of the policy regarding offenders engaging in non-coerced sexual activity.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## MEDICAL AND MENTAL CARE

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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
☒ Yes   ☐ No   ☐ NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Site Review Observations

Informal Conversations with Staff and Offenders

Targeted Offenders Interview Notes

Iowa Department of Corrections (IDOC) /Iowa Correctional Institution for Women (ICIW) has policies in place that comply with the provisions of this standard. As previously stated under standard 115.41 the medical department does a second screening of the offenders and asks questions relative to sexual victimization as well as sexual abusiveness. If it is found that any offender has experienced sexual assault in the community or a facility they will be offered and scheduled for an evaluation with a mental health practitioner within 14 days. I confirmed these evaluations with the medical and mental health personnel by reviewing mental health referral notes as well as during the random offender interviews. The Auditor interviewed one offender who reported prior sexual victimization during their risk screening. The offender told the Auditor that they were provided the opportunity to meet with someone from mental health. The offender added that first meeting happened the first week they arrived at ICIW. The Auditor interviewed the staff who is responsible for performing the intake screenings. The Auditor was told that all offenders who report prior sexual abuse are offered a follow up with mental health. The referral is documented in the offender file. This was further confirmed by reviewing progress note samples and random staff responsible for risk screenings.

The Iowa Correctional Institution for Women ensures any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other need to know staff, if required to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law, as evidenced by the site review checklist.

Medical and mental health practitioners always obtain informed consent from offenders before reporting information about prior sexual victimization not related to the correctional or institutional setting, unless the offender is under the age of 18. During the onsite phase of the audit, the Auditor interviewed two staff members from the medical department and one from psychology department. All told the Auditor that informed consent was a requirement before they could disclose information to other staff.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Informal Conversations with Staff and Offenders

Offender Record Reviews

Specialty Staff Interview Notes

Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) staff ensure that victims of sexual abuse receive prompt and appropriate medical intervention. The nature and scope are determined by medical and mental health practitioners according to their professional judgment. This was verified through progress note samples and interviews with medical and mental health staff and the PREA Compliance Manager.

The IDOC provides 24-hour medical coverage; any offender involved in a sexual abuse incident would immediately be brought to medical or transported to the local Mercy One hospital for an evaluation. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders always take preliminary steps to protect the victim pursuant to § 115.62 and will immediately notify the appropriate medical and mental health practitioners, as evidenced by interviews with first responders. This was confirmed during random staff interviews.

The IDOC PREA policy further state that prophylactic treatment and testing is offered to the offender, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a mental health provider is completed for crisis intervention counseling and long term follow up plans. The Auditor reviewed mental health referral dates as part of the verification of evidence.

During the onsite phase of the audit, the Auditor interviewed one staff member from the medical department; A nurse supervisor confirmed that any offender who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response policy to an allegation of sexual abuse. The first step taken would be to evaluate the offender for injuries and the urgent need for medical care. Special care would be taken to ensure that any evidence would be preserved. This evaluation is done immediately and is based on the medical professional's credentials. These policies and procedures were confirmed with the PREA Compliance Manager and mental health and medical staff during interviews. All medical and mental health services related to victim services are 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, as evidenced by facility policy.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### **115.83 (f)**

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

#### 115.83 (g)

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

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Informal Conversations with Staff and Offenders

Offender Record Reviews

Targeted Offender Interview Notes



## Specialty Staff Interview Notes

Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women (ICIW) staff offer medical treatment and mental health evaluations to all offenders who have been victimized by sexual abuse, as evidenced by policy review staff interviews. The facility provides 24-hour medical coverage, any offender involved in a sexual abuse incident would immediately be brought to medical for an evaluation or transported to the local Mercy One hospital for an evaluation. The evaluation and treatment of such victims includes, 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, as evidenced by interviews with medical and mental health staff and random offenders.

Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women medical and mental healthcare policy is written in accordance with the standard and specifically states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a mental health provider is completed for crisis intervention counseling and long term follow up plans. Regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, the services are offered at no financial cost to the offender. These policies and procedures were confirmed with the medical and mental health staff during interviews and informal interviews with offenders. The auditor interviewed four targeted offenders and all reported being offered medical and mental health services following the incident. Multiple investigative case files were reviewed to confirm these evaluations were conducted.

Iowa Department of Corrections (IDOC) and Iowa Correctional Institution for Women attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 30 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners, facility staff provide these victims with medical and mental health services consistent with the community level of care as evidenced by policy, informal discussions and interviews with medical and mental health staff. Investigative cases were reviewed to confirm these evaluations were conducted.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Incident Case Reviews

The Iowa Correctional Institution for Women (ICIW) has policy in place that outlines the facilities review of sexual abuse and sexual harassment incidents. The policy is written in accordance with all provisions of the standard. Iowa Correctional Institution for Women conducts a sexual abuse incident review at the conclusion of every substantiated sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded, as evidenced by policy, sexual abuse incident review samples and sexual abuse investigation reviews. According to the data entered in the pre-audit questionnaire 39 incident reviews were conducted within the last 12 months; these reviews ordinarily occur within 30 days of the conclusion of the investigation, as evidenced by the Warden and PREA Compliance Manager interview notes.

The review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. As evidenced by sexual abuse incident review samples and interviews with the Warden, PREA Compliance Manager and incident review team members, the review team always (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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 at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made

pursuant to this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Iowa Correctional Institution for Women utilizes a sexual abuse incident review form, which then becomes part of the investigative file which address all the questions of concern when reviewing an incident. If recommendations are made because of the incident review the facility implements the improvements or document its reasons for not doing so. I confirmed the incident review team process during staff interviews and by reviewing policy and documentation. Separately the PREA Compliance Manger and many department heads were informally interviewed and understood the process for reviewing incidents, documentation requirements and implementation processes that would follow.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
☒ Yes   ☐ No   ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

IDOC Website Review

The Iowa Department of Corrections (IDOC) has established policies that address all provisions of this standard. The Agency will utilize a data collection instrument to collect all sexual abuse data from all its facilities. The tracking system contains information on all allegations of abuse, neglect and exploitation, and all serious incidents. One of the functions of the PREA Compliance Manager is to maintain this information. The Agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, as evidenced by policy and the report sample. The Agency aggregates the incident-based sexual abuse data at least annually, as evidenced by the annual PREA report and website review.

Incident-based data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice,

as evidenced by policy and website posted data. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, as evidenced by policy and website posted data. A review of the Agency website reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations. Compliance was further confirmed through review of completed data collection instruments and an interview with the PREA Coordinator.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## **Standard 115.88: Data review for corrective action**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### **115.88 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### **115.88 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### **115.88 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Agency Website Review

The Iowa Department of Corrections (IDOC) has policies in place that address all provisions of the standard. As evidenced by the survey of sexual violence reports, annual PREA reports, and interviews with the Agency Head and the PREA Coordinator the Agency reviews all data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing a semi-annual report of its findings and corrective actions for each facility, and the Agency.

The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the Agency's progress in addressing sexual abuse. The PREA Coordinators' Office is responsible for the oversight of the reporting process. The Agency's report is approved by the Agency Head Designee and Executive Management Team and made readily available to the public through the Agency IDOC website. These tasks

are initiated by the PREA Compliance Manager by collecting incident information to a central data system. The Auditor verified this process of data collection through extensive interviews with the Agency Head Designee and the PREA Coordinator.

The Agency would redact specific material when required from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted, as evidenced by semi-annual PREA reports on the website and the interview with the PREA Coordinator.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes ☐ No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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



☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Specialty Staff Interview Notes

Agency Website Review

Informal Conversations with Staff

Site Review Observations

The Iowa Department of Corrections Agency has a policy in place that addresses the provisions of this standard. The auditor found that the agency digitally securely retains all data collected, this data is available to the public through the website. The annual reports from 2014 through 2024 are published on the website. All personal identifiers have been removed from the reports. The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received. Staff interviews and review of the annual reports further confirmed this procedure.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.401 (a)**

- 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 ☐ No

**115.401 (b)**

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

**115.401 (h)**

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
☒ Yes ☐ No

**115.401 (i)**

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

**115.401 (m)**

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
☒ Yes ☐ No

**115.401 (n)**

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Site Review Observations

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the Iowa Department of Corrections ensured that each facility operated by the agency is audited at least once, as evidenced by a website review. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency is audited, as evidenced by a website review.

The auditor had access to, and observed, all areas of the audited facility, as evidenced by the site review checklist. The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The Auditor was permitted to conduct private interviews with offenders. Offenders were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel, as evidenced by the Notice of Audit and observations made during the site review. The auditor received one written letter from an offender related to this facility.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

Type text here...

## Standard 115.403: Audit contents and findings

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.403 (f)

- 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Evidence relied upon to make Compliance Determination:

IDOC Policy and Document Review

Pre-Audit Questionnaire Responses

IDOC PREA Policy

Website Reviews

The Iowa Department of Corrections has published all final audit reports on their website, this was confirmed by navigating to the page on the website and reviewing all the audit reports.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

Type text here...

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Ronell Prioleau

April 29, 2025

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.