

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Fort Dodge Correctional Facility	
Physical address:		1550 L. Street, Fort Dodge, Iowa 50501	
Date report submitted:		12/28/14	
Auditor Information		Diane Lee – The Nakamoto Group	
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Date of facility visit:		December 2-4, 2014	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		515-574-4700	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Leslie Wagers	Title: Treatment Services Director
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Agency Information			
Name of agency:		Iowa Department of Corrections	
Governing authority or parent agency: <i>(if applicable)</i>		State of Iowa	
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-Mailing address: <i>(if different from above)</i>			
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Agency Chief Executive Officer			
Name:		John R. Baldwin	Title: Director

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Agency-Wide PREA Coordinator			
Name:	Jean Schlichtemeier	Title:	Administrator
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AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Fort Dodge Correctional Facility (FDCF) was conducted on December 2-4, 2014 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor interviewed Director John R. Baldwin, the state Agency-Wide PREA Coordinator, Jean Schlichtemeier, and Central Office Investigator Randy Hanssan at the Iowa Department of Corrections (IDOC) headquarters in Des Moines, Iowa on Wednesday, July 9, 2014. During the on-site audit, the auditor toured the facility and conducted formal staff and inmate interviews.

The auditor interviewed 10 inmates (10 random inmates from all of the housing units, including one limited English speaking, two self-identified gay inmates, one who had made prior sexual abuse allegations and two from the specialized housing unit). At least 8 other inmates were informally interviewed by this auditor during the tour. In addition, the auditor questioned 22 staff (11 specialized staff and 10 random Correctional Officers from each shift), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Warden, PREA compliance manager/Treatment Services Director, Nursing Services Director, Deputy Warden, Associate Warden of Treatment, Human Resources Associate, Food Service Director, Correctional Counselor, Psychologist, Captain and Secretary.

An entrance meeting was held with the following persons in attendance: James McKinney, Warden; Jean Schlichtemeier, Agency PREA Coordinator; Mike Kane, Deputy Warden; Donald F. Harris III, Correctional Security Director; Kelly Holder Correctional Supervisor/ Investigator; Nettie Renshaw, Associate Warden/ Treatment; Dru Saathoff, Secretary; and Leslie Wagers, PREA Compliance Manager/Treatment Services Director. There were currently 1,299 adult male inmates at the medium security facility. Following the entrance meeting, I toured the facility. In this first PREA report period from 10/13 to 10/14, there were 11 sexual assault/harassment allegation cases of which three were determined to be substantiated, four were determined to be unfounded, and four were unsubstantiated.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Fort Dodge Correctional Facility is located in Webster County in the Southwest corner of Fort Dodge. Fort Dodge Correctional Facility (FDCF) is a medium security prison located on 60 acres of land originally designed to house 762 adult male offenders in a double occupancy celled environment. Construction began in October 1996 and the facility opened in April 1998. Recognizing the on-going need for public safety even before the first offenders arrived at the facility, the legislature and Governor approved an expansion for an additional 400 beds and program space. Work on this addition was completed in late 1999. In 2001, 127 two-man cells were converted to house three offenders. The current rated capacity is 1162. The facility has seven housing units. The facility's seven housing units are organized to support positive behavior. Each housing unit has a specific function. In addition to the housing units the facility consists of administration and treatment buildings, a greenhouse, a power plant, a warehouse, and two ancillary buildings - annex and pole barn. Primary perimeter security is provided by a double fence system with electronic detection. Unit A is classified as maximum custody and contains 49 security cells with 49 beds and one SSIP cell. Unit A houses protective custody, administrative segregation, and disciplinary detention offenders. Boone East is classified as the administrative segregation unit with 98 beds including 3 MHO beds and 1 SSIP bed. Boone East houses protective custody, administrative segregation, disciplinary detention offenders and Level 1 offenders (FDCF's lowest level of general population). Boone west wing houses offenders in orientation status. Boone west wing has 92 beds. Cedar Unit is classified as medium custody and has a rated capacity of 264 in three-man cells. The Unit is designed for Privilege Level 4 offenders. Dolliver Unit is classified as medium custody and provides for 200 offenders. The Unit has four-man cells and houses Privilege Level 6 offenders. Dolliver Unit has a Unit Manager, a shared Psychologist, Correctional Officers and Correctional Counselors. Emmet Unit is classified as medium custody unit and has a rated capacity of 200. The Unit has four-man cells and houses Orientation and Privilege Level 6 offenders. Emmet Unit has a Unit Manager, two Psychologists, Correctional Officers, and Correctional Counselors. Floyd Unit was opened on November 17th, 1998 and is considered an honor unit. The Unit houses 192 Privilege Level 6 offenders. Grove Unit is classified as medium custody and has a rated capacity of 264 in two and three man cells. The Unit is designed for Privilege Level 5 offenders.

Programming for the inmates includes; educational programming if they lack a GED, high school diploma, or have a reading level below the sixth grade level; a twelve-week Life Skills program focuses on career planning, job seeking skills, time management, communication skills, relationships, money management, health and wellness, computer skills, and other transition life skills; Healthy Relationships parenting class specifically for those offenders who are serving a charge involving child endangerment; the Moderate Intensity Family Violence Prevention Program (MIFVPP) is an accredited program for offenders assessed to be at risk for violence in relationships; the New Frontiers Substance Abuse program located on Dolliver Unit which is three months in length and is licensed by the Iowa Department of Public Health; the Nurturing Father's Program is a 12-week program authored by Mark Perlman, MA that is dedicated to helping a man actively provide guidance, love, and support to enhance the development and growth of children for whom he cares; Relapse Prevention program that meets twice a week for 6 weeks; the dual diagnosis group is for offenders who have documented mental health issues as well as substance abuse issues; Seeking Safety program for those in need of relapse prevention

who also have a history of abuse and trauma; Victim Impact Program is an intense 24 session program designed to give Offenders an overview of how crime impacts victims through 4 major impact areas including physical, emotional, psychological, and financial impact; CALM (Controlling Anger and Learning to Manage It) a 48-hour program in which offenders practice non-violent behavior role-plays, class participation, homework assignments, lectures and videos which teaches offenders self-control skills that allow them to recognize and reduce the intensity, frequency and duration of their anger, thereby extinguishing their patterns of aggression; and Corrective Thinking which is a 24-hour cognitive-based program that looks to effect change in thinking that results in positive, pro-social behavior.

In addition, there are a variety of Community Projects offenders have volunteered their time and talents for in the past year such as Habitat for Humanity, Relay for Life, The IDOC Annual Food Drive, Toys for Tots (Salvation Army). FDCF's Maintenance Department's community service projects involve approximately 25 offenders. The FDCF GROWTH (Gains, Respect, Opportunity, Willingness, Trust, and Health) Quilt Project provides ongoing support to many local service agencies. The Leader Dog program focuses on offenders training dogs to become future leader dogs for the blind. This program relies completely on donations. The second annual Puppy Days were held at the facility to show current and prospective contributors the quality of the program they were supporting.

The mission of the Fort Dodge Correctional Facility is "To protect the Public, Employees, and Offenders by operating a safe and secure medium security institution with emphasis on treatment options for the youthful offender".

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an exit meeting was held. While I could not give the facility a final finding, I gave an overview of the audit and thanked the Fort Dodge Correctional Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded:	6
Number of standards met:	36
Number of standards not met:	0
Not Applicable:	1

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

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

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

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

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

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

§115.13 – Supervision and Monitoring

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

The following policies meet this standard: AD PR 03 Review of Staffing Requirements and IO SC 01 Management of Security Program. The local procedure was clarified during the audit (FDCF-01) to help define who is responsible for making the daily and weekly rounds of the facility. Warden McKinney reviews the institutional staffing plan annually and ensures that there is always the proper staffing level. During the past year two correctional officers where

moved from housing units and re-deployed as Activity Officers in order to have more visual impact in other areas of the facility. Those housing units were both made into honor units to accomplish this task. FDCF is the only correctional facility in the state that has continued to maintain full employment of their allocated staff. They have also fully implemented PDA's to ensure that security staff is performing their required rounds. Documentation of unannounced rounds that cover all shifts was reviewed. The video camera system consists of 168 cameras with digital recording. In addition, they have had two staff trained to be PREA auditors to use their expertise in ensuring that they are meeting all the standards for PREA.

§115.14 – Youthful Inmates

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

Not Applicable- They do not house youthful inmates.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Agency/facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The following policies meet the requirements of the standard: IO SC 17 Cross Gender Supervision and IO SC 18 Searches. The facility is an all-male population.

Staff is all trained on conducting strip searches of transgender and intersex inmates in a professional manner. The curriculum and training records were reviewed.

The implementation of Policy/Procedure IO-SC-17 (FDCF) is actively being installed which was seen during the tour. They have a system of lights/horn to notify inmates when a staff member of the opposite gender is on the housing units. The first order of the equipment they received was not the correct ones and had to be re-ordered. In addition to a light that will be turned on, there is a doorbell type system that connects with the lights to put on each side of the housing units so all inmates will be able to hear and see the announcement. Until they are fully installed on all units, staff will be verbally announcing in a voice loud enough for inmates to hear that there is a female on the unit. They also need to announce when they enter each wing of the housing unit.

The new policy states: Offenders shall be made aware of the fact that staff of the opposite gender will be present on the housing unit. Each housing unit shall be required to prominently post notices of this fact in multiple locations throughout the housing unit including the bulletin boards normally used for posting notices to offenders. The notice shall also inform offenders of the use of a distinct buzzer, bell, or other noisemaking device that indicates a person of the

opposite gender is newly entering the living unit. All persons of the opposite gender entering a housing unit between the hours of 6:00 am and 10:00 pm shall press a distinct buzzer, bell, or other noisemaking device that indicates the person is newly entering the unit. The device shall not be used for any other purpose. When a female enters a housing unit, offenders must be made aware. Between the hours of 10:00 pm and 6:00 am, a person of the opposite gender newly entering a housing unit shall announce their presence in a loud enough voice to be heard without waking offenders who are asleep. In addition, notice may also be provided by other means such as an in-house television station where notices to offenders are provided.

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

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

FDCF takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. Policy IS RO 02 Offender Intake ensures compliance with this standard. A statewide translator service was added.

§115.17 – Hiring and Promotion Decisions

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

Based on interviews with HR this standard is being met. Policies and Operating procedures to meet this standard include: Iowa Law Chapter 22.7 of the Code of Iowa, AD GA 13 Agreements and Contracts, OP WI 01 Template for Work, AD PR 05 Employee Selection and Forms, PREA 02, 03, 04, 05; AD PR 11 General Rules of Employee Conduct and AD CR 04 Release of Information and Forms. The IDOC conducts background checks at least every five years for employees. Documentation was reviewed for the newly revised AD PR-04 and AD PR-05 policies.

§115.18 – Upgrades to Facilities and Technology

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

Although FDCF has not had any expansions or modifications during this report period, they do have the following policies which meet the standard: PP OH 01 Offender Housing and IO SC 06 Security Operations. They have also added 7 additional cameras during this report period in some outside areas and in the gym.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

The FDCF healthcare staff follows the institution's written plan for responding to allegations of sexual assault of inmates. Investigators also use a thorough PREA Investigation Checklist to ensure all policies and procedures are followed. The assaulted inmate is transported to the Unity Point Health, Trinity Regional Medical Center Emergency Room which is properly equipped to assess (i.e. SANE Nurse), treat, provide required prophylaxis, and gathers forensic evidence. In addition the Crisis Intervention Services will be contacted to request an advocate to be sent to accompany the inmate. They have detailed Memo of Understandings with the service providers and law enforcement to help clarify responsibilities. They also have two staff trained as qualified staff member advocates who can provide basic support to victims of sexual abuse when a local advocate is not available. Healthcare staff is not involved in the management or treatment of sexual assault cases unless it is necessary to stabilize the inmate before the transfer to the appropriate community facility. The Facility PREA Compliance Manager and FDCF Investigator notifies the Agency PREA Compliance Coordinator to determine further guidance on whether to refer to the local Police Department for criminal investigation or to continue as internal administrative investigation.. Policies and interviews with investigators, medical and mental health staff support the compliance with this standard. There were two allegations over this report period where forensic medical exams were required.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

Policies that meet this standard include: AD PR 13 Employee Investigations; PREA 02, 03, 04; and IO RD 03 Major Discipline Report Procedures. All allegations are referred to the Agency PREA Compliance Coordinator for review. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. During this audit period there have been 11 investigations. Of these 3 were substantiated, 4 were unsubstantiated and 4 were unfounded. The Auditor reviewed several of the investigations that had been conducted.

§115.31 – Employee Training

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

Agency and facility policies that address this standard include; AD TS 04 Orientation and PreService Training; AD TS 05 In-service Training; and HSP 628 Offender Alleged Sexual Assault Health Services Responsibilities; I reviewed the training curriculum and training records. All staff interviewed indicated that they received the required PREA training.

§115.32– Volunteer and Contractor Training

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

Reviewed contractor and volunteer sign-in sheets for training received. Policies and procedures AD CI 01 Volunteer Program and PREA 02 meet this standard.

§115.33 – Inmate Education

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

PREA Posters are displayed throughout the facility in prominent areas with the address to contact to report abuse. In addition, they can send a staff message or letter to the institution Warden via a Kiosk system. The facility inmate handbook covers the PREA information. All inmates receive a PREA Orientation within 3 days of arrival at the facility and how to report sexual harassment or abuse. They are also given a copy of the handout “Staying Safe: A Guide for Offender Conduct”. Within 30 days of arrival a comprehensive education is provided on additional PREA information which includes a video. These sessions are all documented with the inmate’s signature that they have received and understand the information. They also use inmate mentors to assist with the inmate education.

§115.34 – Specialized Training: Investigations

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

Investigators have received specialized training developed by Moss Group for conducting sexual abuse investigations and crime scene preservation.

§115.35 – Specialized training: Medical and mental health care

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

All medical and mental health staff has received specialized on PREA Addressing Sexual Abuse and Harassment of inmates. This training includes issues on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Interviews with the medical and mental health staff confirmed the training was received.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

Policies addressing this standard include: IS RO 01 (revised October 2014) Offender Admission Procedures and IS RO 02 (revised July 2014) Offender Screening. All offenders newly admitted have a Sexual Violence Propensity (SVP) –Intake Screening Tool completed by a trained Correctional Officer within 24 hours of admission and they are given a SVP code. This is scanned into the inmate’s electronic record ICON. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering inmates who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner. The Psychology department will pick up the MINI during daily rounds and will schedule any requests for this follow-up within 14 days. If there is a potential for sexual perpetration or victimization indicated, they are placed in single cell status until further assessment. The further assessment is completed by a Counselor or Psychologist within three working days and before transfer to another facility. Within 30 days, they will reassess the offender’s SVP code based upon any additional, relevant information received by the institution. This was verified through interviews with the staff.

§115.42 – Use of Screening Information

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

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

§115.43 – Protective Custody

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

Agency policies IO HO 05 Administrative Segregation and IO HO 06 Protective Custody Segregation meet this standard. There was one inmate placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in temporary close custody cell until the investigation and alternative means of separation is found.

§115.51 – Inmate Reporting

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

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook and on posters located throughout the facility. Agency policies that meet this standard are: PREA 01, 02, 03 and 04.

§115.52 – Exhaustion of Administrative Remedies

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

Policy IO OR 06 Offender Grievance Procedures (revised July 2014) covers the elements of this standard. No grievances were filed in this report period that alleged sexual abuse and these were immediately referred to the Investigator.

§115.53 – Inmate Access to Outside Confidential Support Services

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

There are numerous outside contacts listed as resources for outside confidential support services on the posters and in the handbook. Per Iowa code, the hospital would notify the Crisis Intervention Services in Fort Dodge, Iowa if a victim is brought in for a rape exam and they would report to the hospital. In addition, FDCF has an agreement with the Crisis Intervention Services to provide services to victims in the institution should they request advocacy, counseling, or some other form of support.

§115.54 – Third-Party Reporting

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

Brochures and posters are given to family, guests, and visitors with the procedure for reporting. This is also located on the IDOC website at:
<http://www.doc.state.ia.us/Documents/PREA/ThirdPartyReportingPoster.pdf>

§115.61 – Staff and Agency Reporting Duties

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

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

§115.62 – Agency Protection Duties

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

The facility takes immediate action if there was substantial risk of imminent sexual abuse. There has been one inmate placed in this status during this report period. This was also verified through interviews with random staff.

§115.63 – Reporting to Other Confinement Facilities

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

Agency policy PREA 03 includes all the components of this standard. This was also verified through interviews with Warden and PREA Manager. FDCF has not received any allegation that an inmate was abused while confined at another facility. There have been no allegations of sexual abuse that FDCF received from other facilities.

§115.64 – Staff First Responder Duties

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

Agency policies PREA 01, 02 and 03 include all the components of this standard. This was also verified through interviews with random staff.

§115.65 – Coordinated Response

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

Agency policies address this standard in a very detailed effective manner. This was discussed in interviews with the Warden, PREA Compliance Manager and the Investigators.

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

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

All collective bargaining agreements meet the requirements of the standard.

§115.67 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Deputy Warden Mike Kane is assigned to monitor for possible retaliation. His responsibilities include interviewing inmates who previously alleged sexual victimization to ensure they haven't experienced retaliation because of their allegation(s); for at least 90 days following report of sexual assault/harassment allegation, and to monitor by way of periodic status checks. There have been no incidents of retaliation reported in this report period.

§115.68 – Post-Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IO HO 05 Administrative Segregation meets this standard. There have been no inmates placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in temporary close custody cell until the investigation and alternative means of separation is found.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This is covered in the Investigator PREA training curriculum.

§115.73 – Reporting to Inmate

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

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

§115.76 – Disciplinary sanctions for staff

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

Agency Policy PREA 02 includes all the components of this standard. During this audit period no staff member has been found to violate agency sexual abuse or sexual harassment policies.

§115.77 – Corrective action for contractors and volunteers

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

Agency policies that meet this standard are AD GA 13 and AD CI 01 There were no contractor/volunteer during this period that was reported to law enforcement for engaging in sexual abuse of inmates.

§115.78 – Disciplinary sanctions for inmates

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

This is stated in the inmate handbook which addresses all disciplinary sanctions for inmates. All sexual activity between inmates is prohibited.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies addressing this standard include: IS RO 01; IS RO 02 and HSP 628. Screening for any condition relevant to the Prison Rape Elimination Act of 2003 (PREA) through the use of the Sexual Violence Propensity screening form is scanned into the inmates electronic record ICON. If there is a potential for sexual perpetration or victimization indicated, they are placed in single cell status until further assessment. If the SVP Intake Screening tool, Modified Mini Screen (MMS) or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual violence, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a medical or mental health practitioner within 14 days of the SVP. This was verified through interviews with the staff. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A wide range of treatment services are offered to every victim without financial cost while at the facility. When mental health determines that follow up services are warranted relative to a sexual assault, referrals will be made in accordance with recommendations reported by the SAFE/SANE counselor and/or other hospital emergency department staff.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy HSP 628 and OP SOP 08 STOP Program Referrals meet the standard's requirements. Interviews with staff and inmates verified this standard is compliant.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

- Does Not Meet Standard (requires corrective action)

Agency policy PREA 04 meets this standard. Committee members shall consist of, but are not limited to, a representative of the following departments: Warden or designee, Agency PREA Coordinator (if a substantiated case), Facility PREA Compliance Manager, Unit Manager, and Shift Supervisor involved, Investigator, Mental Health and/or Medical Services involved in situation. All staff involved is consulted prior to the actual review for their input. These cases are also discussed in weekly Management meetings. Examples of incident reviews were provided for review.

§115.87 – Data Collection

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

This is covered in Agency Policy PREA 05 Data, Reports. The IDOC publishes an annual report regarding PREA-related incidents and, where necessary, plans to improve the Department's prevention, detection and response efforts. The Department regularly conducts sexual abuse/assault incident reviews to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required.

§115.88 – Data Review for Corrective Action

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

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons since 2005 and corrective actions is published, and posted on the IDOC website at:
<http://www.doc.state.ia.us/Documents/2014AnnualPreaReport.pdf>.

§§115.89 – Data Storage, Publication, and Destruction

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

An annual report with comparisons from previous years and corrective actions is published, and posted on the IDOC website at:
<http://www.doc.state.ia.us/Documents/2014AnnualPreaReport.pdf>.

AUDITOR CERTIFICATION:

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

_____*Diane Lee*_____

_____December 28, 2014_____

Auditor Signature

Date