

PREA Facility Audit Report: Final

Name of Facility: Dubuque Residential Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/24/2025

Auditor Certification

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



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



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



Auditor Full Name as Signed: Candace L. Snyder

Date of Signature: 05/24/2025

AUDITOR INFORMATION

Auditor name: Snyder, Candy

Email: snyder@gwtc.net

Start Date of On-Site Audit: 04/07/2025

End Date of On-Site Audit: 04/08/2025

FACILITY INFORMATION

Facility name: Dubuque Residential Facility

Facility physical address: 1494 Elm Street, Dubuque, Iowa - 52001

Facility mailing address:

Primary Contact

Name:	Robert Ames
Email Address:	robert.ames@iowa.gov
Telephone Number:	319-292-1319

Facility Director	
Name:	Wendy Lyons
Email Address:	wendy.lyons@iowa.gov
Telephone Number:	563-556-6196

Facility PREA Compliance Manager	
Name:	Wendy Lyons
Email Address:	wendy.lyons@iowa.gov
Telephone Number:	563-556-6196

Facility Characteristics	
Designed facility capacity:	80
Current population of facility:	79
Average daily population for the past 12 months:	74
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-72
Facility security levels/resident custody levels:	Community Based Corrections Facility
Number of staff currently employed at the facility who may have contact with residents:	19
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Iowa Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	510 East 12th Street, Des Moines, Iowa - 50319
Mailing Address:	
Telephone number:	515-725-5701

Agency Chief Executive Officer Information:	
Name:	Beth Skinner
Email Address:	beth.skinner@iowa.gov
Telephone Number:	515-725-5701

Agency-Wide PREA Coordinator Information

Name:	Deanne Krumm	Email Address:	deanne.krumm@iowa.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-07
2. End date of the onsite portion of the audit:	2025-04-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Riverview Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	74
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	75
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	13
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed residents from all housing areas
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>1</p>
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

43. 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.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. 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.

46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	<p>0</p>
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>I interviewed residents and staff at the facility and reviewed investigative documents which corroborated that there were no residents with this characteristic to be interviewed.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	<p>0</p>
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This is not an interview protocol for community confinement facilities
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	They do not have segregated housing
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0
Total	1	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> Pre-Audit Questionnaire Iowa Department of Corrections First District Policy PREA-CBC-01 Prevention Planning Iowa Department of Corrections Table of Organization First District Table of Organization <p>Interviews Conducted:</p> <ol style="list-style-type: none"> Director, Iowa Department of Corrections District Director, First District PREA Coordinator, Iowa Department of Corrections PREA point-person, First District Residential Manager/PREA Compliance Manager, Dubuque Residential Facility 12 random staff 16 random residents

The Dubuque Residential Facility is an 80-bed community confinement facility in Dubuque, Iowa operated by the First District Iowa Department of Corrections. The state of Iowa underwent an alignment effective July 1, 2023, in which all judicial districts community-based corrections (CBC) within the state, previously were operated by a local board, came under the direction of the Iowa Department of Corrections. The realignment work is ongoing, to include financial management, human resources, policies and procedures. For this reason, the auditor interviewed both the Iowa Department of Corrections leadership and the First District leadership.

Findings by Provision:

115.211 (a): Zero-Tolerance Policy

Compliance Determination: The Iowa Department of Corrections First District Policy PREA-CBC-01 Prevention Planning section IV. A.1. states, “The Districts have a zero-tolerance policy toward all forms of sexual violence or sexual misconduct of any kind.”

115.211(b): PREA Coordinator

Compliance Determination: The Iowa Department of Corrections has appointed 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 of its community confinement facilities. The PREA Coordinator holds the position of Assistant Deputy Director and reports to the IDOC Deputy Director. The auditor interviewed the PREA Coordinator who stated that she holds quarterly PREA compliance meetings with all PREA Compliance Managers and each district’s PREA point-person and discusses any issues throughout the IDOC and chooses a couple of standards to look at in detail. She also stated that she and the assigned liaison from the Division of Investigative Services speak frequently with the First District PREA point-person as they navigate the changes continuing since the Iowa Judicial Districts came under the direction of the Iowa Department of Corrections in July 2023.

The Iowa Department of Corrections First District Policy PREA-CBC-01 Prevention Planning section IV. A.5. states, “The District Director shall designate a PREA point-person, with sufficient time and authority to develop, implement and oversee the District’s efforts to comply with the PREA standards in their respective facilities. Leadership and Facility Management will develop, implement and oversee efforts to comply with PREA standards in the facilities located in the First District.” The auditor interviewed IDOC and First District administrators and reviewed the organizational structure charts to verify that the First District has appointed an upper-level district-wide PREA point-person to oversee the First District’s efforts to comply with the PREA standards. The PREA point-person holds the position of Division Manager within the First District and reports directly to the District Director and works under the guidance of the IDOC PREA Coordinator. The PREA point-person oversees the Residential Managers at each facility within the First District who assume the responsibility of PREA Compliance Manager, although the standards do not require a PREA Compliance Manager for community confinement facilities. The PREA Compliance Managers handle the day-to-day PREA compliance efforts within their

	<p>facility. Because of the addition of a District PREA point-person and a facility PREA Compliance Manager, the Dubuque Residential Facility substantially exceeds the requirements of this standard.</p> <p>The auditor interviewed the PREA point person and found him to be knowledgeable as to his role and stated he has enough time to manage his PREA-related responsibilities. The auditor interviewed the Residential Manager who explained the PREA processes that she is responsible for within the facility. She stated that her ultimate responsibility is to make sure that everyone is safe. The District Director stated that she works with the PREA Coordinator and the PREA point-person to ensure that they are maintaining PREA compliance within the facility. She stated that they always keep the safety of clients coming into the building the priority.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the organization charts, and interviews with the Residential Manager, the District Director, the PREA Coordinator, the PREA Point-person, the Residential Manager/PREA Compliance Manager, random staff, and random residents. All staff and residents were knowledgeable of the zero-tolerance policy as demonstrated through the interviews.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. District Director 2. PREA Coordinator 3. PREA Point-Person <p>Findings by Provision:</p> <p>115.212 (a): Contracts for confinement of residents comply with PREA Compliance Determination: The Dubuque Residential Facility does not contract for the confinement of residents with an outside entity.</p> <p>115.2121 (b): Contracts provide for contract monitoring to ensure compliance</p> <p>Compliance Determination: The Dubuque Residential Facility does not contract for the confinement of residents with an outside entity.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire and interviews with the District Director, the PREA Coordinator, and the PREA-Point Person.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Iowa DOC First District Policy PREA-CBC-01 3. Dubuque Residential Facility Staffing Plan January 2025 4. First District Table of Organization 5. Iowa DOC Table of Organization 6. Dubuque Residential Facility Staff schedule <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator 3. Division Director 4. PREA Point-Person 5. Residential Manager/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.213 (a) Staffing Plan</p> <p>Compliance Determination: The auditor reviewed Iowa DOC First District Policy PREA-CBC-01, the Dubuque Residential Facility Staffing Plan, and interviewed administrators. In calculating adequate staffing levels, the facility takes into consideration: the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. The auditor toured all areas of the facility and observed all areas, including the housing areas, resident rooms, restrooms, dayrooms, TV lounges, dining room, kitchen, laundry room, storage areas, pat search area, where the resident education is presented, staff areas, and the outside smoking area. While touring the facility, the auditor noted camera locations, and the staff pointed out which cameras had audio capability. The auditor came in during all shifts, including the night shift, to see operations at all times of the day. The auditor had informal conversations and made observations about resident supervision. The storage doors were locked, and the facility's practices and procedures ensure staff and residents are not in a one-on-one situation out of camera view. The auditor observed that staffing levels were either at or above the levels indicated in the staffing plan.</p> <p>115.213 (b): Document deviations</p> <p>Compliance Determination: Both the policy and interviews with administrators verify that in circumstances where the staffing plan is not complied with, the facility will document and justify all deviations from the plan and advise the PREA Coordinator as well as the Division Director. There were no deviations from the staffing plan. They stated staff cannot leave shift until properly relieved, and if there were a call-out, the on-call would be called to find a replacement staff member, or</p>

	<p>they would fill the shift themselves.</p> <p>115.213 (c) Annual Review</p> <p>Compliance Determination: The auditor reviewed the Dubuque Residential Facility Staffing Plan January 2025, which outlines the minimum number of staff on each shift, the composition of the residents, the physical layout of the facility, changes that had been made to the camera system during 2024, and their consideration of any substantiate or unsubstantiated incidents of sexual abuse during their staffing plan review.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations of rounds, staffing patterns, observing staff lines of sight and watching staff monitor the facility both in person and the video monitoring at the control desks, through a review of the pre-audit questionnaire, interviews with the PREA Coordinator, and the Residential Manager/ PREA Compliance Manager and through random interviews with staff and residents. In informal conversations with residents, many stated they felt safe here and that staff conduct rounds regularly, including managers.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Iowa DOC First District Policy PREA-CBC-01 3. Staff training records <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator 3. 12 random staff 4. 16 random residents 5. 0 Transgender/Intersex <p>Findings by Provision:</p> <p>115.215 (a) No Cross Gender strip searches or cross-gender visual body cavity searches</p> <p>Compliance Determination: The auditor interviewed staff and residents and reviewed the policy which states that staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. If an exigent circumstance is present and a cross-gender strip search or visual body cavity search is conducted, staff shall thoroughly document the reasons in a written report to management. There have been no cross-gender strip searches or cross-gender</p>

visual body cavity searches. Staff routinely answered that they do not conduct cross-gender strip searches or visual body cavity searches.

115.215 (b) No Cross-Gender pat-down searches of female residents

Compliance Determination: The auditor interviewed both staff and residents, who consistently stated that cross-gender pat-down searches of female residents are not done. The auditor also reviewed the policy that states that cross-gender pat-down searches of female clients are not permitted, absent exigent circumstances. If there is not a female staff to conduct their pat search then the male staff have them remove their coat, empty their pockets, search their belongings, and use a security wand to detect any contraband. The auditor observed the pat search area. There is good camera coverage in this area.

115.215 (c): Document Cross-Gender Searches

Compliance Determination: Interviews with administrators and staff and a review of policy confirmed that if there were a cross-gender search conducted in an exigent circumstance, they would document this in a written report to the administrators.

115.215 (d) Policies and Procedures for showers, bodily functions, and changing clothing

Compliance Determination: The auditor interviewed residents and staff who confirmed that staff of the opposite gender do not enter the bathroom. Residents and staff consistently stated that during rounds if someone is in the bathroom, staff of the opposite gender knock and announce outside the door and ask for their name to conduct their count. Residents and staff consistently stated that staff of the opposite gender announce as soon as they enter the resident hallway when they are entering the area. The auditor witnessed this while on the facility tour. Residents have windows within their door into their bedroom to facilitate headcounts. Residents are informed that they need to change their clothes in the restroom. The auditor spoke with residents who consistently confirmed these procedures.

115.215 (e) Not searching or Examining transgender or intersex to determine genital status

Compliance Determination: The auditor reviewed the policy, which states that staff will not search or physically examine a transgender or intersex residents for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. There were no residents who identified as transgender present to be interviewed. The auditor interviewed the PREA Coordinator, the Residential Manager/PREA Compliance Manager, and the staff who conduct the intake and screening who stated that information regarding sexual identity is typically known before the resident arrives as most residents are arriving from a more secure facility. If it is not known ahead of time, they do not conduct strip searches – only pat searches. Identity as a transgender or intersex person would be gathered through conversation with the resident and then they would ask who they prefer to be pat searched by, a male or a female staff. There are forms they use to document the

	<p>resident's search preference.</p> <p>115.215. (f) Train staff in how to conduct cross-gender pat-down searches Compliance Determination: The auditor interviewed staff who consistently stated that they participate in cross-gender pat search training utilizing the curriculum "Guidance on Cross Gender and Transgender Pat Searches" from the National PREA Resource Center. The auditor confirmed this by reviewing employee training records.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations while on the tour, and staff making verbal announcements when they entered housing of the opposite gender, through a review of the pre-audit questionnaire, interview with the PREA Point-Person, and the Residential Manager/PREA Compliance Manager, and through random interviews with staff and residents. The auditor reviewed the camera coverage, and there is no camera in an area where residents might be in a state of undress. The auditor also had informal conversations with residents regarding their privacy during showering, toileting, and changing clothing.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Iowa DOC First District Policy PREA-CBC-01 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Residents with Disabilities/LEP 3. 12 Random Staff 4. PREA Point-Person 5. Residential Manager/PREA Compliance Manager <p>Findings by Provision: 115.216 (a) Residents with disabilities equal opportunity Compliance Determination: The auditor verified the facility's use of interpreting services by telephone with Language Link to include American Sign Language services over video. In conversations with the Residential Manager, the PREA Point-Person, a resident with low vision, and staff, they will work with residents who may have trouble reading or comprehension due to a disability or cognitive impairment. They read the information and explain it to them at a level they can understand. They can also show the PREA video with subtitles and have written materials for</p>

	<p>residents who may be deaf or hearing impaired.</p> <p>115.216 (b) Access for residents LEP Compliance Determination: They have instructed all staff in the use of interpreting by telephone services with Language Link and provided the auditor with their numbers for their 24-7 interpretation service. The interpretive services can assist in the intake process, screening process, education on how to report, and if need be, translate during the investigative process. These procedures were confirmed during staff and resident interviews. There were no residents who needed these services during the onsite phase of the audit to be interviewed, but the auditor tested the Language Link to verify they are available if the need arises. In addition, the auditor reviewed materials provided to residents to include materials that are in both English and Spanish, as Spanish would be the language primarily encountered at this facility.</p> <p>115.216 (c) Not rely on resident interpreters, readers, or other assistance Compliance Determination: The auditor reviewed the policy which states they will not rely on resident interpreters, resident readers or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. The auditor interviewed administrators and staff, and there have been no reported uses of resident interpreters, readers, or assistants. They consistently stated that they would use their contracted interpreter service.</p> <p>The auditor determined compliance with this standard through a review of the policies, the interpretation service documentation, and through interviews with administrators, staff, and residents.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Iowa DOC Policy AD-PR-05 Employee Selection 3. Iowa DOC Policy AD-PR-07 Background Checks 3. Iowa DOC First District Policy PREA-CBC-01 4. Documentation of background checks for employees 5. Documentation of check with prior institutional employer 6. Documentation asking about previous sexual misconduct. <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Point-Person 2. Residential Manager/PREA Compliance Manager

Findings by Provision:

115.217 (a) Not hire or promote, or enlist contractors who have engaged in sexual misconduct

Compliance Determination: The auditor interviewed the PREA Point-Person, who confirmed their compliance with this policy. They conduct reference checks of previous institutional employers and ask the sexual misconduct questions of applicants. The auditor requested and received a random sample of five employees in which these questions have been answered upon hire as well as requiring the acknowledgment of the newly hired employees' understanding that they have a continuing affirmative duty to disclose any such misconduct.

115.217 (b) Consider sexual harassment incidents when hiring, promoting, or enlisting contractors

Compliance Determination: The auditor reviewed the policy that the District will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The auditor interviewed the PREA Point-Person and the Residential Manager/PREA Compliance Manager who confirmed their compliance with this policy by conducting reference checks with previous institutional employees and a review of a staff member's personnel record and PREA documentation for any incidents of sexual misconduct when considering an employee for promotion. The facility utilizes contractors for the contracted food service, and they conduct background checks and inquire about previous sexual misconduct.

115.217 (c) Criminal Background Checks Before hiring new employees

Compliance Determination: The auditor interviewed the PREA Point-Person who stated that they conduct criminal background checks on applicants before an offer of employment is made and on current employees when they are promoted. The auditor reviewed a random sample of five employee files and found that the necessary background checks were run for new hires. The auditor requested and received the required documented information of inquiry made to a previous employer whether there were any previous substantiated allegations of sexual abuse or resignations pending an investigation of an allegation of sexual abuse for any employees who had previous institutional employment.

115.217 (d) Criminal Background Checks Before enlisting services of contractors

Compliance Determination: The auditor reviewed policy which states that they will perform a criminal background records check before enlisting the services of any contractor or volunteer who may have contact with residents. The auditor interviewed the PREA Point-Person who stated that they will conduct criminal background checks on contractors or volunteers before their services can be used at the facility. There are no volunteers utilized by this facility. The facility utilizes contractors for the contracted food service, and they conduct background checks. The auditor reviewed a sample of contractor background checks.

115.217 (e) Criminal Background Checks every five years

Compliance Determination: The auditor reviewed the policy, which states

	<p>employees who may have contact with residents will be subject to a criminal background record check at least once every five years. The auditor requested and received a random sample of five employees' criminal background checks. All were current within the last five years. The random sample included some background checks for veteran employees who had the most recent five-year update as well as employees who had the background check run during the hiring process this past year.</p> <p>115.217 (f) Ask applicants and employees annually about previous sexual misconduct Compliance Determination: The auditor reviewed the employee acknowledgment forms that ask the required sexual misconduct questions outlined in provision (a) of this standard. These are completed upon hiring and as a part of the annual employee review process. Both policies, Iowa DOC First District Policy PREA-CBC-01 and Iowa DOC Policy AD-PR-05 state that staff have a continuing affirmative duty to disclose any such misconduct.</p> <p>115.217 (g) Omissions or false information regarding sexual misconduct grounds for termination Compliance Determination: The auditor reviewed both policy and the release of information form signed by employees during the hiring process which state that false or incomplete information may lead to termination.</p> <p>115.217 (h) Provide information on substantiated sexual misconduct by former employees Compliance Determination: The auditor reviewed both policies, Iowa DOC First District Policy PREA-CBC-01 and Iowa DOC Policy AD-PR-05, which state that the IDOC/District will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor interviewed the PREA Point-Person who verified that they do provide this information when requested.</p> <p>The auditor determined compliance with this standard through a review of the policies, a review of human resources forms used in the hiring process, and a review of databases used to keep track of the information. The auditor requested sample documents for five employees that were selected randomly by the auditor. The auditor also confirmed these policies and procedures through an interview with the PREA-Point Person as the Human Resources staff was not available during the onsite portion of the audit.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Iowa DOC First District Policy PREA-CBC-01 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. IDOC Director 2. District Director 3. PREA Coordinator 4. PREA Point-Person 5. Residential Manager/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.218 (a) Consider design or modification on ability to protect residents Compliance Determination: The auditor reviewed the policy and interviewed the administrators who stated that they will always consider how any changes will contribute to their ability to protect residents from sexual abuse. The auditor directly observed the facility and conducted interviews with the IDOC Director and the PREA Coordinator who stated that they consider the protection of residents and the standards when contemplating upgrades to the facility or in the application of technology. They have not made any substantial modifications to their building since the last audit. The Residential Manager stated that the only modifications to the building were to aesthetics of the restrooms, which did not change the physical layout.</p> <p>115.218 (b): Consider how technology may protect residents Compliance Determination: The auditor reviewed the policy and interviewed the administrators who state that they always consider how technology, including cameras, may enhance their ability to protect residents from sexual abuse. The auditor spoke with administrators who confirmed that they have upgraded their video monitoring system, upgraded cameras from analog to digital technology, and added 10 additional cameras. The auditor verified this through observation of both the new camera placement while on the tour and observation of the cameras from the control room. The auditor observed that the newer cameras have provided much more clarity to the video and provided a much wider angle of coverage.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the senior leadership team.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC PREA-CBC-02

3. Investigative training certificates
4. IA DOJ Office of the Attorney General Sexual Assault Protocol
5. Letter to Dubuque County Attorney
6. Letter to Dubuque Police Chief
7. MOU with Riverview Center

Interviews Conducted:

1. PREA Coordinator
2. PREA-Point Person
3. 12 Random staff
4. Administrative Investigator
5. Riverview Center Rape Crisis Center

Findings by Provision:

115.221 (a) Follow uniform evidence protocol

Compliance Determination: The auditor reviewed IDOC First District policy PREA-CBC-02 which states that the District will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The auditor reviewed the training documentation and interviewed an administrative investigator to verify that all investigators are trained in uniform evidence protocol. The administrative investigators have completed courses from various organizations that all emphasize a uniform evidence protocol for collecting physical evidence -- the PRC, the Moss Group, the NIC, and the IDOC. Criminal investigations are completed by the Dubuque Police Department.

115.221 (b) Evidence protocol adapted "A National Protocol for Sexual Assault Medical Forensic Exams

Compliance Determination: The auditor reviewed the Iowa Department of Justice Office of the Attorney General Sexual Assault Protocol - A guide to providing medical forensic exams which references the National Protocol for Sexual Assault Medical Forensic Exams. This guide is used in Iowa to provide guidance and recommendations of practice for medical care and Sexual Assault Response Teams who provide care to those who report sexual assault.

115.221 (c) Offer victims to forensic medical examinations

Compliance Determination: The auditor reviewed IDOC First District policy PREA-CBC-02 which states they will offer all victims of sexual abuse access to forensic medical examinations at medical facilities in the community, without financial cost, where evidentiarily or medically appropriate. Such examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible. The auditor discussed with the Residential Manager who stated residents who have been sexually assaulted would be transported to Mercy Hospital or Unity Point-Finley Hospital. There are SANE nurses at these hospitals to conduct forensic examinations. However, if a SANE is not available a qualified medical practitioner performs the forensic medical examination. There have been no forensic medical exams conducted during the past 12 months. The auditor interviewed a random sample of staff to confirm they understand their responsibilities to preserve and protect

evidence. The auditor reviewed the Iowa Victim Rights cards that are distributed by the Iowa Coalition Against Sexual Assault (CASA) which states that victims have the right to a sexual assault examination performed at state expense.

115.221 (d) Make victim advocate available

Compliance Determination: The auditor reviewed IDOC First District policy PREA-CBC-02 which states that victim advocates, victim advocacy resources and referrals are available to clients 24/7/365 through the Riverview Center. The program's number is a free call for clients. The First District maintains a memorandum of understanding with the Riverview Center outlining advocacy responsibilities of both the First District and the Riverview Center. The auditor also verified through viewing posters while on the facility tour, through a review of resident training materials, and through random resident interviews that the contact information for Riverview Center is available to all residents. The auditor verified it was a free call by calling the Riverview Center from a resident phone. The auditor reviewed the MOU with the Riverview Center to verify their agreement to provide these services. The MOU states that they will provide residents 24-hour on-call advocates on site to assist victims of sexual violence. The auditor interviewed the PREA Point-Person who confirmed that they would always ask the resident if an advocate can be provided from the Riverview Center.

115.221 (e) Victim advocate accompanies to forensic exam, interviews, emotional support etc.

Compliance Determination: The auditor interviewed an advocate from the Riverview Center who confirmed that they have an MOU with the facility and that they would provide the resident with advocacy that included emotional support services either over the phone or in person, accompanying them to the hospital for support during a forensic exam, support during investigative interviews, and through the court process.

115.221 (f) Request investigating agency follow provisions (a)-(e)

Compliance Determination: The auditor reviewed IDOC First District policy PREA-CBC-02 which states that the District will request that the investigating agency follow the requirements of provisions (a) through (e). The auditor interviewed the Residential Manager and the PREA Coordinator who stated that they will follow and request an external investigating agency follow uniform evidence protocol, offer victims forensic medical examinations free of charge, make a victim advocate available that can accompany the resident during the forensic exam, in interviews and provide emotional support services. The auditor verified these requests by viewing letters from the Division Manager/PREA Point-Person to both the Dubuque County Attorney and the Dubuque Police Chief requesting that they follow provisions (a) through (e) of PREA Standard 115.21.

115.221 (g) Provisions (a)-(e) apply to State and DOJ investigators

Compliance Determination: The auditor interviewed the IDOC PREA Coordinator who also stated that they and any other investigatory entity would always be required to protect and collect the evidence, offer a SANE forensic examination, and an advocate.

	<p>115.221 (h) Qualified agency staff member screened and educated to advocate</p> <p>Compliance Determination: The auditor reviewed the policy which states that a qualified agency staff member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The auditor reviewed the pre-audit questionnaire and interviewed the PREA Coordinator who stated that IDOC has a staff member trained in advocacy, but the advocate is typically provided by the local rape crisis center. All administrators consistently stated that they would use the Riverview Center for advocacy services.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of policy, and the documentation as stated in each provision above. The auditor also drew on interviews with the PREA Coordinator, the PREA-Point Person, the local rape crisis center, and interviews with random staff.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC PREA-CBC-02 3. Administrative Investigation Reports 4. IDOC website <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. IDOC Director 2. Administrative Investigator 3. 12 Random staff 4. PREA Coordinator 5. PREA-Point Person <p>Findings by Provision:</p> <p>115.222 (a) Administrative or criminal investigation completed for all allegations</p> <p>Compliance Determination: The auditor reviewed IDOC First District policy PREA-CBC-02 which states that the District Director will ensure an administrative and/or a criminal investigation is completed for all allegations of sexual abuse, a sexual harassment and retaliation. The auditor also reviewed IDOC policy PREA-02 which states that all allegations and incidents of sexual misconduct, sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents, or that indicate a personal relationship by staff with clients/ incarcerated individuals shall be reported to the Warden/District Director, the</p>

	<p>institution/district's sexual violence investigator, and the designated Deputy Director/Designee. All allegations and incidents shall be fully investigated as directed by the Deputy Director/Designee and treated in a confidential and serious manner. The auditor interviewed the IDOC Director and the First District Director who both confirmed that investigations would always be completed and outlined the process for both referrals for investigations and starting the investigative process.</p> <p>115.222 (b) Policy to ensure all allegations are referred for investigation on website</p> <p>Compliance Determination: The auditor reviewed the IDOC website at https://do-c.iowa.gov/prison-rape-elimination-act/iowa-doc-prea-policies and reviewed PREA-02 Investigation of Sexual Violence Incidents within IDOC Facilities.</p> <p>115.222 (c) Investigation policy describes responsibilities for conducting criminal investigation</p> <p>Compliance Determination: The auditor verified through policy and through interviews with the PREA Coordinator and the PREA Point-Person that the Deputy Director will ensure that an administrative or criminal investigation is completed for all allegations of sexual violence, sexual misconduct, sexual harassment, or retaliation. The Deputy Director will determine when the evidence is sufficient for criminal prosecution and will refer appropriate incidents to the Dubuque Police Department and these referrals will be documented. The auditor reviewed two reported allegations and interviewed the PREA Coordinator, the IDOC Director, and the administrative investigator who corroborated compliance with the standard and the facility's policies. The auditor also reviewed documented evidence of allegations referred to the Dubuque County Attorney's Office for criminal investigation.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of two investigative reports, and through interviews with the IDOC Director, the PREA Coordinator, the District PREA Point-Person, and random staff interviews.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC policy PREA-CBC-03 3. PREA Employee training curriculum 4. Staff training records <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA-Point Person

3. 12 Random staff

Findings by Provision:

115.231 (a) Train all employees

Compliance Determination: The auditor reviewed the IDOC policy PREA-CBC-03 PREA Training and Education which states that all staff who have contact with residents will be trained on the ten components required in this standard. The District uses the curriculum developed by the Iowa Department of Corrections on their IDOC Learning Center which provides staff with new employee PREA training and annual refresher training to ensure that all staff know the required components regarding PREA as well as the current sexual abuse and sexual harassment policies and procedures. The IDOC Learning Center documents, through electronic verification, that staff understand the training they have received. The auditor interviewed the Residential Manager and staff and reviewed the training curriculum. A review of the PREA training curriculum confirms that the training includes information on components required by the standard and outlined within their policy.

115.231 (b) PREA Training tailored to gender of residents

Compliance Determination: The auditor reviewed the training policy which states that the PREA training will be tailored to the gender of the residents. Staff were able to state during the interviews the differences in supervising male vs. female residents. Several staff stated that many of the male residents' motivations are about power and control and as a form of manipulation to get what they want through strongarming or threats while female residents' motivations were more about relationships. Several staff interviewed stated that although they are taught different motivators for sexual misconduct, that does not generally occur at this facility.

115.231 (c) PREA Refresher training ever two years and on policy in year when no refresher

Compliance Determination: The auditor reviewed the policy which states that PREA training and a review of PREA policy will occur every year and other relevant PREA training is offered as needed. The auditor reviewed the training files and interviewed the Residential Manager, the PREA Point-Person and random staff. Initial PREA training is provided for all new hires and then continues annually. During interviews, staff were knowledgeable in the required competencies and stated that they have PREA training every year that includes a basic refresher on the main PREA components with additional training components added occasionally on their e-learning about more narrowed topics.

115.231 (d) Document all staff training

Compliance Determination: The auditor interviewed the Residential Manager, the PREA-Point Person, and random staff and reviewed the training documentation from the IDOC learning Center for employees which included the name of the employee, the title of the training such as PREA Training (FY24), PREA training (FY25), Guidance on Cross-Gender and Transgender Pat Searches, and Policy Review and Acknowledgement (FY24), and PREA Policy Review and Acknowledgement FY25, and

	<p>the date the training was completed.</p> <p>The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator and staff.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC policy PREA-CBC-03 3. Contractor training documentation <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Point Person 2. 2 Contractors <p>Findings by Provision:</p> <p>115.232 (a) PREA Training for all volunteers and contractors</p> <p>Compliance Determination: The auditor reviewed the PREA training policy which states that all volunteers and contractors who have contact with clients at their respective facilities will be trained on their responsibilities under the District's sexual abuse and sexual harassment prevention, detection, and response policy and procedure. The training is completed online at https://docs.google.com/presentation/d/1_8lcvvpMCYdqasseVuOxzY2ISqjS3RUi6Oups7t6-zA/pub?start=false&loop=false&delayms=3000&slide=id.p. The auditor completed the online training on the website and found it to be very thorough. The auditor interviewed two contractors of the three contractors currently in service at the facility. There are no volunteers in service at this facility. During the interviews the contractors confirmed that they had completed the training which included viewing the information, a PREA video, and taking a test to verify understanding, and signing documents regarding PREA training. The food service director stated that their company also has several in-depth training modules on PREA that they are required to complete through their company.</p> <p>115.232 (b) Level and type of training based on level of service and contact</p> <p>Compliance Determination: The auditor spoke with the PREA-Point Person who stated that the level and type of training is based on the services they provide and the level of contact they have with residents, but all are taught at a minimum about the zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment and informed how to report such incidents.</p>

	<p>However, most volunteers and contractors complete the more in-depth online training.</p> <p>115.232 (c) Document all volunteer and contractor training Compliance Determination: The auditor reviewed documentation confirming contractor training in the IDOC database.</p> <p>The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the PREA Point-Person and contractors.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC policy PREA-CBC-03 3. Resident Training Documentation 4. Resident Intake Packet 5. Staying Safe guide 6. Posters posted throughout the facility <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. Intake Staff 3. 16 random residents <p>Findings by Provision: 115.233 (a) Residents receive PREA training at intake Compliance Determination: The auditor reviewed the training policy which states that during the intake process clients receive PREA information including the zero-tolerance policy and how to report it. The auditor reviewed training information provided to the residents, requested an intake staff go over the process with the auditor as there were no new intakes to observe, and discussed the information presented during intake with the residents who were interviewed. He stated that it includes going over the PREA information verbally, having them watch a PREA video and walking them through the intake packet - explaining each component of the intake packet. The intake packet in addition to the zero-tolerance policy outlines Resident Rules including sexual misconduct, their rights, the grievance procedures and going over the Staying Safe guide. The orientation information covers what a resident should do if they are retaliated against for reporting sexual abuse or sexual harassment. A video is shown to the residents soon following intake for more comprehensive information about PREA. The residents' education was evident in the</p>

residents' responses during the interviews.

115.233 (b) Refresher provided whenever a resident is transferred

Compliance Determination: The auditor interviewed a staff member that completes the intake process who stated that everyone that comes into the facility completes the same, full, PREA intake process regardless of where they came from – even if they just had PREA information at their previous placement. Staff and residents confirmed that all residents receive the information regardless of whether they were transferred from another facility.

115.233 (c) Resident training in formats accessible to all, including LEP, and those with disabilities

Compliance Determination: The auditor reviewed the training policy which states they will take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of their PREA efforts, to include posters in Spanish and various ways of presenting the orientation material dependent upon the disability. The facility will provide translation services for residents who need either the information in other languages or sign language.

The information will be communicated orally and in written form in a manner that is clearly understood by the resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. There were no residents that needed interpretation services, but the auditor verified that this service is available to them by contacting their contracted interpretation service. Staff stated they will read the material aloud to residents who may need assistance due to visual impairments, learning disabilities, literacy or comprehension problems, or other reasons that require staff to give them specialized training. The auditor interviewed a resident with low vision that stated they went over all over the material with him verbally. Several of the residents confirmed that the material is verbally explained to them.

115.233 (d) Document all resident education

Compliance Determination: The auditor interviewed intake staff and reviewed resident training documentation. Each part of the intake packet that is explained to the resident and they initial next to the time on the Intake Guide after the staff explains it. The resident and the staff member that completed the intake guide then sign and dated the completed Intake Guide. In addition, to the signatures on the Intake Guide, the resident signs individual documents such as the grievance procedures signs and dates the document. The staff member also enters a note into the ICON database that the intake was complete, including PREA orientation and the grievance process.

115.233 (d) Key information continuously and readily available

Compliance Determination: The auditor reviewed the training policy which states that in addition providing such education, key information is continuously and readily available and visible to clients through posters, bulletin boards, client rulebooks and/or other written formats. The auditor interviewed the staff and the residents and was advised that the resident keeps a copy of the PREA information provided to them at intake to have access to this information throughout their

	<p>program. There are also posters throughout the facility so that there is readily available information that outlines how to report and how to contact external resources for both support and reporting.</p> <p>The auditor verified compliance with this standard through a review of the resident training information and signed resident training documentation. The auditor also confirmed these policies and procedures through interviews with the Residential Manager, intake staff, and random residents.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC policy PREA-CBC-03 3. Training certificates of Specialized Investigator Training <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA-Point Person 3. Administrative Investigator (Residential Manager) <p>Findings by Provision:</p> <p>115.234 (a) Specialized training for Administrative investigators Compliance Determination: The auditor reviewed training policy which states that in addition to the general training provided to all staff pursuant to PREA §115.231, the District shall ensure that, to the extent the agency itself conducts sexual violence investigations, its investigators have received training in conducting such investigations in confinement settings. The auditor interviewed the PREA Coordinator, the PREA-Point Person, and an administrative investigator and reviewed training documentation to confirm that all investigators receive specialized training for administrative investigators.</p> <p>115.234 (b) Investigator training includes Miranda and Garrity, evidence collection, etc. Compliance Determination: The auditor reviewed training curriculum and interviewed an administrative investigator to confirm that the training contains the required components.</p> <p>115.234 (c) Document specialized investigator training Compliance Determination: The auditor reviewed training certificates for investigator to confirm that they document the required training.</p> <p>115.234 (d) State or DOJ investigators specialized training</p>

	<p>Compliance Determination: The auditor reviewed the IDOC training records and interviewed the IDOC PREA Coordinator to confirm that all investigators that investigate sexual abuse in confinement settings are provided training.</p> <p>The auditor verified compliance with this standard through a review of the investigator training information and training certificates. The auditor also confirmed these policies and procedures through interviews with the IDOC PREA Coordinator, the PREA-Point Person, an investigative staff. The auditor also confirmed investigative knowledge through an interview with a Residential Manager who is also a trained investigator for the unit.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Point-Person 2. Residential Manager <p>Findings by Provision:</p> <p>115.235 (a) - (d) Specialized training for medical and mental health staff</p> <p>Compliance Determination: The auditor interviewed the PREA Point-Person and the Residential Manager who stated that medical and mental health care services are provided to residents in the community.</p>

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-04 3. Random sample of 10 SVP initial PREA risk assessments 4. Random sample of 10 SVP 30-day PREA risk assessments 5. Random sample of 18 72-hour Interview Questionnaires 6. IDOC Sexual Violence Propensity Assessment Scoring Guide for Offenders <p>Interviews Conducted:</p>

1. PREA Coordinator
2. PREA Point-Person
3. 12 Random staff
4. 16 random residents
5. Staff member who administers the risk screening

Findings by Provision:

115.241 (a) All residents assessed during intake

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 which requires that all clients are assessed using the IDOC Sexual Violence Propensity (SVP) Assessment during their intake screening. The auditor also interviewed a staff member who walked the auditor through the screening process. The auditor interviewed a random sample of residents who stated that they were all assessed upon intake. The auditor reviewed a random sample of 72-hour Interview Questionnaires, and a random sample of the intake SVP.

115.241 (b) Intake screening within 72 hours of arrival

Compliance Determination: The auditor interviewed both staff and residents and reviewed the screening documentation to verify that the screening occurs within 72 hours of arrival. The auditor compared the date of the residents' intake with the date of the initial Sexual Violence Propensity (SVP) Assessment. All residents were assessed even if they were transferred from another facility.

115.241 (c) Objective screening

Compliance Determination: The screening is completed through the use of an interview form where the staff gathers some basic information. This information is then inputted into the Sexual Violence Propensity (SVP) Assessment form. If there is a previous SVP form on file, a notation is noted in the comments section the date of this current assessment and any relevant information that might have changed from the last assessment. The form includes all questions required of this standard. The auditor reviewed the IDOC Sexual Violence Propensity Assessment Scoring Guide for Offenders. The assessment used is objective and leads to a presumptive determination of risk using a point system. Questions are weighed up depending on the seriousness and correlation to a propensity to victimize or be victimized. An offender scores a specified point value based on the questions answered and other factors such as a record review of offense history or a substantiated sexual assault or sexual abuse investigation or a history of sexual victimization within a correctional setting. The score value determines the outcome of Victim Potential (VP), Aggressor Potential (AP) Victim Incarcerated (VI) Aggressor Incarcerated (AI), or No score (NS) for offenders who did not score with any victim or aggressor characteristics.

115.241 (d) Screening criteria for risk of sexual victimization

Compliance Determination: The auditor reviewed the Sexual Violence Propensity (SVP) Assessment. The SVP considers mental, physical, or developmental disabilities, age, physical build, if this is the first time incarcerated, if they express fear of being harmed, if the resident is perceived or openly defines themselves as other than heterosexual, if they have prior convictions for sex offenses against a

child, if they have a history of sexual victimization, and if they are unassertive, lack confidence, project weakness, or fear in assessing residents for risk of being sexually victimized. The auditor reviewed sample assessments. The screening considers the criteria to assess residents for risk of sexual victimization as required by the standard. The auditor interviewed the staff who administers the assessment and the PREA Coordinator who confirmed that they affirmatively ask directly if the resident openly defines their sexual orientation as other than heterosexual or if the resident expresses fear of being harmed.

115.241 (e) Screening criteria for risk of being sexually abusive

Compliance Determination: The auditor reviewed the Sexual Violence Propensity (SVP) Assessment. The SVP considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

115.241 (f) Reassessment within 30 days of intake

Compliance Determination: The auditor interviewed both staff and residents and reviewed a sample of the rescreening documentation to verify that the screening occurs again within 30 days of arrival. The auditor compared the date of the residents' intake with the date of the 30-day reassessments using the Sexual Violence Propensity (SVP) Assessment. All residents within the sample were reassessed within 30 days of arrival.

115.241 (g) Reassessment when referred, requested, incident of sexual abuse or additional info

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 and the IDOC Sexual Violence Propensity Assessment Scoring Guide for Offenders in the Resident Assessment section which states, "A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness."

115.241 (h) Residents not disciplined for refusing to answer regarding disabilities, LGBTI, previous sexual victimization, perception of vulnerability

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 which states that clients may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions these questions. The auditor also interviewed a staff who administers the screening who confirmed that they just move on to the next question if they do not answer these questions.

115.241 (i) Appropriate controls on dissemination of reassessment information

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 which states that the assessment is maintained in the IDOC Iowa Corrections offender Network (ICON) database to ensure that sensitive information is not exploited to the client's detriment by staff or other clients. The auditor interviewed the PREA Coordinator, the PREA Point Person, and a staff who administers the

	<p>assessment. The facility implements appropriate controls on the dissemination within the facility of responses to questions asked according to this standard. The ICON database is secured and controlled by credentials given only to those who have a need for access to perform their duties. The staff who administers the assessment stated they conduct the screening in a quiet area away from others and maintain the files in a controlled manner. Documents stored electronically are stored in a secure drive that requires a password to access.</p> <p>The auditor verified compliance or non-compliance with this standard through a review of the scoring guide, a review of a sample of screening and re-screening documents, and interviews with staff and residents.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-04 3. Random sample of 19 initial PREA Assessments 4. Resident Roster <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA-Point Person 3. Staff who administers the Assessments <p>Findings by Provision:</p> <p>115.242 (a) Assessment info used for housing, bed, work, education, and program assignments</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 which states that they use information from the risk screening conducted pursuant to this section to inform housing, bed, work, education, and program assignments with the goal of keeping separate, or under direct supervision of staff, those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed the PREA Coordinator and the PREA-Point Person who also stated that the information from the risk screening is utilized to determine housing and other program decisions. The PREA Coordinator stated that they choose the most appropriate housing for their safety and that the ICON system will not let a staff member assign a room with a potential victim and a potential perpetrator in the same room. The auditor reviewed resident risk screenings and resident housing assignments to ensure that residents with the potential for sexual perpetration are not housed with residents assessed to have the potential to be victimized.</p>

115.242 (b) Individualized determinations

Compliance Determination: The auditor reviewed IDOC Policy PREA-CBC-04 that states they make individualized determinations about how to ensure the safety of each client. The auditor interviewed the PREA Coordinator who stated that the screening helps to ensure the decisions are based on what will keep them safe. The auditor interviewed the PREA Point-Person who stated they have the conversation with them when they arrive. He stated that they ask all residents if they have any concerns about their safety in the facility and the answer is noted on the 72 hour Interview Guide. He stated that everyone's placement, both the resident being interviewed and all residents' placement has to meet their needs and consider the impact on other residents.

115.242 (c) Case-by-case basis on a transgender or intersex resident's housing and programming assignments

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 which states that they consider on a case-by-case basis whether a placement would ensure the client's health and safety, and whether placement would present management or security problems. This was confirmed through interviews with the PREA Coordinator and the PREA Point-Person. There were no residents who identified as transgender or intersex housed in the facility while the auditor was onsite.

115.242 (d) Transgender or intersex resident's own views given serious consideration

Compliance Determination: Both the policy and the interview with the PREA Coordinator and the PREA Point-Person confirmed that a transgender or intersex resident's own views with respect to his or her own safety will be given serious consideration.

115.242 (e) Transgender or intersex resident opportunity to shower separately

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 which states that transgender and intersex residents are given the opportunity to shower separately from other residents. The PREA Coordinator stated that one wing has a private shower and if the transgender or intersex resident is housed in one of the other wings with multiple shower stalls, the resident will be given a time in which other residents cannot access that shower, typically after curfew when other residents are required to be in their rooms. Staff will clear the showers of other residents, then monitor the shower entrance to ensure privacy until the shower is complete.

115.242 (f) LGBTI residents not placed in dedicated facilities, units, or wings on such identification

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-04 which states that they will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification. The auditor interviewed the PREA-Point Person who stated the decision is based solely on the SVP assessment or other classification requirements,

	<p>not on how they identify.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA Policy, a review of screening documents and evaluating the resident roster with housing assignments and through interviews with the PREA Coordinator, the PREA Point-Person and the staff who administers the assessment.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC policy PREA-CBC-05 PREA Reporting 3. Posters 4. Staff training documents 5. Resident training documents <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. 12 Random staff 3. 16 random residents <p>Findings by Provision:</p> <p>115.251 (a) Multiple internal ways to report</p> <p>Compliance Determination: The auditor reviewed the IDOC policy PREA-CBC-05 PREA Reporting which states that a client can report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member. The policy then lists the various ways that they may do this. The auditor interviewed staff and residents, reviewed policy, and toured the facility. The auditor interviewed residents who provided multiple ways that they could report internally. Almost all residents stated they would tell their staff that they trust or put in a written communication form to staff. Some said that they would call the Iowa Ombudsman's office. Both from observations and through interviews with the residents it is apparent that most residents have a staff at the facility that they trust to do the right thing for them. The auditor interviewed the PREA Coordinator, The PREA Point-Person, and a random sample of staff and residents and reviewed the training materials provided to the residents and the posters displayed throughout the facility.</p> <p>115.251 (b) At least one way to report to an external entity</p> <p>Compliance Determination: The auditor reviewed IDOC policy PREA-CBC-05 PREA Reporting which states facilities will inform clients at least one way to report abuse or harassment to a public or private entity or office that is not part of the District</p>

	<p>and that is able to receive and immediately forward client reports of sexual abuse or sexual harassment to IDOC officials, allowing the client to remain anonymous on request. The auditor spoke with both staff and residents who verified that they can call or write to the Iowa Ombudsman's office and that this information is both in the intake information received when they arrived and on posters throughout the facility. The auditor performed a test call to the Iowa Ombudsman's office and verified that they would take calls from the Dubuque Residential Facility residents and report the information immediately to the IDOC PREA Coordinator and allow the resident to remain anonymous upon request.</p> <p>115.251 (c) Staff accept reports made Compliance Determination: The auditor reviewed IDOC policy PREA-CBC-05 PREA Reporting which states that reports can be made verbally, in writing, anonymously, and from third parties and all verbal reports will be documented. The auditor interviewed staff who stated that they would immediately report the incident to the Residential Manager. They would document any verbal reports right away but definitely before the end of their shift. The auditor interviewed the administrators and staff who stated that staff accepts reports any way that it is reported. The sample of residents interviewed stated the various ways that they can make a report.</p> <p>115.251.(d) Method for staff to privately report Compliance Determination: The auditor reviewed the reporting policy and interviewed staff to confirm that staff can privately report sexual abuse and sexual harassment to either to the Residential Manager, the PREA Coordinator, or the IDOC PREA Coordinator.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy, a review of posters, the resident training materials for both staff and residents, a test call placed to the Iowa Ombudsman, and through interviews with the PREA Coordinator, the PREA-Point Person, and a random sample of staff and residents.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC policy PREA-CBC-05 PREA Reporting 3. IDOC policy IO-OR-06 3. Resident training materials <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator

	<p>2. PREA-Point Person</p> <p>Findings by Provision: 115.252 (a) Exempt if no administrative procedures to address sexual abuse grievances</p> <p>Compliance Determination: The auditor reviewed IDOC policy IO-OR-06 Client Grievance Procedures that states allegations of sexual abuse or sexual harassment, or retaliation are not processed as a grievance and therefore do not require an attempt at informal resolution. However, if a resident submits a complaint to the grievance officer, it will be sent to the Division of Investigative Services in the IDOC Central Office for investigation. The auditor discussed this with the PREA-Point Person and the PREA Coordinator who stated that per IO-OR-06 Incarcerated Individual/Client Grievance Procedures complaints/allegations of sexual violence are not processed as a grievance so the grievance procedures do not apply (inclusive of the time limitations) which makes them exempt from standard §115.252. They informed the auditor that they still do accept a grievance that is submitted via a grievance form but they are not processed as grievances; they are routed immediately to the PCM for investigative response. They continued to point out that clients are educated on the multiple ways in which to report complaints/allegations of sexual violence which does not include the grievance process.</p> <p>The auditor determined that all allegations of sexual abuse or sexual harassment when received by staff, would immediately result in an administrative or criminal investigation and bypass the grievance process. There were no allegations reported using the written grievance system.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC policy PREA-CBC-05 3. Staying Safe Guide 4. Posters on access to support services 5. MOU with Riverview Center <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Point-Person 3. 16 random residents 4. Riverview Center <p>Findings by Provision: 115.253 (a) Access to outside victim advocates for emotional support</p>

Compliance Determination: The auditor reviewed the IDOC policy PREA-CBC-05 which states that facilities will provide clients with access to outside victim advocates for emotional support services related to sexual abuse by giving clients mailing addresses and telephone numbers, including toll-free hotline numbers. The auditor reviewed the resident training information and noted posters throughout the facility that had the Riverview Center contact information. The auditor also interviewed a random sample of residents to verify that they are aware of the availability of emotional support services from Riverview Center. The auditor interviewed the Resident Manager, the PREA Point-Person, and a random sample of residents. Both staff and residents stated that residents prefer to use their personal cell phones which are easier to use, provide for more privacy, they are free of charge with no immediate monitoring (staff can review the cell phone at any time but the call is not monitored). However, the residents were aware of the resident phones and the directions near the phones on how to contact the Riverview Center. The auditor performed a test call from the facility and reached the Riverview Center and spoke with a crisis line counselor.

115.253 (b) Inform residents extent that communications are monitored and when forwarded to authorities due to mandatory reporting laws

Compliance Determination: The auditor reviewed IDOC policy PREA-CBC-05 which states that facilities will tell clients, 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. The auditor spoke with the telephone service provider who verified that the numbers that are set up on the resident phone system that are accessed via the pre-recorded menu (prior to entering a personal identification number (PIN)) are not recorded or monitored. This information is also in the training material provided to the residents. The auditor also interviewed a random sample of residents to verify that they are aware that the phone to Riverview is not monitored or recorded, and their communication with Riverview is confidential.

115.253 (c) MOU with community providers of emotional support services

Compliance Determination: The auditor reviewed the MOU that the Dubuque Residential Facility entered into with the Riverview Center. The MOU outlines the services to provide an advocate, provide accompaniment and support through the forensic medical examination process and investigatory interviews, emotional support, crisis intervention, information and referrals. The auditor spoke with a crisis line counselor that verified they had an MOU with the facility and that they would provide services to any resident who requested them.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, the resident PREA information, the posters throughout the facility, and the MOU with the Riverview Center, and through interviews with the Residential Manager, the PREA Point-Person, and a random sample of residents.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Information on IDOC website <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.254 (a) Establish method to receive third-party reports - reporting info on website</p> <p>Compliance Determination: The auditor reviewed the IDOC website at https://do-c.iowa.gov/prison-rape-elimination-act/how-report-allegations-sexual-violence-idoc. The website very boldly has a “How to Report Allegations of Sexual Violence in the IDOC” section on their website. The website states that any person may report concerns of sexual violence and/or sexual misconduct on behalf of an IDOC incarcerated individual/client either verbally or in writing. The site goes on to list that they may report to any IDOC employee, to the Victim and Restorative Justice Director (address and phone number listed), the Iowa Ombudsman (address and phone number listed), by sending an email to PREA.reporitng.@iowa.gov, or by reporting it to the assigned Residential Manager, or PREA Compliance Manager. These are also the reporting methods that are posted in the facility and the training materials presented to the residents. The auditor tested this system by sending an email to the PREA.reporting@iowa.gov email link from the website. Approximately 18 minutes after the test email was sent the IDOC PREA Coordinator responded via email and stated that the test email was received and that if this was an allegation from a third party, she would review the complaint received and forward to the appropriate facility to complete additional inquiries as appropriate. Alternatively, she could also refer it directly to their Division of Investigative Services if that were more appropriate.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of the website, by testing some of the third-party reporting options, and through an interview with the PREA Coordinator.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-06 Official Response

3. Iowa Department of Health and Human Services (HHS) Dependent Adult Abuse – A Guide for Mandatory Reporters

Interviews Conducted:

1. Residential Manager
2. PREA Point-Person
3. 12 Random Staff

Findings by Provision:

115.261 (a) All staff to report immediately

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that staff are required to immediately report any knowledge, suspicion or information whether verbally or in writing, regarding: an incident of sexual abuse, sexual misconduct or sexual harassment that occurred in a correctional facility, whether or not the facility is part of the IDOC; retaliation against clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The auditor interviewed the Residential Manager, the PREA Point-Person, and random staff who consistently stated that staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. When an allegation of sexual abuse or sexual harassment is reported, the allegation is immediately turned over to the Residential Manager. The Residential Manager or the PREA Point-Person ensure that all allegations are reported to the administrators both of the District and within the IDOC, the IDOC PREA Coordinator, the IDOC Division of Investigative Services, and if criminal, to the Dubuque Police Department.

115.261 (b) Staff shall not reveal info to anyone other than designated supervisors or officials

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Staff interviews confirmed that the information must be kept confidential and not shared with other coworkers or residents

115.261 (c) Medical and mental health providers required to report and inform residents of their duty to report and their limits to confidentiality at initiation of services

Compliance Determination: The Dubuque Residential Facility does not have any full or part-time medical or mental health staff. The auditor interviewed the Residential Manager and the PREA Point-Person who stated that those services are sought by the resident out in the community.

115.261 (d) Report to designated agency when under 18 or vulnerable adult

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06

	<p>Official Response which states that that if the alleged victim is considered a dependent adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed the Residential Manager, the PREA Point-Person and random staff who stated that sexual abuse of a vulnerable adult will be reported to the Iowa Department of Health and Human Services toll-free number. The auditor reviewed also reviewed the Iowa Dependent Adult Abuse – A Guide for Mandatory Reporters which lists mandatory reporters under the state statute.</p> <p>115.261 (e) Report all allegations to facility’s investigators Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports and reports from other agencies or facilities, shall be reported for investigation. The auditor reviewed the Sexual Assault Checklist and interviewed the District Director, the PREA-Point Person, the Residential Manager, and random staff who stated that all reports, regardless of where they are from, are reported to the District Director and to the PREA Coordinator and the Division of Investigative Services so that an investigator can be assigned.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the Iowa mandatory reporting laws and through interviews with the administrative staff, and random staff.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-06 Official Response <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. IDOC Director 2. District Director 3. Residential Manager 4. 12 Random staff <p>Findings by Provision: 115.262 (a) Immediate action to protect resident when risk of imminent sexual abuse Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that when staff learns that a client is subject to a substantial risk of imminent sexual violence, they will take immediate action to</p>

	<p>protect the client. The auditor interviewed a random sample of staff who stated that they will immediately separate the resident from the threat to keep them safe. In some instances staff reported that they might keep the resident with them or assign them to another staff to supervise while they report the situation to supervisors to determine action steps that will ensure resident safety. The auditor interviewed the IDOC Director who stated that she expects staff to immediately remove the resident from any threat with no questions asked until an investigator can come in and get more information. She also expects them to be offered mental health resources to ensure their emotional state is cared for. The auditor interviewed the District Director and the Residential Manager who stated that their expectation of staff is to first immediately remove the threat, if identifiable. However, second to that is to keep the resident with them until a safe situation can be determined. The Residential Manager stated that they will explore other housing options, including another facility for the person making the threat. If that is not possible, then at least move them right away to separate rooms, and ensure that they communicate with residential staff who are supervising the residents so that they know there are issues and need to be under closer supervision. During interviews with staff they also responded that they would ensure they were immediately separated and for staff to be vigilant in their supervision.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the IDOC Director, the District Director, the Residential Manager, and staff randomly selected by the auditor.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-06 Official Response <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. IDOC Director 2. District Director 3. Residential Manager <p>Findings by Provision:</p> <p>115.263 (a) Notify head of agency when receiving an allegation while confined at their facility</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the head of the facility or appropriate office of the</p>

	<p>agency where the alleged abuse occurred. The auditor interviewed the IDOC Director, the District Director, and the Residential Manager who confirmed that Residential Manager notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. If an allegation is received by them from another facility, an investigation will be initiated immediately. Both notifying other agencies and receiving notifications are documented. There have been no allegations of sexual abuse the facility received from other facilities nor allegations received by them from their residents that needed to be reported to other facilities within the last several years.</p> <p>115.263 (b) Notification to head of agency within 72 hours Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The auditor interviewed the administrators who confirmed that the notification is made right away and definitely within 72-hours.</p> <p>115.263 (c) Document notification Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that they will document that they have provided such notification.</p> <p>115.263 (d) The agency head or office that receives notification shall investigate Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that the facility head or agency office that receives such notification will ensure that the allegation is investigated in accordance with this standard. The auditor interviewed the IDOC Director and Residential Manager who stated that if there is an allegation that a resident was sexually abused while confined at their facility, if the incident was not already investigated it will be immediately referred for investigation. There have been no such incidents reported to the administrators by other facilities.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the IDOC Director, the District Director, and the Residential Manager.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-06 Official Response 3. PREA First Responder Checklist

	<p>Interviews Conducted:</p> <p>1. 12 Random staff who are First Responders</p> <p>Findings by Provision:</p> <p>115.264 (a) First responder duties</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that the first security staff member on the scene of a sexual abuse/assault will perform the duties as outlined in this standard – these duties are listed within the policy verbatim as in the standard. The auditor interviewed 12 randomly selected staff who all were able to identify the first responder duties as Separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and request that the alleged victim and ensure the alleged perpetrator, not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Many of the staff also said they will determine if the situation requires immediate involvement of law enforcement or medical personnel and also notify the supervisor or the on-call supervisor. If immediate medical attention is needed they would call an ambulance or arrange to take them to the hospital to provide immediate medical care. The auditor also reviewed the PREA First Responder Checklist that is documentation of these steps as described above. There have been no instances where the first responder response has been used during this auditing period.</p> <p>115.264 (b) First responder not security staff request victim not destroy evidence and notify security staff</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states if the first staff responder is not a security staff member then, after ensuring that the alleged victim is free from harm, they will request the alleged victim not take any actions that could destroy physical evidence and then notify security staff of the situation immediately. The auditor interviewed a contracted food service staff, who would be the only person in the facility who is not a security staff member. She stated that her job is just to make sure that they are safe and don't wash away the evidence and immediately contact the Residential Supervisor.</p> <p>The auditor interviewed staff who were aware of their first responder duties and could articulate how to implement proper procedures. Staff stated they would first separate the alleged victim and the alleged abuser.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with a random selection of security staff and of a non-security contractor.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-06 Official Response 3. Sexual Assault Checklist <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager <p>Findings by Provision:</p> <p>115.265 (a) Written institutional plan to coordinate actions</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual violence, among staff first responders, medical and mental health practitioners (if any), investigators and facility leadership. The auditor interviewed the Residential Manager who stated that she would follow the Sexual Assault Checklist that include the first responder duties, reporting to the local hospital Mercy Hospital or Unity Point Finley either for medical care and/or evidence collection by a SANE, arranging for an advocate from the Riverview Center and notifying the sexual violence investigator and the District and IDOC administrators. The auditor interviewed both administrators and a random selection of staff who confirmed that the facility has a good, coordinated response effort. The Residential Manager stated that all supervisory on-call staff are aware of the need to make a victim services advocate from Riverview available and coordinating with law enforcement to ensure that a forensic examination is conducted by a SANE at the hospital. All interviews corresponded to the outline in the PREA policy and the Sexual Assault Checklist.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the Sexual Assault Checklist, and through interviews with the Residential Manager, and staff.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. IDOC Director 2. District Director <p>Findings by Provision:</p> <p>115.266 (a) No collective bargaining or other agreements that limit ability</p>

	<p>to remove staff abuser</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that neither the IDOC nor any other governmental entity responsible for collective bargaining on the District's behalf will enter into or renew any collective bargaining agreement or other agreement that limits the ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor interviewed the IDOC Director and the District Director who stated that they will remove alleged staff sexual abusers from contact with residents pending the outcome of the investigation and although they do have a collective bargaining agreement, it does prohibit this action.</p> <p>115.266 (b) Agreements cannot contradict 115.272 Standard of evidence and 115.276 Disciplinary sanctions for staff. Agreements are not restricted regarding expungement or retention in the staff personnel file following a determination of not substantiated</p> <p>Compliance Determination: The auditor interviewed the IDOC Director and the District Director who stated that there are no issues. The agreements are more about wages, having a union rep or peer present and the agreements do not interfere with the disciplinary process or discuss whether a no-contact assignment that is imposed pending the outcome of an investigation is expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and in interviews with the IDOC Director and the District Director.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-06 Official Response <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. IDOC Director 2. District Director 3. Residential Manager 4. Residential Supervisor - staff charged with monitoring for retaliation <p>Findings by Provision:</p> <p>115.267 (a) Policy to protect all residents and staff from retaliation</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06</p>

Official Response which states that the District will protect all clients and staff who report sexual violence or cooperate with investigations from retaliation by other clients or staff. It also states that the Residential Supervisor will monitor for retaliation in residential facilities. The auditor interviewed the IDOC Director, the District Director, the Residential Manager and the Residential Supervisor to verify expectations and procedures on prevention effort against retaliation and monitoring for retaliation.

115.267 (b) Employ multiple retaliation protection measures

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that the District will employ multiple protection measures, such as housing changes or transfers for client victims or perpetrators, removal of alleged staff aggressors or client perpetrators from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting or cooperating with investigations. The auditor interviewed the IDOC Director, the District Director, the Residential Manager and the Residential Supervisor who confirmed that separation of the victim from the perpetrator is crucial in the prevention of retaliation and that the monitor should check in with them often.

They also confirmed that offering emotional support services was part of their process. The Residential Manager stated that she also looks to make sure that they are not signed out of the building at the same time and that they are kept separate in community spaces like dayrooms, bathrooms, and the smoking area. She looks to make sure that people are not talking openly or negatively to others. For staff, she would look at the schedule to see if they are paired working together on the same shift. However, ultimately it is better to have the perpetrator removed from the facility at a minimum housed in a different unit or assigned a different work area.

115.267 (c) Monitor for retaliation for at least 90 days; Act promptly

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that for at least ninety (90) days following a report of sexual violence, the designated staff member charged with monitoring retaliation will monitor the conduct and treatment of clients or staff who reported the sexual violence and of clients who were reported to have suffered sexual violence to see if there are changes that may suggest possible retaliation by clients or staff, and will act promptly to remedy any retaliation. The auditor interviewed the Residential Supervisor who is charged with monitoring for retaliation. She confirmed that she will begin monitoring right away, continue monitoring for at least 90 days and longer if necessary, and will take immediate action if she has any indication that the victim is being retaliated against.

115.267 (d) Monitoring will include periodic status checks of residents

Compliance Determination: The auditor interviewed the Residential Supervisor who is charged with monitoring for retaliation who stated that she checks in with the resident soon after the allegation is made and continues to check in with them at a minimum of every 30 days until the either the resident leaves the facility, the investigation determines that the allegation is unfounded, or the 90 days has passed.

	<p>115.267 (e) Protection of any other individual who cooperates with an investigation Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility will take appropriate measures to protect that individual against retaliation. The Residential Supervisor confirmed in her interview that she monitors anyone who may be involved in the investigation and would ensure that they are protected if retaliation is suspected.</p> <p>115.267 (f) Obligation to monitor terminates if the allegation is unfounded Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-06 Official Response which states that the obligation to monitor ends if the facility determines that the allegation is unfounded.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-07 PREA Investigations 3. Investigative Report 4. Administrative Investigator training certificates <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Point-Person 3. Residential Manager - Administrative Investigator <p>Findings by Provision: 115.271 (a) An agency's own investigation will be prompt, thorough, and objective Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that 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. The auditor interviewed the Residential Manager who is a trained administrative investigator for the facility. If staff are involved in the allegation either an administrative investigator from another facility or the PREA-Point Person will be assigned to investigate. The administrative investigator stated that she responds as soon as she finds out about the allegation.</p> <p>115.271 (b) Sexual abuse investigations will be completed by investigators who have received special training in sexual abuse investigations pursuant to 115.234</p>

Compliance Determination: The auditor reviewed their specialized training certificates which showed that the investigators have completed specialized investigator training from various sources to include the Moss Group, the National PREA Resource Center and the First Judicial District Department of Correctional Services, the National Institute of Corrections, and the Iowa Department of Corrections.

115.271 (c) Investigators shall gather and preserve direct and circumstantial evidence

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor interviewed an administrative investigator who stated that during an investigation some examples of evidence they may have include statements from witnesses who have direct knowledge, camera footage, or direct DNA evidence from bodily fluids that were collected at the hospital by a SANE nurse.

115,271 (d) When evidence supports criminal prosecution, agency will conduct compelled interviews only after consulting prosecutor

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that when the quality of evidence appears to support criminal prosecution, the investigation will be turned over to law enforcement. Compelled interviews may only be conducted if the District Director has determined, in consultation with prosecutors, if compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor interviewed an administrative investigator who stated that she would complete the administrative investigation but as soon as it was deemed a criminal act, law enforcement investigators would immediately be involved. If staff were involved in an allegation, law enforcement would work with the attorney regarding any compelled interview.

115.271 (e) Credibility shall be assessed on individual basis

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as client or staff. IDOC will not require a client who alleges sexual violence to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor interviewed an investigator who stated that she looks at the motive and looks at the evidence. She compares what was said with what the evidence shows. She gave an example of a person interviewed may deny that a certain event happened, but there is clear evidence in the video that shows the event did happen. The auditor reviewed the one investigative report completed by the facility over the past year and that report contained specific statements regarding the credibility of the people interviewed.

115.271 (f) Administrative investigations shall include items listed

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that investigators will prepare a final written report that includes a description of the physical, testimonial and documentary evidence, the reasoning behind credibility assessments and investigative facts and findings. The report will also include whether staff actions or failures contributed to the abuse. The report will be provided to the designated IDOC Deputy Director and District Director. The report shall be a confidential record. The auditor interviewed the administrative investigator who stated that any staff shortcomings will be looked at during the process. If she becomes aware of any shortcomings, she will put them in the report and will discuss them during the debrief. She gave examples of staff failing to conduct their I counts, staff not conducting rounds or being too predictable when the rounds are supposed to be staggered, and whether staff are doing the duties expected of them.

115.271 (g) Criminal investigations shall be documented

Compliance Determination: The auditor reviewed the one allegation made over the past year that was investigated. It was properly documented in a written report and contained a thorough description of physical, testimonial, and documentary evidence. The auditor interviewed the Residential Manager who stated that they will request criminal investigative reports from the Dubuque Police Department.

115.271 (h) Substantiated allegations of sexual abuse shall be referred for prosecution

Compliance Determination: The auditor interviewed the Residential Manager who stated that that all criminal allegations are referred for prosecution. They have had no cases at this facility that were referred for prosecution over the previous 12 months. The auditor requested if there were any investigations previous to that and they provided an investigation from November 2023 that was referred for prosecution, but the Dubuque County Attorney declined to prosecute.

115.271 (i) Retain all written reports for as long as abuser at agency plus five years

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that the District and the Division of Investigative Services shall retain all written sexual violence investigation reports for as long as the alleged perpetrator is incarcerated/supervised or employed by the agency, plus five years.

115.271 (j) Departure of abuse or victim not basis for terminating investigation

Compliance Determination: The auditor interviewed the administrative investigator who stated that if the alleged abuser or the alleged victim leaves either employment or discharges or is transferred from the facility, a full investigation still continues. They will still reach out if they have information on where they are located and try to complete interviews or continue the investigation to the best of the ability with what is available to them.

	<p>115.271 (k) State or DOJ shall follow above requirements Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>115.271 (l) Facility shall cooperate with outside investigators and remain informed of progress of investigation Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that when outside agencies investigate sexual violence, the facility shall cooperate with outside investigators and shall endeavor to remain informed and keep the appropriate IDOC Deputy Director informed about the progress of the investigation. The PREA Coordinator, the PREA Point-Person, and the Residential Manager stated that that they would collaborate with the Dubuque Police Department, assist them with whatever they may need, to include setting up interviews, providing camera footage, etc., and follow up with them during the course of their investigation as to its progress.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of an investigative report, a review of specialized investigator training, and through interviews with the Residential Manager/ Administrative Investigator, the PREA Coordinator and the PREA Point-Person.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-07 PREA Investigations 3. Investigative report <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Administrative Investigator <p>Findings by Provision: 115.272 (a) No standard higher than a preponderance of the evidence Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual violence are substantiated. The auditor interviewed the investigator and reviewed an investigative file and was satisfied that this facility uses no standard higher than a preponderance of the evidence. The Administrative Investigator stated that they use a preponderance of evidence which means that it more than likely occurred-more than 50% believe that through the evidence that the incident occurred.</p>

	The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and an administrative investigation report, and through an interview with the administrative investigator.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-07 PREA Investigations 3. Investigative File 4. Investigator's Closure Letter to Client <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager/Administrative Investigator 2. PREA Point-Person <p>Findings by Provision:</p> <p>115.273 (a) Inform resident of the outcome of investigation Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states that following an investigation into an allegation of client sexual misconduct, the sexual violence investigator shall inform the client victim as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded, using PREA-CBC-07 F-2, Investigator's Closure Letter to Client. The investigation reviewed by the auditor documents within the report the date the closure letter noting the findings of the investigation were provided.</p> <p>115.273 (b) Request outcome from external investigative agency Compliance Determination: The auditor interviewed the PREA Point-Person regarding notifying the outcome of an investigation to a resident who has made an allegation of sexual abuse. He stated that sometimes they are released from the program by the time the investigation is complete. Typically, they will try to make a phone call and document if they make contact. The auditor informed him that the obligation to report under this standard is terminated if the resident is released from the agency's custody. He stated that if they are still in agency custody, they will provide them with criminal findings from the Dubuque Police Department as well.</p> <p>115.273 (c) Inform resident if alleged staff abuser is no longer posted in unit, no longer employed, or has been indicted or convicted Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states following a substantiated or unsubstantiated investigation of an allegation of staff sexual misconduct, the District shall subsequently inform the client victim whenever the staff member is no longer posted within the client's facility/assigned area; the staff member is no longer</p>

	<p>employed at the facility; the District learns that the staff member has been indicted on a charge related to sexual misconduct within the facility; or the District learns that the staff member has been convicted on a charge related to sexual misconduct within the facility. There were no investigations to review in which this standard would apply to verify through documentation. The auditor reviewed the policy and interviewed the Administrative Investigator who stated that they would make the proper notifications at the conclusion of the investigation if the resident is still within control of the agency.</p> <p>115.273 (d) Inform resident if alleged resident abuser has been indicted or convicted Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-07 PREA Investigations which states following a client's allegation that he or she has been sexually abused by another client, the District shall subsequently inform the alleged victim whenever: the District learns that the alleged abuser has been indicted on a charge related to sexual misconduct within the facility; or the District learns that the alleged abuser has been convicted on a charge related to sexual misconduct within the facility. There were no investigations to review in which this standard would apply to verify through documentation. The auditor reviewed the policy and interviewed the Administrative Investigator who stated that they would make the proper notifications at the conclusion of the investigation if the resident is still within control of the agency.</p> <p>115.273 (e) Document all attempts to notify Compliance Determination: The investigation reviewed by the auditor documents within the report the date the closure letter noting the findings of the investigation were provided to the resident.</p> <p>115.273 (f) Obligation to report if resident released from agency's custody Compliance Determination: The PREA Point-Person stated that sometimes they are released from the program by the time the investigation is complete. Typically, they will try to make a phone call and document if they make contact. The auditor informed him that the obligation to report under this standard is terminated if the resident is released from the agency's custody.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-08 Discipline 3. Investigative reports <p>Interviews Conducted:</p>

1. PREA-Point Person

Findings by Provision:

115.276 (a) Staff subject to disciplinary action up to and including termination for violating

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that staff shall be subject to disciplinary sanctions up to and including termination for violating IDOC policies relating to sexual misconduct, sexual harassment, retaliation or for any neglect or violation of duty that may have contributed to such incidents.

115.276.(b) Termination is the presumptive discipline for staff who have engaged in sexual abuse

Compliance Determination: The auditor reviewed IDOC Policy PREA-CBC-08 Discipline which states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual misconduct.

115.276 (c) Staff Discipline commensurate with the nature and circumstance, etc.

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that Disciplinary sanctions for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

115.276 (d) All terminations unless activity not criminal reported to law enforcement agencies and relevant licensing bodies

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that all terminations for violations of IDOC policies relating to sexual misconduct, sexual harassment, retaliation, or for any neglect or violation of duty that may have contributed to such incidents or resignations by staff who would have been terminated if not for their resignation, shall be referred for criminal prosecution by the designated IDOC Deputy Director when the evidence is sufficient for a criminal referral, and by the appropriate District designee to any relevant licensing bodies.

The auditor interviewed the Residential Manager and the PREA-Point Person who stated that allegations against staff are investigated. The auditor reviewed investigative files regarding allegations against staff. The investigations were appropriately investigated. Documentation shows that the staff are typically put on administrative leave during the investigation and that termination is typically followed if the case is substantiated or the staff has not already resigned. If the staff member has resigned and the actions were criminal, the case is turned over to the Dubuque Police Department for investigation.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative reports to include staff-involved

	allegations, and through an interview with the Residential Manager and the PREA-Point Person.
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-08 Discipline 3. Investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Resident Manager <p>Findings by Provision:</p> <p>115.277 (a) Contractor or volunteer who engages in sexual abuse prohibited from contact and reported to law enforcement agency unless not criminal and to relevant licensing bodies</p> <p>Compliance Determination: The auditor reviewed IDOC Policy PREA-CBC-08 Discipline which states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with clients and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The auditor interviewed the Residential Manager who stated that she would immediately prohibit contact and report to law enforcement if the if the allegation appeared to be a criminal act.</p> <p>115.277 (b) Contractor or volunteer policy violations - Take appropriate remedial measures and consider prohibiting further contact</p> <p>Compliance Determination: The auditor reviewed IDOC Policy PREA-CBC-08 Discipline which states that the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with clients, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor interviewed the Residential Manager who stated that currently the only contractors are the food service staff at the facility. They will be subject to the corrective actions as outlined in the policy. The Residential Manager stated that they would immediately prohibit further contact, and if serious, end their service and if criminal, contact law enforcement to seek prosecution.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through an interview with the Residential Manager.</p>

115.278	Disciplinary sanctions for residents
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. IDOC Policy PREA-CBC-08 Discipline
3. Resident Intake Packet

Interviews Conducted:

1. Residential Manager

Findings by Provision:

115.278 (a) Residents disciplined

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that Clients shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. The auditor reviewed the Resident Intake Packet which includes the Resident Rules and Possible Disciplinary Measures. The auditor interviewed the Residential Manager who stated that they would follow their disciplinary process, and the discipline depends on the seriousness of the allegation.

115.278 (b) Sanctions commensurate with the nature and circumstance

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history and the sanctions imposed for comparable offenses by other clients with similar histories. The auditor interviewed the Residential Manager who stated some examples of disciplinary sanctions are verbal reprimands, minor sanctions, loss of privileges, loss of level which could extend time at the facility to more serious disciplinary sanctions such as probation violation and revocation or referred for prosecution for criminal acts.

115.278 (c) Disciplinary process considers resident's mental disabilities or mental illness

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that the disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor interviewed the Residential Manager who stated that this would always be considered.

115.278. (d) if sex offender therapy offered, facility considers whether to require offender to participate as a condition of access to programming or other benefits

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that if the facility offers therapy, counseling or other

	<p>interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending client to participate in such interventions as a condition of access to programming or other benefits.</p> <p>115.278 (e) Discipline for sexual contact with staff only upon finding that staff member did not consent Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that The facility may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.278 (f) Good faith report shall not constitute false reporting Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.278 (g) May prohibit all sexual activity between residents but may not deem as sexual abuse if determined not coerced Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-08 Discipline which states that The facility may, in its discretion, prohibit all sexual activity between clients and may discipline clients for such activity. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The auditor interviewed the Residential Manager who stated that they investigate every incident to ensure that there was no coercion. The auditor reviewed the resident intake packet which states under the Sexual Misconduct section that Offenders are not allowed to have sexual contact with each other while participating in the program. This includes while on pass or furlough. The auditor interviewed the Residential Manager who confirmed this.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, review of the resident intake packet regarding resident rules and discipline, and a review of investigative files, and through interviews with the Residential Manager. The auditor interviewed the Residential Manager who discussed different types of disciplinary sanctions that can be imposed. However, there has been no resident-on-resident reported allegations of sexual abuse or sexual harassment over this audit report period.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire

	<p>2. IDOC Policy PREA-CBC-09 PREA Medical and Mental Care</p> <p>Interviews Conducted:</p> <ol style="list-style-type: none">1. Residential Manager2. 12 Random Staff <p>Findings by Provision:</p> <p>115.282 (a) Access to emergency medical treatment and crisis intervention and 115.282 (b) If no medical or mental health staff on duty, security staff immediately notify medical and mental health practitioners</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that client victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment in the community and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners working in the facility, if any, according to their professional judgment. The auditor interviewed the Residential Manager who stated that they do not employ or contract with any medical or mental health practitioners. All care is obtained from providers within the community. She stated that staff first responders would take preliminary steps to protect the victim, and call 911 or transport the resident to the local hospital for necessary medical care and crisis intervention services. She stated that all medical responses are met by taking the resident to either Mercy Hospital or Unity Point Finley for emergency medical and mental health services and the professional judgement of health care providers at those facilities would be followed.</p> <p>1125.283 (c) Offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that client victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>115.283 (d) Treatment services at no financial cost</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Attorney General's Crime Victim Compensation Program may assist with such crime-related medical care expenses by contacting the Victim Assistance Section at 1-800-373-5044.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Residential Manager.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims
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	and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-09 PREA Medical and Mental Care <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager <p>Findings by Provision:</p> <p>115.283 (a) Offer medical and mental health evaluation and ,as appropriate, treatment to all residents who have been victimized Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility is available in the community.</p> <p>115.283 (b) Evaluation and treatment will include follow-up services, treatment plans, and referrals for continued care following their transfer or release Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.</p> <p>115.285 (c) Provide medical and mental health services consistent with community level of care Compliance Determination: The auditor interviewed the Residential Manager who stated that victims receive community care.</p> <p>115.283 (d) Provide pregnancy tests Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests at the hospital.</p> <p>115.283 (e) Provide timely and comprehensive information and timely access to all lawful pregnancy-related medical services Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that if pregnancy results from conduct specified in paragraph (3) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services in the community.</p>

	<p>115.283 (f) Offer tests for sexually transmitted infections Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (g) Provided treatment services without financial cost Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care which states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283 (h) Attempt mental health evaluation of abusers within 60 days and offer treatment when deemed appropriate by mental health practitioners Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-09 PREA Medical and Mental Care policy which states that the facility shall provide a referral for a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The auditor interviewed the Residential Manager regarding the provisions of these standards and verified that these services would be provided to the resident through community providers. The Residential Manager would follow up to ensure that follow-up services recommended by the providers would be continued. These services have not been required at the facility.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Residential Manager.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-10 Data Collection and Review 3. Sexual Abuse Incident Review Report form PREA-CBC-10 F-1 4. Investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Residential Manager 2. PREA Coordinator 3. PREA Point-Person

Findings by Provision:

115.286 (a) Conduct sexual abuse incident review

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the Districts, shall conduct a sexual violence incident review at the conclusion of every sexual violence investigation that results in a substantiated or unsubstantiated finding.

115.286 (b) Review within 30 days of conclusion of investigation

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review, which states that such review shall ordinarily occur within 30 days of the conclusion of the investigation.

115.286 (c) Review team includes upper-level management with input from line staff, investigator, and medical or mental health practitioners

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the review team shall include: District Director or designee; Residential management or other upper-level management team members responsible for the areas of the facility where the incident occurred; At least one of the sexual violence investigators on the case; Medical or mental health practitioners, if any, when involved with the perpetrator or victim; and the District's PREA Compliance Manager.

115.286 (d) Review team will consider items outlined in provision

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual violence; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the areas where the incident occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of its findings, using PREA-CBC-10 F-1, Sexual Abuse Incident Review Report, and by entry of PREA-CBC-10 F-1 into the PREA Investigation Database. The report shall include, but not necessarily be limited to, determinations made pursuant to the above section, and any recommendations for improvement. The report shall be distributed to the District Director, the designated IDOC Deputy Director, the District's PREA Compliance Manager, and the PREA Compliance Coordinator.

115.286 (e) Implement recommendations for improvement or document reasons for not doing so

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the District shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The auditor interviewed the PREA Coordinator, the PREA-Point Person, and the Residential Manager, who all stated that they conduct incident reviews of sexual

	<p>abuse incidents within 30 days of the conclusion of the investigation. The Resident Manager verified that the District Director, the Assistant District Director, the PREA Point-Person, and the Resident Manager hold the review with input from others that may have been involved in the investigation or medical, mental health response.</p> <p>The PREA Coordinator stated that she reviews the Districts' incident reviews from a Quality Assurance role and then it is stored on their database, that does not allow the case to be closed without an incident review. She stated if there are any corrective actions that need to be taken as a result of the review, she follows up with the quality assurance aspect, discusses the needs about any requested follow-up. The auditor reviewed the form used to document sexual abuse incident reviews. There were no allegations investigated during the audited period that required an incident review. The Dubuque Residential Facility uses the policy to guide what needs to be reviewed as well as the Sexual Abuse Incident Review Report form PREA-02 F-5. The form has boxes to trigger discussion on the each of the discussion components required by the standard (change policy or practice, motivation, physical barriers, staffing levels, monitoring technology, recommendations for improvement), and then they fill in the required explanatory section with discussion so that it is not a "check the box" form. The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Residential Manager.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-10 Data Collection and Review 3. Investigative files 4. 2023 Annual Report 5. Aggregate data for 2022, 2023, 2024 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2 . PREA Point-Person <p>Findings by Provision:</p> <p>115.287 (a) Collect accurate, uniform data for every allegation</p> <p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that The IDOC shall collect accurate, uniform data for every allegation of sexual violence at facilities under its direct control using a standardized instrument and set of definitions.</p>

	<p>115.287 (b) Aggregate incident-based data annually Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that The IDOC shall aggregate the incident-based sexual abuse data at least annually.</p> <p>115.287 (c) Data necessary to answer the questions form Survey of Sexual Violence Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.287 (d) Maintain, review, and collect data from reports, investigation files, and sexual abuse incident reviews Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that The IDOC shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files and incident reviews.</p> <p>115.287 (e) Obtain incident-based and aggregated data from contracted private facilities Compliance Determination: The auditor interviewed the PREA-Point Person who stated that they do not contract for the confinement of residents in other facilities.</p> <p>115.287 (f) Provide data to DOJ no later than June 30 upon request Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that The IDOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 each year.</p> <p>Aggregate annual data was provided to the auditor. The auditor interviewed the PREA Coordinator, the PREA Point-Person, and the Residential Manager and reviewed the aggregate data. The facility collects uniform data for all allegations of sexual abuse based on a review of investigative reports. The aggregated data is included in their annual reports. The auditor reviewed the 2023 Annual Report and the aggregate data for the District from the Dubuque Residential Facility and the West Union Residential Facility from 2022 to 2024. The PREA Coordinator is currently preparing the 2024 Annual Report which must be completed by June 2025. This facility does not contract for the confinement of their residents with other agencies.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. IDOC Policy PREA-CBC-10 Data Collection and Review
3. 2023 Annual report

Interviews Conducted:

1. IDOC Director
2. PREA Coordinator
- 3 . PREA Point-Person

Findings by Provision:**115.288 (a) Prepare annual report; Review data to assess and improve**

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the Office of the Deputy Director of Institution Operations/Designee shall review data collected and aggregated pursuant to PREA §115.287 in order to assess and improve the effectiveness of IDOC's sexual abuse prevention, detection and response policies, practices and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

115.288 (b) Annual report includes comparison of current year's data and corrective actions with prior years and provides progress

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the IDOC's progress in addressing sexual violence.

115.288 (c) Annual report approved by agency head and on website

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the report shall be approved by the IDOC Director and be available to the public on the IDOC website. The auditor interviewed the IDOC Director who stated that she does approve the annual reports that are placed on the website.

115.288 (d) Redact information that may be a threat to safety and security but must indicate nature of material redacted

Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review, which states that specific material from the report may be redacted when publication would present a clear and specific threat to the safety and security of a facility, but IDOC shall indicate the nature of the material redacted.

The auditor interviewed the IDOC Director, the IDOC PREA Coordinator, and the First District PREA-Point-Person and reviewed the 2023 First District Annual Report. Although the realignment occurred July 1, 2023, in which the judicial districts came under the authority of the Iowa Department of Corrections, the annual reports were still prepared separately by each district and one for IDOC prison facilities. However,

	<p>all were posted on the IDOC website. The First District's review and annual report are aimed at assessing and improving the effectiveness of their sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis. Their annual report is posted on the IDOC website at https://doc.iowa.gov/prison-rape-elimination-act/idoc-annual-prea-reports</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the aggregate data within the annual report posted on the website, and through interviews with the IDOC Director, the IDOC PREA Coordinator, and the First District PREA-Point-Person.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDOC Policy PREA-CBC-10 Data Collection and Review 3. Annual report with aggregate data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Point-Person <p>Findings by Provision:</p> <p>115.289 (a) Data security retained Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that the IDOC shall ensure that data collected pursuant to PREA §115.287 is securely retained.</p> <p>115.289 (b) Aggregate data available to public annually Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that IDOC shall 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 on the IDOC website and posted on the State Library. IDOC shall make sexual abuse data available to the Department of Administration (DAS) Attorney.</p> <p>115.289 (c) Remove personal identifiers Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that before making aggregated sexual abuse data publicly available, IDOC shall remove all personal identifiers.</p> <p>115.289 (d) Maintain data for at least 10 years after the date of the initial collection</p>

	<p>Compliance Determination: The auditor reviewed the IDOC Policy PREA-CBC-10 PREA Data Collection and Review which states that Sexual abuse data collected pursuant to PREA §115.287 shall be maintained for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.</p> <p>The auditor interviewed the PREA Coordinator and the PREA Point-Person. The auditor reviewed the aggregate data posted on the website. The facility does not contract for the confinement of its residents with any facility. The PREA policy addresses data storage, publication, and destruction requirements. Information is maintained locked within the offices of the PREA Coordinator or the PREA Point-Person or stored electronically on a secure drive that is password protected with limited access. Any hard copy information within the facility is maintained by the Resident Manager or investigator in a locked file drawer in their office. Data collected is retained for at least ten (10) years. The IDOC does not include any identifiable personal information within its report that would need to be redacted.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the annual report with the aggregate data and through interviews with the PREA Coordinator, and the PREA Point-Person.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Dubuque Residential Facility 2019 PREA Audit 3. The Dubuque Residential Facility 2022 PREA Audit 4. The IDOC website of previous audits <p>Findings by Provision:</p> <p>115.401 (a) Each facility audited once every three years Compliance Determination: This facility was initially audited May 2, 2016. The second audit was conducted on May 13 and 14, 2019, and the facility's last audit was March 23 to 25, 2022. The facility has consistently been audited every three years since January 2016.</p> <p>115.401 (b) At least one-third of each facility type is audited each year Compliance Determination: The IDOC operates nine correctional facilities and eight districts that have two to four community confinement facilities each. The auditor reviewed the previous list of audited facilities on the IDOC website to determine that at least one-third of each facility type is audited each year with the department as a whole participating in eight to ten audits each year.</p> <p>115.401 (h) Auditor access to and observation of all areas of facility</p>

	<p>Compliance Determination: The auditor had complete access and observed operations in every area of the facility. The auditor conducted a tour of the facility on the first day which included every area of the facility to include administrative areas, intake area, control desks, all housing areas, storage areas, food service areas, laundry, restroom and shower, and maintenance areas.</p> <p>115.401 (i) Auditor permitted to request and receive copies of any relevant documents including electronically stored information Compliance Determination: The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor requested many documents throughout the audit process. The administrators of the Dubuque Residential Facility provided numerous copies of documents to include policies, resident screenings, resident intake packet information, human resource documentation, forms, and investigative files.</p> <p>115.401 (m) Auditor permitted to conduct private interviews Compliance Determination: The auditor conducted private interviews with residents in staff in a conference room that was provided for this purpose. The Dubuque Residential Facility staff were very cooperative throughout the audit process.</p> <p>115.401 (n) Residents permitted to send confidential information to auditor in same manner as if with legal counsel Compliance Determination: The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any correspondence regarding this facility.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of previous PREA Audits, a very thorough tour, and a review of numerous documents.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: 1. Pre-Audit Questionnaire 2. IDOC website</p> <p>Findings by Provision: 115.403 (f) All final audit reports published on agency's website Compliance Determination: This is the fourth audit for the Dubuque Residential Facility. Their last PREA audit was conducted from March 23 to March 25, 2022. Their first PREA audit was conducted on May 2, 2016. All previous audit reports are</p>

	published on the IDOC website at https://doc.iowa.gov/prea-audits-legacy . The auditor determined compliance through a review of the pre-audit questionnaire and a review of the IDOC website.
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

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

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

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

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

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

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

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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

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

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

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

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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

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

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

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

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

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

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

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes