

PREA AUDIT REPORT  INTERIM  FINAL

COMMUNITY CONFINEMENT FACILITIES



<b>Auditor Information</b>			
<b>Auditor name:</b> Stephen J. Huffman			
<b>Address:</b> 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
<b>Email:</b> stephen.huffman@nakamotogroup.com			
<b>Telephone number:</b> 614-940-4696			
<b>Date of facility visit:</b> June 17-18, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Fort Des Moines Men's Residential Facility			
<b>Facility physical address:</b> 68 Thayer Street, Des Moines, Iowa 50315			
<b>Facility mailing address:</b> (if different from above)			
<b>Facility telephone number:</b> 515-242-6902			
<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 type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
<b>Name of facility's Chief Executive Officer:</b> Sally Kreamer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 95			
<b>Designed facility capacity:</b> 240			
<b>Current population of facility:</b> 224			
<b>Facility security levels/inmate custody levels:</b> Minimum (Probation/Work Release/Bureau of Prisons)			
<b>Age range of the population:</b> 18-77			
<b>Name of PREA Compliance Manager:</b> Darin Cox		<b>Title:</b>	Executive Officer
<b>Email address:</b> darin.cox@iowa.gov		<b>Telephone number:</b>	515-559-3148
<b>Agency Information</b>			
<b>Name of agency:</b> Fifth Judicial District Department of Correctional Services			
<b>Governing authority or parent agency:</b> (if applicable) Fifth Judicial District Department of Correctional Services			
<b>Physical address:</b> 1000 Washington, Des Moines, Iowa 50314			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> 515-242-6680			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Sally Kreamer		<b>Title:</b>	District Director
<b>Email address:</b> sally.kreamer@iowa.gov		<b>Telephone number:</b>	515-559-3148
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Darin Cox		<b>Title:</b>	Executive Officer
<b>Email address:</b> darin.cox@iowa.gov		<b>Telephone number:</b>	515-559-3148

## **AUDIT FINDINGS**

### **NARRATIVE**

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Fort Des Moines Men's Residential Facility, Des Moines, Iowa was conducted June 17-18, 2015 by the Nakamoto Group, Inc. certified PREA auditor Stephen J. Huffman. When the auditor arrived at the facility, an "in-briefing" meeting was held with Assistant Director, Executive Officer/PREA Compliance Coordinator and Parole/ Probation Supervisor. The introductions and audit process was discussed during the briefing.

The standards used for this audit became effective August 20, 2012. This auditor discussed information contained in the Pre-Audit Questionnaire with the PREA Compliance Coordinator prior to the on-site audit visit. As part of the audit, a review of all agency and local facility policies and a tour of the the facility was completed. A total of twenty-five residents of the 224 total male population were interviewed by the auditor. All residents stated the facility assists them to meet their needs. There were three allegations of sexual abuse/ harassment filed by residents during the rating period. One of the allegations was determined to be substantiated and a staff person resigned for having a relationship with a resident. One incident was determined to be unfounded and a staff member was terminated on a non PREA violation. The other incident involved a resident on resident allegation and was determined to be unsubstantiated when a resident accused another resident of making him touch his groin area. No staff were prosecuted for sexual abuse of a resident.

The auditor made three recommendations for additional resident and staff safety that was accepted and implemented immediately. The first recommendation was to lock the chapel area when not occupied by staff. The area was not monitored by cameras in all areas and was accessible at all times. A procedure memo was written and distributed to staff immediately. The second recommendation was to place door locks on bedrooms that were no longer used for resident housing. Locks were placed on the bedroom doors eliminating access. The third recommendation was to re-position bedroom wardrobes to eliminate blind spots. The wardrobes were re-positioned upon conclusion of the tour.

The average length of stay at the minimum security facility is 4-6 months. The age range of the population is 18-77 years of age. A total of 17 of the 95 employed staff were interviewed including residential officers from all three eight hour shifts and housing units. Five administrative staff were interviewed including the Assistant Director, Executive Officer/PREA Compliance Coordinator, Residential Manager, Parole/Probation Supervisor and the Human Resource Manager. A total of twelve specialized staff included investigators, an incident review team member, the retaliation monitor, intake staff, unit staff and a contractor were interviewed.

The auditor interviewed a representative from the local advocacy center, Polk County Crisis and Victim Services Advocacy Center, and the representative believes the facility has an excellent PREA culture and they periodically meet with facility staff to discuss PREA issues and how the culture can be improved to enhance the safety of the residents and staff. The Fort Des Moines Men's Residential Facility utilizes four local hospitals, Broadlawns Medical Center, Mercy Medical Center, Iowa Lutheran Medical Center and Unity Point Health System for medical and mental health services.

The auditor concluded, through interviews and a review of policy and documentation, that all staff and residents were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the residents stated that staff were respectful and that they felt safe at the facility. All residents stated they would ask staff for assistance if they were being sexually harassed or abused, indicating they have confidence in the facility staff. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or allegation of sexual abuse/harassment was made.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Department of Correctional Services within the Fifth Judicial District is one of eight judicial district correctional programs currently existing within the State of Iowa. These are the end result of statewide development of correctional programs with the objectives of providing total services at the community-based level to correctional clients, the court system, and ultimately, the public. The Fifth Judicial District operates its programs as mandated by Chapter 905 of the Code of Iowa. Additionally, a Board of Directors with established By-Laws governs the District. The Board of Directors is comprised of a county supervisor from each county in the district, a judicial appointee, and one citizen advisory representative. The Department of Correctional Services, as it exists in this judicial district, provides the usual historic services and, in addition, some innovative and functional services.

The facility is an all male, 240 bed facility consisting of three housing units for residents who are offered several services and programs; Pretrial Release, Pre-sentence Investigation, Community Service Sentencing, Informal Probation, Probation, Parole, Intensive Supervision Program and a Sex Offender Treatment Program.

Building 68 houses up to 80 residents. There are 20 rooms in building 68 with each housing four residents. There is one community bathroom for use by residents. Building 68 is primarily a Treatment Unit which is licensed by the Iowa Department of Public Health for Intensive Outpatient Treatment. The makeup of residents includes but not limited to: OWI, Probation, Parole, Work Release and Pre-Placement residents. The residents are required to remain in treatment for at least 128 days before they are allowed to move to the Honors Unit.

Building 70 houses up to 120 residents. There are four rooms that house five residents each and the remaining 25 rooms house four residents each. There are two community bathrooms for resident use. Building 70 residents are Federal, Probation, Parole, Sex Offenders and Pre-trial Release. Residents are required to move through a level system in order to move out of the building to the Honors Unit until they are released from the facility.

The Honors Unit houses up to 40 residents with additional bed space for transitional housing, which is a 6 man room made available. There are two rooms that house 6 residents each, three rooms that house 2 residents each and seven rooms that house 4 residents each. The Honors Unit houses OWI, Probation, Parole, Work Release and Pre-trial release residents. Residents stay in the Honors Unit for at least two weeks until moving to their permanent housing off grounds.

## **SUMMARY OF AUDIT FINDINGS**

At the conclusion of the on-site audit, an "out-brief" meeting was held with facility Assistant Director, Executive Officer/PREA Compliance Coordinator, Residential Manager and Parole/ Probation Supervisors. The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. The facility staff were found to be courteous, cooperative, knowledgeable and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the Assistant Director and staff for their hard work and dedication to the PREA process.

Number of standards exceeded: <sup>2</sup>

Number of standards met: <sup>36</sup>

Number of standards not met: <sup>0</sup>

Number of standards not applicable: <sup>1</sup>

**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.**

**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)

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### **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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### **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)

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**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)

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**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)

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### **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)

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### **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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### **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)

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### **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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### **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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### **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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### **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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### **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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### **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)

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### **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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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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**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)

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**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)

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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**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)

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**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)

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### **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)

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### **Standard 115.288 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
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**Standard 115.289 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
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**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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Stephen J. Huffman

July 12, 2015

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Auditor Signature

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Date