

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** 7/22/16

<b>Auditor Information</b>			
<b>Auditor name:</b> Diane Lee			
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<b>Telephone number:</b> 301-468-6535			
<b>Date of facility visit:</b> June 27-28, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Anchor Center			
<b>Facility physical address:</b> 3155 12 <sup>th</sup> street SW, Cedar Rapids, IA 52404			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 319-297-3500			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Community treatment center		<input type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Melanie Steffens			
<b>Number of staff assigned to the facility in the last 12 months:</b> 20			
<b>Designed facility capacity:</b> 26			
<b>Current population of facility:</b> 15			
<b>Facility security levels/inmate custody levels:</b> minimum			
<b>Age range of the population:</b> 21-64			
<b>Name of PREA Compliance Manager:</b> Cynthia Dennis		<b>Title:</b> PREA Compliance Manager/Investigator	
<b>Email address:</b> cynthia.dennis@iowa.gov		<b>Telephone number:</b> 319-730-1157	
<b>Agency Information</b>			
<b>Name of agency:</b> Sixth Judicial District Department of Correctional Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> NA			
<b>Physical address:</b> 951 29 <sup>th</sup> Avenue SW, Cedar Rapids, IA 52404			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 319-398-3675			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bruce Vander Sanden		<b>Title:</b> District Director	
<b>Email address:</b> bruce.vandersanden@iowa.gov		<b>Telephone number:</b> 319-398-3675	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Malinda Lamb		<b>Title:</b> Clinical Services Director	
<b>Email address:</b> malinda.lamb@iowa.gov		<b>Telephone number:</b> 319-730-1157	

## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Anchor Center (Accountability and Knowledge to Create Hope Opportunities and Resources) in Cedar Rapids, Iowa was conducted on June 27-28, 2016 by NakamotoGroup Inc. certified PREA Auditor Diane Lee. The Anchor Center is a male 26 bed capacity facility in the Sixth Judicial District Department of Correctional Services in the State of Iowa, with a current population of 15. This community based residential program is designed to serve residents with serious mental illness or co-occurring mental health and substance abuse disorders. The center has only been open for a little over a year, getting its first resident on April 20, 2015. With that, the statistics can only be based on the past year and may not match with future year reports due to the slow admission process and only running at half capacity. Over the course of the past year the age range of residents has been 21-64 and the average length of stay is 2.7 months. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. When the auditor arrived at the facility, an "in-briefing" meeting was held with Clinical Services Director/PREA Coordinator and Residential Supervisor. The introductions and audit process was discussed during the briefing. During the on-site audit, the auditor was provided a private office in the facility from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff, residents and contractors. The auditor interviewed seven residents from the three housing units of the Anchor Center. All of the residents are considered special needs. There were none that were self-identified as gay, transgender, non English speaking or had made an allegation of sexual abuse. Twelve specialized staff members were interviewed and five randomly selected residential officers representing all three shifts. Specialty staff interviewed include medical (contract staff), PREA Coordinator/Clinical Services Director, human resources, District Director, PREA Compliance Manager, Community Treatment Coordinator, two Investigators, Residential Supervisor, Treatment Services Manager, Probation/Parole Officer and Community Program Monitor. Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff were questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The Anchor Center reports one allegation of sexual abuse or sexual harassment in the past 12 months, which was determined to be unfounded.

The auditor toured the facility escorted by the PREA Coordinator and Residential Supervisor and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, housing room layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilet stalls are also private. Notices of the PREA audit were posted throughout the facility in common areas. The auditor also contacted the representative from the local advocacy center, Riverview Center who has no concerns about the Memo of Understanding for victim services. The auditor was treated with hospitality during the visit and residents and staff were made readily available to the auditor at all times. It is clear that the leadership of the Sixth Judicial District Department of Correctional Services Department of Corrections and the Anchor Center leadership have made PREA compliance a high priority and have expended great effort to ensure the sexual safety of residents in their care. It was further evident that staff and residents were invested in the PREA as demonstrated through their knowledge and understanding of the protections and requirements.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Sixth Judicial District Department of Correctional Services is one of eight judicial district correctional programs. The mission of Iowa Community Based Corrections is to enhance community safety and facilitate positive change in adult offenders. Founded in 1973, the Sixth Judicial District (6JD) covers pretrial services, probation, parole, and work release for a six county area in Iowa (Benton, Iowa, Johnson, Jones, Linn and Tama). The 6JD is administered by a local Board of Directors supported by seven advisory committees. The District has four residential facilities that offer the highest structure and control and are therefore designed for the higher-risk offender who requires such enhanced supervision. The residential facilities also offer short-term placements for offenders under supervision in the community in an effort to "stabilize" the offender, thus avoiding possible revocation. Residential facilities in the Sixth Judicial District provide housing for male and female offenders on Probation, Parole, Work Release from an adult institution, and Federal offenders. Residents of the Anchor Center are placed as a condition of probation, as an alternative to the county jail, Work Release or the Operating While Intoxicated Program. This community based residential program is designed to serve residents with serious mental illness or co-occurring mental health and substance abuse disorders. They provide specialized programming and a structured environment for individuals that demonstrate evidence of a disability or significant impairment in daily functioning as a result of their mental disorders and/or substance use disorders. In order to be placed they must be screened and found eligible for placement. Each facility resident is involved in a treatment program designed for that individual. The goal is to enhance that resident's ability to be a success in the community. There are numerous program and treatment opportunities for each resident based upon their assessed need. They participate in a level system based on individual needs and abilities.

Anchor Center is a one story brick building with several wings. One wing houses administrative offices and a large classroom for meetings. The entire building is 15,940 square feet, with the residential program area comprising 9,516 square feet of the building. Residents are restricted to the residential area unless accompanied by a staff member into the administrative area of the building. The residential area consists of individual resident rooms in Sections A, B and C (12 double bed rooms and 2 single bed rooms). The Residential Officer station is located in the center of the residential area for good visibility and access to all the residential areas. Other areas include the laundry areas, dining/ multi-purpose room, kitchen, group rooms, tv rooms, individual bathroom/showers and staff offices. There is an outside recreation area.

The Center houses video camera monitoring equipment that provides a video feed from all external and internal cameras. External cameras are strategically placed and monitor all entrances into the building and the secure courtyard area. Internal cameras monitor the main hallways, kitchen area, and other common day room areas. The staff in the officer station provides constant monitoring of the cameras, including the regulation of internal movement of staff and residents throughout the facility. The building is staff secure to residents who are not permitted to leave the program without authorization. A residential facility of this type is unique and very uncommon, so much that it may be the first of its kind. With that, a staffing pattern that includes non-traditional residential correctional staff is essential to its success. Intensive services within the facility are designed to adequately assess and evaluate the variety of needs that these clients have, but then to implement and connect them to community resources that are going to enhance their ability to be successful. The facility also accommodates the medical needs of this population, ranging from them being on a variety of medications to other medical and health issues. Adequate and appropriate staff to client ratios are essential, but so is the need to have well trained staff. Staff need to be trained to deal with this population from a clinical standpoint, as well as a correctional standpoint. These two components need to work together as a team to provide treatment and supervision. With that, an intensive training protocol is provided initially as well as on an on-going basis.

## **SUMMARY OF AUDIT FINDINGS**

During the past 12 months, the Anchor Center reported one allegation of sexual abuse or sexual harassment, which was received and determined to be unfounded. Overall, the interviews of residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. During the interviews, the residents indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Residents consistently indicated to the auditor that they felt safe in the facility. All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff were knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Additionally, staff were well trained on the PREA first responder's protocol for any PREA related allegation and staff could clearly articulate exactly the steps they would follow if they were the first responder to an incident.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that department and agency leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of the PREA. Discussions with Department of Corrections' executive leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of residents and staff in the Anchor Center. All areas of the facility were found to be very clean and well maintained. At the conclusion of the audit, the auditor thanked the Residential Supervisor and PREA Coordinator for their hard work and dedication to the PREA process.

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

**Standard 115.211 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)

**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.**

The Sixth Judicial District Department of Correctional Services has implemented a zero tolerance policy as detailed in Policies PREA 2400-15, PREA 2412-14 and PREA 2407-13 which comprehensively addresses the agency’s approach to preventing, detecting and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. The agency PREA Coordinator is also the Clinical Services Director who reports directly to the Director. The facility has zero tolerance postings in all areas of the facility. Staff receive initial training and annual training, as well as updates throughout the year.

**Standard 115.212 Contracting with other entities for the confinement of residents**

- 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)

**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.**

The Anchor Center does not contract with external entities to house or confine any of its residents. The program states that there have been no contracts of this type on or after August 20, 2012. This standard is therefore not applicable.

**Standard 115.213 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)

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The Sixth Judicial District Department of Correctional Services Policy PREA 2400-15 addresses this standard. The Residential Supervisor and PREA Coordinator review the staffing plan on a continuous basis. Due to the high staffing needed for this population, this is looked at frequently. Compliance with the PREA and other safety and security issues are always a primary focus when they consider and review their staffing plan. The auditor reviewed the facility staffing plan and it was determined to be acceptable. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. Counts are conducted every 30 minutes, or more frequently as needed, and recorded in the observation logs. The audit included an examination of all video monitoring systems, resident access to telephones, a review of documentation, staff rosters and staff interviews. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted. Forty-four video cameras are placed throughout the facility with monitoring capabilities. The cameras are monitored in the main officer station.

**Standard 115.215 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)

**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.**

The Sixth Judicial District Department of Correctional Services Policy PREA 2400-15 and staff training curriculum addresses this standard. Cross-gender strip searches and body cavity searches are completely prohibited except in exigent circumstances or when performed by medical practitioners. Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. The policy and practice ensures that residents are able to shower, perform bodily functions, and change clothing with privacy. Only one resident is allowed at a time in the bathroom/shower. Policy and practice require announcements when staff of the opposite gender enter the housing unit and the shower/toilet area. Interviews with residents and staff confirm this as the policy and actual practice of the program on a consistent basis. The Anchor Center reports that it has conducted no cross-gender strip or cross-gender visual body cavity searches of residents in the last 12 months. Additionally, no cross-gender pat down searches were conducted. There were no exigent circumstance searches in any category conducted. The agency has provided training to staff regarding how to conduct cross-gender pat down searches and searches of transgender and intersex residents in a professional manner.

**Standard 115.216 Residents with disabilities and residents 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)

**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.**

Sixth Judicial District Department of Correctional Services Policies PREA 2400-15 and PREA 2412-14 requires the program to ensure residents with special needs 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 harassment. Policy further prohibits the use of residents/clients as interpreters when dealing with first responder situations or any allegation/investigations of sexual abuse or harassment. The Anchor Center uses the Iowa State Court Interpreters list, if needed. PREA posters and brochures, and resident handbooks are located throughout the facility in English and Spanish. The auditor reviewed all mentioned documents. Staff interviewed were aware that under no circumstances are resident interpreters to be used when dealing with PREA issues. There have been no instances in the past 12 months where resident interpreters have been used.

### **Standard 115.217 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2400-15 prohibits the hiring, promotion or retention of any employee that has engaged in the prohibited conduct specified in this standard. The Human Resource Manager was interviewed and stated that all components of the standard have been met. All employees, contractors and volunteers have had their background checks completed through the National Crime Investigation Center. Staff promotions require a background check before a promotion is approved. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy states that false information submitted by the applicant is grounds for termination. The auditor reviewed employment documentation supporting compliance to this standard.

### **Standard 115.218 Upgrades to facilities and technologies**

- 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)

**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.**

The Anchor Center has 44 video cameras that are monitored in the officer station. Although the building was built in 2008, the residential program was not opened until 2015. Cameras were strategically placed with PREA issues taken into consideration to protect residents from sexual abuse. The agency leadership considers a variety of factors when upgrading technology in the facility including primarily sight lines, blind spots, and inaccessible areas. Interviews with

facility leadership indicate that placement of cameras and mirrors are discussed frequently to keep enhancing safety for all residents.

**Standard 115.221 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)

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Sixth Judicial District Department of Correctional Services Policy PREA 2401-13 covers all aspects of this standard. The Anchor Center refers all allegations regarding sexual assault to the Cedar Rapids Police Department-Linn County for criminal investigation purposes. Victims of sexual abuse that require a SAFE/SANE exam are taken to St. Luke’s Hospital or Univeristy of Iowa Hospitals. Quarterly meetings are held with the Law Enforcement Advisory Committee to ensure continued good working relationships. They have an agreement with the Riverview Center to provide rape crisis services to victims of sexual assault. Anchor Center also keeps a listing of area services for victims of sexual assault. Facility staff were interviewed concerning this standard and all were knowledgeable of procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Staff were aware who is responsible for conducting investigations. There was one sexual abuse/harassment allegation in the past twelve months and there were no SAFE/SANE forensic exams during the audit period. The auditor contacted the respresentative from the local advocacy center, Riverview Center, who has no concerns about the Memo of Understanding for victim services.

**Standard 115.222 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)

**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.**

Sixth Judicial District Department of Correctional Services Policies PREA 2401-13 and 2406-15 covers all aspects of this standard. The policy requires that all criminal allegations of sexual abuse and sexual harassment be referred for investigation to appropriate law enforcement authorities; Cedar Rapids Police Department and Iowa Department of Corrections Division of Investigative Services. Four administrative staff conduct administrative investigations and were interviewed and found to be very knowledgeable concerning their responsibilities. These investigators have all received the sexual abuse investigations training through the Moss Group. The PREA Coordinator will assign the individual who conducts the internal investigation. Standard compliance was also demonstrated via interviews with the District Director, the PREA Coordinator and the PREA Compliance Manager. The agency reports one allegation of sexual abuse



or sexual harassment has been received in the past 12 months. The investigation determined the allegation to be unfounded.

### **Standard 115.231 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)

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Sixth Judicial District Department of Correctional Services Policy PREA 2402-14 and the Annual Training Plan addresses all training required by this standard. The Iowa Department of Corrections provided extensive web-based E-learning of PREA standards training which all staff must successfully complete. Refresher training on the PREA is required every two years for all employees. A review of the PREA training materials shows training on the eleven specific topics found in the standard. All staff are required to sign the PREA Acknowledgement Form stating they have received the PREA training and understand their responsibilities therein. Staff training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated they had received PREA training.

### **Standard 115.232 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)

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Sixth Judicial District Department of Correctional Services Policy PREA 2402-14 and the Annual Training Plan addresses all training required by this standard. There are eleven contractors and volunteers who have received PREA training that covered zero tolerance, reporting and responding requirements. All training is documented and the auditor examined training files that confirmed standard compliance. One contractor was interviewed and confirmed compliance with this standard.

### **Standard 115.233 Resident 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)

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Sixth Judicial District Department of Correctional Services Policy PREA 2402-14 addresses the requirements of this standard. The Anchor Center does a good job educating the inmates on PREA. The Anchor Center reports that 23 residents have been admitted in the past 12 months and all have been provided comprehensive PREA information upon intake. All residents in the Anchor Center are provided PREA orientation materials at intake. Staff interviewed indicated that intake education happens on the first day the resident is admitted. This includes a PREA video, PREA information packet “Prevention of Sexual Misconduct – An Overview for Offenders” and a “Protection from Abuse and Offender Grievance Procedure” handout and resident handout available in both English and Spanish. The residents are also issued a laminated card to carry which describes the steps “ How to Report a PREA Complaint”. There are zero tolerance posters throughout the facility and in each housing unit the “hot line” telephone numbers to call to report abuse. Interviews with staff and residents as well as documentation review, support the facility exceeds compliance with this standard. The facility provides translation services for all PREA educational materials for residents with special needs (e.g., deaf, visually impaired, limited reading skills, etc.).

#### **Standard 115.234 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)

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Sixth Judicial District Department of Correctional Services Policy PREA 2402-14 addresses the requirements of this standard. The Cedar Rapids City Police Department or Iowa Department of Corrections Division of Investigative Services perform criminal investigations. Four agency investigators have received PREA specialized investigative training through the Moss Group Training Program and perform administrative investigations. Training records were reviewed confirming the completion of the required training.

#### **Standard 115.235 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)

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**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Sixth Judicial District Department of Correctional Services Policies PREA 2408-13 and 2402-14 covers all aspects of this standard. The Anchor Center ensures that all medical and mental health care practitioners who work regularly in the facility have been trained in sexual abuse and harassment issues. The facility contracts with the University of Iowa and St. Lukes Hospital for medical and mental health services. The Psychiatric Nurse comes in daily Monday through Friday and the Psychiatrist comes every two weeks. Residents are referred to the community for other medical and mental health services. The PREA policy requires all victims of sexual assault be transported to either St. Lukes Union Hospital or the University of Iowa Hospitals for a SAFE/SANE exam.

#### **Standard 115.241 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2411-14 and the State of Iowa Sexual Violence Propensity intake screening instrument (SVP) addresses the requirements of this standard. All residents are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other residents or being sexually abusive towards other residents. An intake staff member screens all new arrivals within 24 hours of entering the facility. The screening process is very thorough and gathers a significant amount of information that is used to determine the resident's needs. The staff review all relevant information from other facilities and continues to reassess when additional information is received. Residents identified at a high risk for sexual victimization or risk of sexually abusing other residents are referred to mental health staff for additional assessment. Staff and resident interviews and a review of documentation confirmed this information. The Anchor Center reports that 23 residents have entered the facility within the past 12 months and all were screened as required by this standard.

#### **Standard 115.242 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)

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Sixth Judicial District Department of Correctional Services Policy PREA 2411-14 and the State of Iowa Sexual Violence Propensity intake screening instrument (SVP) addresses the requirements of this standard. Policy requires the use of a

PREA Objective Screen Instrument (SVP) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping residents at high risk of being sexually abuse or harassed separate from those who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all residents with continued follow-up and monitoring when needed. There are weekly treatment team meetings which address PREA concerns and issues. Staff and resident interviews and review of screening documents confirm compliance with this standard.

#### **Standard 115.251 Resident 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15, grievance policy and resident handbook address compliance to this standard. Anchor Center provides residents multiple internal ways to report sexual abuse, harassment and retaliation. Residents receive education about reporting at intake, through comprehensive PREA education and through visible and available information in the facility at all times. Residents are provided access to telephones in the facility. Posters and brochures (in English and Spanish) located around the Anchor Center provide the telephone numbers to residents in a very visible manner. Interviews with residents and staff clearly demonstrate that all are very knowledgeable about the PREA and the variety of methods to report sexual abuse and sexual harassment. Residents know exactly where the posters are located and how to call the abuse hotline. The facility has a memo of understanding with the local advocacy center, Riverview Center, to provide all services relevant to this standard.

#### **Standard 115.252 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 and the grievance policy address this standard. Residents may file a grievance, however all allegations of sexual abuse/ harassment when received would immediately result in an administrative or criminal investigation. The facility reports there have been no grievances or emergency grievances filed alleging sexual abuse or sexual harassment in the past 12 months. The agency has a formalized grievance policy which the auditor reviewed.

#### **Standard 115.253 Resident 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 and the resident handbook address this standard. The facility has a memo of understanding with the local advocacy center, Riverview Center, to provide all services relevant to this standard. Contact was made with a representative from the Riverview Center and she indicated they have a good relationship with the facility. Advocates provide support, crisis intervention, information and referral services to the victim. There are also other community advocates made available for sexual assault victims.

**Standard 115.254 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15, the facility website with staff telephone numbers, resident handbook, posters and posted addresses of local advocacy centers address the requirements of this standard. The resident handbook, various information handouts, the PREA packet and facility posters assist third party reporters on how to report allegations. Posted telephone numbers of local advocacy centers allow residents to contact the agencies at any time. Staff and resident interviews confirm compliance to this standard.

**Standard 115.261 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 addresses this standard. The Sexual Assault Response Checklist is used by staff to ensure all steps are completed in the PREA reporting process. All staff are required to immediately report any suspected or alleged sexual abuse per agency policy. All staff interviewed were well aware of their duty to immediately report any suspected or alleged sexual abuse and retaliation per agency policy. This standard of compliance was verified through resident officers and administrative staff interviews.

**Standard 115.262 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 addresses this standard. All staff interviewed stated their duties and responsibilities if they were aware of any suspected or alleged sexual abuse and retaliation per agency policy. They would also act immediately to protect the resident. This standard of compliance was verified through resident officers and administrative staff interviews. The agency reports that there have been no situations in the past 12 months where the facility determined a resident was subject to substantial risk of imminent sexual abuse. A review of policy and interviews with the PREA Coordinator and Residential Supervisor demonstrated the protective measures that would be taken in the event it was found that a resident was at imminent risk of sexual abuse.

**Standard 115.263 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 addresses this standard. The agency reports that in the past 12 months, the facility has received no allegations that an Anchor Center resident was abused while confined at another facility. The PREA policy clearly requires the PREA Coordinator to report any abuse allegation received regarding a resident abused at another facility to the facility head where the sexual abuse is alleged to have occurred. Policy requires this notice to occur as soon as possible but no later than within 72 hours of receiving the allegation. The Anchor Center reports that in the past 12 months, the agency has received no notifications of sexual abuse from other facilities. Interviews with the agency head, the Residential Supervisor and PREA Coordinator demonstrate compliance with this standard.

### Standard 115.264 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation by a resident. Staff stated they would separate the residents, secure the scene, not allow the residents to destroy any evidence and contact the supervisor. The resident would be sent to the local hospital if needed. Policy describes a detailed flow chart for staff to follow to ensure all steps are taken.

### Standard 115.265 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 coordinated plan and allegation flow chart addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation by a resident. The policy and plan describe first responders, investigators, facility administration, advocacy center and medical facilities coordination to resolve sexual abuse/harassment incidents.

### Standard 115.266 Preservation of ability to protect residents 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 and the collective bargaining agreement between the State of Iowa and the American Federation of State, County and Municipal Employees, Council 61 AFL-CIO complies with the standard. Employees are subject to discipline, including removal, if they engage in any sexual abuse/harassment of a resident. The agreement was examined by the auditor.

**Standard 115.267 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2404-15 addresses this standard. The Anchor Center reports that in the past 12 months there have been zero incidents of retaliation reported, known or suspected. The agency PREA policy clearly states that retaliation against any client or staff member that reports sexual abuse or participates in an investigation is not tolerated. The agency reports that the designated staff member charged with monitoring retaliation is the PREA Coordinator and that the requirements of this standard would be met in the event the Anchor Center has an allegation or suspicion of retaliation. Interviews with key leadership staff indicate the requirements of this standard would be met in the event the agency does gain knowledge, suspicion or an actual allegation of retaliation.

**Standard 115.271 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2406-15 addresses this standard. The PREA Compliance Manager and other administrative staff conduct administrative investigations within the facility and refer criminal investigations to the Cedar Rapids Police Department and Iowa Department of Corrections Division of Investigative Services who confers with county prosecutor to determine if prosecution will be pursued. There were no criminal prosecutions during this audit period. Per the Agency Director, the facility cooperates fully with any outside agency who conducts an investigation.



### **Standard 115.272 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2406-15 addresses this standard. The investigators interviewed report that they use an evidence standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated.

### **Standard 115.273 Reporting to residents**

- 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2406-15 addresses this standard requiring the residents be informed of the outcome of the investigation. There was one administrative investigation of alleged resident sexual abuse that was completed by the agency in the past 12 months and the resident was notified of the outcome as required by this standard. The agency's PREA policy is consistent with this PREA standard and interviews with investigative staff and the facility manager confirm a practice that demonstrates compliance.

### **Standard 115.276 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2407-13 addresses this standard. The Anchor Center reports that in the past 12 months, there has been zero staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been zero staff in the past 12 months that have been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been zero staff that has been reported to law enforcement or licensing boards for violating agency policies. The agency PREA policy requires that staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment or sexual misconduct. The Collective Bargaining Agreement between the State of Iowa and American Federation of State, County and Municipal Employees, Council 61 AFL-CIO complies with the standard. Employees are subject to discipline, including removal, if they engage in any sexual abuse/harassment of a resident.

**Standard 115.277 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2407-13 addresses this standard. The Anchor Center reports that there have been zero contractors/volunteers reported to law enforcement or relevant licensing bodies in the past 12 months for engaging in sexual abuse of residents. Interviews with the facility manager indicate that the practice of the Anchor Center conforms to this standard.

**Standard 115.278 Disciplinary sanctions for residents**

- 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2407-13 addresses this standard. The Anchor Center reports that in the past 12 months there has been one administrative investigation of resident-on-resident sexual harassment at the facility which was unfounded. The Anchor Center has a formalized discipline policy applicable to residents that is followed. Agency practice prohibits all sexual activity between residents. Sanctions are commensurate with the nature and circumstances of the abuse committed. The disciplinary process considers whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, is imposed. The facility does not discipline residents who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the facility investigator confirm compliance to this standard.

**Standard 115.282 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2408-13 addresses this standard. Residents have access to emergency medical and mental health services at St. Lukes Union Hospital or the University of Iowa Hospitals. The treatment is offered at no financial cost to the residents. The facility has a memo of understanding with the local advocacy center, Riverview Center, to provide all services relevant to this standard. Contact was made with a representative from the Riverview Center and she indicated they have a good relationship with the facility. Advocates provide support, crisis intervention, information and referral services to the victim. There are also other community advocate groups that will provide emergency support.

**Standard 115.283 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2408-13 addresses this standard. Residents have access to ongoing medical and mental health services at St. Lukes Union Hospital or the University of Iowa Hospitals. The treatment is offered at no financial cost to the residents. The facility has a memo of understanding with the local advocacy center, Riverview Center, to provide all services relevant to this standard. Contact was made with a representative from the Riverview Center and she indicated they have a good relationship with the facility. Advocates provide support, crisis intervention, information and referral services to the victim. There are also other community advocate groups that will provide ongoing mental health support. This standard compliance was determined by documentation review and administrative staff interviews.

**Standard 115.286 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2408-13 addresses this standard. Criminal and/or administrative investigations are completed on all allegations of sexual abuse or harassment. There was one administrative investigation of sexual harassment during this report period which was unfounded, therefore, there has not been any incident reviews completed. The policy states that the review team would include upper-level management, line supervisors, investigators and medical and mental health practitioners. The review team would prepare a report and implement any recommendations for improvement.

#### **Standard 115.287 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2409-13 addresses this standard. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and uses a standardized instrument and set of definitions. The agency aggregates the data annually and prepared a report. The agency PREA policy and practice requires the collection of the data per this standard. The agency's PREA Coordinator is responsible for preparing this aggregated data report for the agency.

#### **Standard 115.288 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2409-13 addresses this standard. The agency's PREA Coordinator reports that they have submitted an annual report since 2013. Interviews with the agency director and PREA Coordinator demonstrate compliance with this standard. The PREA Annual Report is posted on the website

at <http://iowacbc.org/prea/>. The agency will be adding more narrative information in future reports. The annual report was reviewed by the auditor.

**Standard 115.289 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)

**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.**

Sixth Judicial District Department of Correctional Services Policy PREA 2409-13 addresses this standard. The agency’s PREA Coordinator reports that the annual report is published on the website at <http://iowacbc.org/prea/>. Interviews with the agency director and PREA Coordinator demonstrate compliance with this standard. The data is securely retained and maintained for at least 10 years.

**AUDITOR CERTIFICATION**

I certify that:

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

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

7/22/16\_\_\_\_\_

Auditor Signature

Date