

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

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

<b>Auditor Information</b>			
<b>Auditor name:</b> Talia Huff ; 360 Correctional Consulting, LLC.			
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<b>Telephone number:</b> 785-766-2002			
<b>Date of facility visit:</b> November 9-10, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Scott County Jail			
<b>Facility physical address:</b> 400 West 4th Street Davenport, Iowa 52801			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 563-326-8750			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" 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"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Sheriff Dennis Conrad			
<b>Number of staff assigned to the facility in the last 12 months:</b> 90			
<b>Designed facility capacity:</b> 363			
<b>Current population of facility:</b> 281			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium, Maximum			
<b>Age range of the population:</b> 16-74			
<b>Name of PREA Compliance Manager:</b> Jerry Brundies		<b>Title:</b> Captain	
<b>Email address:</b> Gerald.Brundies@scottcountyiowa.com		<b>Telephone number:</b> 563-326-8750	
<b>Agency Information</b>			
<b>Name of agency:</b> Scott County Sheriff's Office			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 400 West 4th Street Davenport, Iowa 52801			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 563-326-8750			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Dennis Conrad		<b>Title:</b> Sheriff	
<b>Email address:</b> Dennis.Conard@scottcountyiowa.com		<b>Telephone number:</b> 563-326-8765	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Michael Dierkes		<b>Title:</b> Training Sergeant	
<b>Email address:</b> Michael.Dierkes@scottcountyiowa.com		<b>Telephone number:</b> 563-328-4117	

## AUDIT FINDINGS

### NARRATIVE

In July 2015, 360 Correctional Consulting, LLC., was awarded a bid by Scott County Jail in Iowa to provide PREA audit services. In August 2015 communications began with the PREA Coordinator. Talia Huff was lead auditor and due to the population and size of the facility was the sole auditor. The onsite portion of the audit was conducted on November 9-10, 2015. Auditor Notices in both Spanish and English were sent via email to the PREA Coordinator, to be posted in living units, common areas, staff break rooms, and bulletin boards. The auditor received confirmation on September 29, 2015, that 35 of both notices had been posted in “all of our housing units, booking area, staff break rooms and visitation area for the public.” No inmate letters were received by the auditor, despite Auditor Notices being abundantly posted around the facility, which was noted during the site review. The PREA Coordinator provided sufficient pre-audit documentation to include the completion of the Pre-Audit Questionnaire and supporting documentation.

The morning of Nov 9, 2015, the auditor arrived at Scott County Jail (SCJ) and held an in-brief with Sheriff Dennis Conrad, Major Thomas Gibbs, Captain Jerry Brundies (PREA Compliance Manager), and Sergeant Mike Dierkes (PREA Coordinator). A brief discussion was held regarding the PREA audit process and methodology as well as other audit and facility logistics. Following the in-brief, the PREA Coordinator led the auditor through the site review. The majority of the site review was completed that morning with the exception of several areas that were observed throughout the rest of the onsite audit; booking area, laundry, kitchen, and administrative offices. PREA signs, Safe Path (local victim advocacy) signs, and Auditor Notices were abundantly observed in every living unit, in sub-dayrooms, visitation area, staff areas, jail entrance, booking, and common areas. The auditor did note and have discussion with the PREA Coordinator about the content of their PREA sign. Though it did state that SCJ has a zero tolerance for sexual abuse and sexual harassment, it did not list any reporting methods or information. In addition, near some of the phones were general phone instructions and contained in those instructions (in small print) was the PREA hotline number (\*99). Some areas had PREA postings that included reporting information. In fact, these signs included the definitions of sexual abuse and sexual harassment as well as listing reporting avenues; OIG’s phone number and address, legal mail to the Marshal’s office, and grievance. Upon inquiry, the PREA Coordinator informed that this was the sign mandated by the U.S. Marshal’s Office that had placed federal inmates at SCJ. Shortly following the onsite audit, the PREA Coordinator provided the auditor with revised PREA signs (one in English and one in Spanish), with which to replace the existing SCJ PREA signs. These signs listed all reporting methods for inmates and in also included external and third party reporting features.

The site review revealed the relaxed nature of the jail in which inmates are generally able to be outside their cells at least in the sub-dayroom areas for a majority of their waking hours. Sub-dayrooms are smaller dayrooms that are shared by 4 single or double-man cells. There is also a larger dayroom that is used in rotation by the rest of the inmates on that unit. Inmates are brought out into the larger dayroom by groups, dependent on classification and other individual factors. Inmates were out and about and using their amenities such as vending (which is behavior- and unit-based), microwave, tv, and the inmate kiosk. The inmate kiosk is widely used and is of note since it is a method of PREA reporting and inmate grieving along with a myriad of other inmate services. Each inmate has access to the kiosk and utilizes those services via their card, similar to a credit card. This is the way they access vending and most other inmate commodities. Cross-gender announcements were intermittently made throughout the site review and onsite audit. After the completion of the first audit day, the auditor compiled thoughts and observations from the site review and sent them via email to the PREA Coordinator. Things noted included: cross-gender camera viewing, enhancements to PREA signage, blind spots and isolated areas (e.g. kitchen, female laundry), the need for reporting information in holding cells, and the minimal supervision and camera coverage in F3-male dorm. The auditor had discussions the following day about these observations; particularly with the PREA Coordinator and Captain (PREA Compliance Manager) about cross-gender viewing that is occurring in designated cells that have camera coverage. An inmate in those cells would be viewed by opposite gender staff in a state of undress and while using the toilet.

The auditor obtained staff and inmate rosters with which to select random staff and inmates to interview. The staff

selected were from varying units, shifts, and rank as well as specialized staff, non-uniform staff, a contractor, and 2 volunteer staff. Female and male inmates were chosen at random from each unit including an inmate that requested to speak with the auditor during the site review. Interviews were conducted with specialized staff which included administrative staff and leadership as well as other specialized staff that perform specific PREA-relevant duties.

Overall, the facility was clean and well maintained and staff were friendly and cooperative. The PREA Coordinator was very receptive and accommodating and enabled an efficient audit and leadership was inviting and open to auditor feedback. Staff and inmates were positive and willing to converse with the auditor. Interviews did indicate the need to enhance staff and inmate awareness of PREA in certain areas, though, they were generally aware of PREA and of SCJ's zero tolerance policy.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Scott County Jail (SCJ) is the main detention facility of Scott County, Iowa, and is designed to accommodate the division and offices related to the county criminal justice system. The jail accommodates minimum, medium, and maximum custody. SCJ also houses inmates for the United States Marshal's Office, Bureau of Prisons, and US Immigration and Customs Enforcement (ICE) detainees. The average length of stay reported by the jail was 11.68 days and, by Iowa State Statute, no one may be incarcerated in a county jail for more than one (1) year. 6,963 inmates were admitted to SCJ within the year prior to the onsite visit.

As far as physical plant, the jail exists in a newer building which opened in December 2007 and is comprised of 1 building containing 5 multi-occupancy housing units, 1 open bay, and 26 segregation cells. The jail is well covered by monitoring technology.

SCJ provides 24/7 medical care; by both SCJ-employed medical staff as well as contract medical staff. The county Health Department has staffed the jail with one doctor, a health coordinator, four full-time nurses, full medical assistant, and a resource assistant. Scott County Jail provides dental services to all inmates. Mental health care is provided as needed through a contracted provider.

The mission of the Scott County Jail is to provide safe, secure and constitutional detention of both sentenced and pre-trial detainees placed in the facility by the courts. The philosophy is as such: The needs of many inmates revolve around solving drug and alcohol problems, general mental health problems, and around improving the methods and means of managing their lives. These areas can begin to be dealt with on a short-term basis. In cases requiring long-term services, the jail may act as a referral agency providing the inmate with avenues of access to various community and social service assistance programs. County level incarceration often represents the offender's initial contact with the criminal justice system. Effective intervention at the county level may, to a significant degree, prevent a person's continued involvement in crime. The stated goals of SCJ are 1) to insure societal protection; 2) to improve the offender's chances of succeeding within the outside community; and 3) to achieve community involvement, both with the facility and with the inmate once released from it. The SCJ's website boasts the use of direct supervision and that, "The key concept of direct supervision is placing a Corrections Officer in the unit and not isolating them from the inmates by bars or control rooms. Research has shown that Corrections Officers in the units get to know the inmates and can recognize and respond to trouble before it escalates. The staff is proactive rather than reactive. The staff is more dependent upon negotiation, communication, and conflict management skills rather than physical strength. Direct supervision is a combination of management and operational philosophy, facility design, and staff training."

## **SUMMARY OF AUDIT FINDINGS**

The culture of SCJ leadership was open and receptive to PREA compliance and the emphasis of sexual safety. Three (3) standards were exceeded, 19 standards were met, 0 not applicable, and while 20 standards were not met, many of

those require only minor corrective action.

It should be noted to the reader that auditor comments include both corrective actions as well as recommendations. For clarification, standards that are deemed “Does Not Meet,” require corrective actions. Some standards have been met, though, the auditor has included recommendations to be considered by the facility, which would strengthen compliance with the respective standard.

**Update 7/16/16:**

The last day of the 180-day corrective action period was June 13, 2016. On June 10, 2016, SCJ satisfied the last remaining corrective action item and completed the PREA audit process. As outlined in this Final Auditor Summary Report, SCJ has one standard that “Does Not Meet.” This standard is 115.15. Proceeding multiple discussions between the auditor and the facility throughout the corrective action period, leadership at SCJ felt they could not meet expectations of compliance for this standard. The auditor’s comments for standard 115.15 below elaborate on these circumstances. Otherwise, the auditor was met with open communication and reception of needed corrective actions. Despite an unforeseen set of circumstances shortly after the onsite visit, SCJ persevered to complete the remaining corrective action items. The PREA Coordinator is a champion and leader of achieving PREA compliance and of sexual safety in the confinement. The culture of SCJ is conducive of that also.

Number of standards exceeded: 4

Number of standards met: 38

Number of standards not met: 1

Number of standards not applicable: 0

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- Scott County PREA Policy 15007.1
- Scott County Organizational Structure Policy 13001.8
- Organizational Chart

#### **Interviews, Document and Site Review:**

The culture of the Scott County Jail (SCJ) is one of zero tolerance, in terms of the approach by administration and leadership and seems to be felt from staff and inmates alike. The Scott County PREA Policy is the zero tolerance policy toward all forms of sexual abuse and sexual harassment. SCJ's approach to zero tolerance and sexual safety is permeated throughout a plethora of SCJ policies and PREA Policy 15007.1 refers to these other respective policies. 15007.1 does need to be strengthened. Most notably, it does not define offender sexual abuse and sexual harassment and the definition of youthful offender is not congruent with the PREA standards. The auditor communicated this to the PREA Coordinator and provided a good policy example to refer to.

Sergeant Mike Dierkes is designated by the Sheriff as the PREA Coordinator while Captain Jerry Brundies is designated the PREA Compliance Manager. Sgt Dierkes is the Training Sergeant and reports to Captain Brundies. Capt Brundies reports to Major Thomas Gibbs. Both stated that they have sufficient time and authority to implement PREA compliance efforts, which was also clear as observed by the auditor. Sgt Dierkes has a solid backing and support system with which to implement PREA.

#### **Corrective Action:**

1. Amend and strengthen the Scott County PREA Policy 15007.1 to include necessary definitions pertinent to offender sexual abuse and sexual harassment (refer to the definitions in the PREA standards).

#### **Recommendation:**

1. Denote the PREA Coordinator on the Organizational Chart.

#### **Corrective Action Update:**

1. **4/11/16:** Auditor was provided a revised PREA Policy 15007.1, which contained the needed definitions. It did not contain definitions of case dispositions. On 5/23/16, the PREA Coordinator provided the PREA Policy 15007.1 which also contained the definitions of case dispositions. This satisfied this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- A monitoring report of the Scott County Jail by the U.S. Marshal's office
- Intergovernmental Agreement between SCJ and U.S. Marshal's Office

**Interviews, Document and Site Review:**

The above-listed documents were provided for auditor review prior to the onsite audit. Once onsite, the auditor provided clarification about this standard; that it pertains to contracts that SCJ has to house *their* offenders and upon inquiring further received information that SCJ in fact does contract for the confinement of inmates. The auditor gathered that these are verbal contracts or agreements and, therefore, was provided no contracts or documentation to review. The auditor was neither provided with nor found policy language that pertains to this standard; particularly that requires new or renewed contracts for confinement to include obligations to comply with PREA and for agency contract monitoring.

There are housing agreements with both Jones County (population of approximately 20) and Marshall County (population of approximately 150) for the confinement of juvenile offenders. At the time of the onsite audit, it was reported that 6 youthful inmates resided at Marshall County and 4 youthful inmates resided at Jones County. The PREA Coordinator would be responsible for monitoring these contracts from a PREA perspective, though, it currently was not being done. The classification had visited both sites approximately a year ago, but there is not a monitoring system in place. Neither Jones nor Marshall County has been PREA audited or monitored for PREA compliance. The interpretive guidance on this standard from the auditor was well received and the PREA Coordinator informed the auditor that he had updated the captain and would be arranging for this monitoring in the near future.

**Corrective Action:**

1. Impose an obligation for Jones and Marshall Counties to adopt and comply with the PREA standards.
2. For the confinement of inmates, include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.
3. Any new contract or contract renewal shall provide for SCJ contract monitoring to ensure that the contractor is complying with the PREA standards.

**Corrective Action Update:**

1. SCJ began communications with Jones and Marshall counties regarding their obligation to comply with the PREA standards. In May 2016, Capt. Brundies and Classification staff visited Jones and Marshall counties to discuss progress on PREA compliance. They seem to be early in PREA compliance efforts. Marshall County had designated a PREA Coordinator, but Jones County had not. The auditor discussed the need for officially establishing the counties' obligation for PREA compliance, if not in the form of a contract, then in the form of a Memorandum of Understanding (MOU). In addition, the auditor suggested the use of the Toolkit for Jails: Self-Assessment Checklist in order to gauge where they are in PREA compliance. The auditor provided the link to this document via email. 6/7/16: the PREA Coordinator provided an update and signed MOU between SCJ and Marshall County, which contained verbiage of the county's obligation of PREA compliance and SCJ's obligation to monitor such compliance. 6/10/16: the PREA Coordinator provided an

update and signed MOU between SCJ and Jones County, which contained verbiage of the county's obligation of PREA compliance and SCJ's obligation to monitor such compliance. This satisfied corrective action for this standard. SCJ will need to continue its efforts to monitor PREA compliance of both counties and ensure they are continuing to progress and ultimately achieve PREA compliance.

### **Standard 115.13 Supervision and monitoring**

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

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**In order to make my determination, I reviewed the following policies and other documentation:**

- Staffing Plan Policy 13003.2
- PREA Policy 15007.1
- SCJ Staffing Proposal, dated 9/1/06
- Staffing Meeting minutes, dated 4/18/07
- Post Logs from each unit

### **Interviews, Document and Site Review:**

SCJ has a staffing plan and process which is guided by Staffing Plan Policy 13003.2. Review of the staffing plan indicated 16 staff during day shift (13 minimum) and 13 staff during night shift (11 minimum). Additionally, there are at least 2 sergeants in the building at all times. The reported average daily number of inmates was 316. The staffing plan that was provided and reviewed was dated 4/18/07, which is the original staffing plan from when the jail's new building became operational in December 2007. Actually, the Staffing Plan document indicated 10 staff minimum for night shift, which has been changed since then to a minimum of 11 for night shift. Other than that, the PREA Coordinator indicated that it had not changed. Staffing Plan Policy 13003.2 requires that the staffing plan be "developed annually that identifies the appropriate and efficient post and staff requirements, per shift, necessary to provide post coverage at all times, full supervision of inmates, and to perform program and support services." The Staffing Plan Policy is very detailed and comprehensive and includes most elements of provision (a) of this standard, though, the policy does not specifically address PREA or sexual safety and is missing the following elements of provision (a): (2), (3), (4), and (10). Furthermore, the auditor was not provided documentation that supported the Staffing Plan policy; that it is actually done in practice. The intent of this standard is for facilities to take a different look at their staffing plan; ensuring that they are considering staffing specifically from a sexual safety standpoint, ensuring that adequate staffing protects inmates from sexual abuse.

General Population North and General Population South each house 61 inmates and are typically supervised by 1 officer. These are multi-occupancy units, in which cell/room doors are not locked and inmates are out and active most of the day. This atmosphere has the potential for inmates to easily engage in sexual acts inside their rooms and not be viewed by the officer or camera. SCJ should consider measures to prevent inmates from easily being isolated with one another and out of direct supervision. Direct staff supervision as defined by the PREA standards is, "security staff are in the same room with, and within hearing distance of, the resident or inmate."

SCJ reported that there were no deviations from the staffing plan during review period. From discussions with the PREA Coordinator, the auditor ascertained that when warranted, sergeants/supervisory staff will fill posts to ensure staffing does not go below minimum level. Beyond that, over time will be offered or mandated to maintain minimum levels. Staffing levels have not dipped below minimum.

The auditor was not provided with documentation that the staffing plan had been reviewed in consultation with the PREA Coordinator to assess whether adjustments were needed from a sexual safety perspective.

The facility has policy (15007.1, p3) and practice in place of conducting and documenting unannounced rounds by supervisory staff. This is documented on Post Logs that are completed by each unit daily. These logs document a detailed review of the unit and the status of the unit and the inmates. They document any “keep separates,” other classification information, recommendations or “pass-on items,” as well as the happenings of the unit to include when supervisory staff come onto the unit. Post Logs from each unit were provided to the auditor for review. Because SCJ has 12 hour shifts, these rounds covered both shifts. Two (2) instances of rounds being conducted during the night were noted during review of documentation. Though, it was reported these rounds occur at night, it is recommended that the documentation if such is enhanced. The auditor spoke with a lieutenant, a sergeant, and the PREA Coordinator about conducting unannounced rounds. The lieutenant explained that the documentation occurs on the Post Log, though, he admitted sometimes they have found that it was not done. The PREA Coordinator explained that the shift sergeants are to be on the units at least once per shift. The sergeant articulated well that the rounds are random and sporadic and is vigilant to staff alerting other staff. Sergeant explained that she had not heard of such alerts at SCJ whereas at another facility she had worked two clicks on the radio was the alert.

**Corrective Action:**

1. Provide auditor with a current staffing plan which cites how SCJ considers the 11 elements of provision (a) of this standard.
2. Provide documentation that the staffing plan was reviewed in consultation with the PREA Coordinator and whether adjustments were indicated.

**Recommendation:**

1. Incorporate PREA language and requirements in the Staffing Plan Policy 13003.2.
2. Enhance documentation of supervisory rounds during the night hours.

**Corrective Action Update:**

1. Following several discussions regarding interpretation and expectations of this standard, the PREA Coordinator provided a staffing plan report, which accounted for review of the staffing plan from a sexual safety standpoint and consideration of each of the 11 required elements. The report shows the Major, Captain, and PREA Coordinator met for this purpose. Some of what was cited is as follows:
  - SCJ follows general best practices and that all non-PREA General Orders are currently being reviewed
  - There have been no judicial, or other, findings of inadequacy
  - Components of the physical plant were reviewed and no “new discrepancies identified”
  - Number and placement of supervisory staff is reviewed as part of the yearly staffing and no staff increases were requested
2. The staffing plan review was documented in the above mentioned documentation. It occurred on 6/8/16 and involved the Major, Captain, and PREA Coordinator.
3. Revisions to the PREA Policy 15007.1 reveal that the verbiage of this standard now exists on page 4. This satisfies all corrective action needed for this standard.

### Standard 115.14 Youthful inmates

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

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**In order to make my determination, I reviewed the following policies and other documentation:**

- Adult and Juvenile Separation 13001.3
- 115.14a2 Excel spreadsheet

### **Interviews, Document, and Site Review:**

SCJ, at times, does book in and house youthful inmates as defined by the PREA standards. The auditor was provided the Adult and Juvenile Separation Policy 13001.3 as well as a spreadsheet which accounts for the number of youthful inmates booked in and the number of days each stayed. The Adult and Juvenile Separation policy contains a PREA section that echoes the PREA standards. According to the spreadsheet, there were 20 booked in CY2014 and 14 in CY2015 to-date. There were no youthful inmates at SCJ during the time of the onsite audit. Pre-audit SCJ reported that they maintain separate housing as well as sight and sound separation between adults and youthful inmates. Per policy, SCJ is prohibited from housing youth under the age of 18 unless they are charged as an adult in Associate Court. SCJ refers to those charged as an adult as juvenile offenders. When a juvenile offender is booked, SCJ is able to enact procedures to ensure separation. Juvenile offenders (youthful inmates) are housed in Special Management or Flex Housing and don't access shared dayrooms, common spaces, shower areas, or sleeping quarters with adult inmates. The Adult and Juvenile Separation 13001.3 policy requires that an incident report will be written in the event that any contact occurs between an adult and juvenile. When being booked in, a juvenile is held in a holding cell either alone or with other juveniles of the same gender. During the site review, the auditor was informed and shown that when a juvenile comes in, there are magnetic window coverings that are used to ensure sight separation.

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

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA policy 15007.1
- Inmate Searches policy 15001.11
- Training records; Course Completion History
- Inmate Showers 16003.2

**Interviews, Document and Site Review:**

SCJ does not generally conduct cross-gender strip searches, which was consistently confirmed by staff and inmates. Strip searches rarely occur. PREA Policy 15007.1 asserts that any cross-gender strip searches, body cavity searches, or pat-downs of female inmates would be documented by the Shift Supervisor; also outlined in the Inmate Searches 15001.11 and Shift Report 15001.4. Inmate Searches 15001.11 asserts that inmate strip searches are only conducted if there is reasonable suspicion of the possession of contraband and then the least intrusive form of search is used. This policy also states that, “Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the inmate is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private.”

Inmate Searches policy 15001.11 asserts that strip searches are only conducted by the same gender, male staff pat search the same gender and a juvenile of the same gender, and female staff pat search females and adult males.

SCJ reported there were no cross-gender strip, body cavity, or female part-down searches conducted during the review period. Nothing was disclosed during staff and inmate interviews that indicated otherwise. Policy requires documentation of such searches, though, there was no records to review and no indication that it may have occurred.

In general, inmates can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The exception to this is in select cells which contain cameras that are monitored by staff. Intake, Special Management, and Female Housing have some of these cells. All cells in Flex Housing have cameras. The cameras cover the entire cell, which includes the toilet. Inmates would be able to shower without being viewed on camera. The only way they could change clothing privately is if they change in the shower area. During interviews, inmates reported being uncomfortable due to being viewed on camera in a state of undress while using the toilet. The auditor had discussion with the PREA Coordinator and PREA Compliance Manager about this as it is a violation of this standard. It was received well and understood. We discussed possible alternatives to this approach and this issue was taken to facility leadership. At the time of the onsite, females were occupying Flex Housing and inmates that were interviewed from Flex and other female inmates who had once been in Flex reported they were uncomfortable with the cameras (and knew males viewed them) as well as the shower curtain in Flex Housing that was not wide enough to provide privacy during showers. The auditor informed the PREA Coordinator about the shower curtain right away. The shower was then replaced and the auditor verified this with photos that were provided shortly after the onsite audit.

PREA Policy 15007.1 and 15001.3 Housing Unit Supervision requires staff of the opposite gender to announce their presence when entering a housing unit. However, this practice has not been institutionalized. The PREA Coordinator generally announced throughout the site review, but the auditor did not see that it was an instilled practice for most staff. Secondly, staff interviews clearly indicated that this was not an institutionalized practice. Some staff said they announce their presence prior to entering Flex Housing. Additionally, inmate interviews revealed practice that was similar to what was revealed in staff interviews regarding opposite gender announcements. Some inmates said that they had once heard a male announce in Flex and one inmate reported that they had heard an announcement when an officer came upstairs (in female housing). No one staff or inmate said that there are announcements on male units at any time by female staff.

During interviews, staff were consistently aware that they would not be allowed to search a transgender inmate for the purpose of determining genital status.

The auditor was provided with the training curriculum and records of completed staff training, which addressed searches of transgender inmates as well as cross-gender searches. It is a Relias curriculum titled “PREA: Managing Inmates at Risk of Sexual Abuse.”

**Corrective Action:**

1. Enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Specifically, this applies to the camera-capable cells. The exceptions to this are when/if the cells are being used for close-observation or suicide watch.
2. SCJ shall institutionalize the practice of opposite gender announcements on all units.

**Corrective Action Update:**

1. SCJ has experienced barriers in coming into compliance with this provision: 115.15(d). As noted in the auditor analysis, SCJ has some cells in Intake, Special Management, and Female Housing in which staff monitor camera coverage. Staff that monitor are of both genders and have the capacity to view inmates using the toilet. Much discussion throughout the corrective action period was had between the auditor and facility regarding options for compliance; the most feasible being a blurred spot over the toilet area. SCJ leadership was not amenable to such an intervention as they felt strongly that it would interfere with safety and security of inmates in those cells, particularly inmates that were being monitored for suicide watch. SCJ reported in the past inmates had attempted to drown themselves via the toilet and SCJ was not willing to risk limited camera viewing for this reason. SCJ has opted to remain in non-compliance with this standard in lieu of, what is considered by leadership, jeopardizing safety and security. Leadership felt that the following options were not viable for use at SCJ: blacking out camera view over the toilet area, blurring out camera view over the toilet area, specifying the camera monitoring as a gender-specific officer post.
2. SCJ has institutionalized the practice of opposite gender announcements. Though language regarding opposite gender announcements was in the PREA Policy, the auditor asserted that the practice be reiterated to staff members and better institutionalized. This was completed in the form of staff training and briefings during shift meetings. This provision is satisfied.

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

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- SCJ Zero Tolerance poster (English)
- SCJ Zero Tolerance poster (Spanish)
- Housing Transfer and Orientation policy 15005.3 (Page 13-Procedure F: Use of Interpreter)
- Inmate Telephone Use policy 17005.2 (page 8-Procedure B: Orientation #10)

**Interviews, Document and Site Review:**

SCJ employs some resources to ensure that inmates with disabilities (deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The zero tolerance poster that is posted abundantly around the facility is posted in both English and Spanish. As mentioned in the narrative section of this report, the auditor did note and have discussion with the PREA Coordinator about the content of the PREA sign. Though it did state that SCJ has a zero tolerance for sexual abuse and sexual harassment, it did not have any reporting methods or information. In addition, near some of the phones were general phone instructions and contained in those instructions in very small print was the PREA hotline number (\*99). Some areas had PREA postings that included reporting information. In fact, these signs included the definitions of sexual abuse and sexual harassment as well as listing reporting avenues; OIG's # and address, legal mail to the Marshal's office, grievance. Upon inquiry, the PREA Coordinator informed that this was the sign mandated by federal entities that had placed federal inmates at SCJ. It could be difficult for inmates with a disability to put the pieces of this information together in order to use it. Shortly following the onsite audit, the PREA Coordinator provided the auditor with revised PREA signs (one in English and one in Spanish), with which to replace the existing SCJ PREA signs. These signs listed all reporting methods for inmates and in also included external and third party reporting features.

Inmates remanded to the jail go to classification right away. Classification staff that was interviewed articulated well their process for addressing the needs of inmates with disabilities or limited English proficiency and was also able to speak to inmates that have limited reading skills, in which case they would talk through the material and ensure comprehension. TDD, for deaf or hard of hearing, is also a resource for SCJ. Housing Transfer and Orientation policy 15005.3 pg 8 (#10) states, "If the inmate cannot read, the Housing Officer reads and explains each item on the Orientation-Jail, Bloodborne Pathogens-Inmate Training and Hazard Communications Program –Inmate Training Forms to the inmate, reads over the Jail Inmate Manual and shows him the picture of a properly made bed and properly dressed inmate, and tells the inmate that if he has further questions to ask the Housing Officer." This policy language would be enhanced by adding PREA-specific information. The auditor interviewed an inmate with an intellectual/psychiatric disability who reported he had not heard of PREA, however, due to the inmate's state and status this was not an accurate gauge of whether PREA information had been given to him. This inmate did report that he felt safe. Little relevant information was gleaned.

For LEP (limited English proficient) inmates, SCJ posts PREA signs in both English and Spanish and they also have a translation service available to them. The translation service is with Translations Unlimited in Davenport, IA. There is no actual contract, though, the service is available and is billed by the hour when used. In the interview with the Sheriff, he stated that they do have the translation service, though, beyond that resources are limited. Page 13 of the Housing Transfer and Orientation policy addresses the procedure for the use or need for an interpreter. It charges the Shift Supervisor with the responsibility of contacting the translation service and specifies that the Assistant Jail Commander will "locate and utilize appropriate interpreters to translate the Jail Inmate Manual as necessary."

As far as using inmate interpreters, SCJ reported pre-audit that they do not officially (by policy) prohibit the use of inmate interpreters. On the Pre-Audit Questionnaire, it was reported that there were 7 instances during the review period in which an inmate interpreter was used and it was not a case that an extended delay in obtaining another interpreter could compromise the inmate's safety. However, in staff interviews, most staff relayed that an inmate interpreter would not be used in relation to an allegation of sexual abuse or sexual harassment unless it was to establish safety. One staff interviewed reported that he was fluent in Spanish and had been used a few times for inmate interpretation.

**Corrective Action:**

1. In accordance with provision (c) of this standard, SCJ shall prohibit the use of inmate interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

**Corrective Action Update:**

1. During April 2016 SCJ incorporated in daily shift briefings for all staff information reiterating the prohibition of the use of inmate interpreters. Furthermore, it was reiterated that, when needed, the translation line shall be used, which is located in Booking or the Shift Office. The auditor was provided documentation that this information was provided to staff. Because most staff reported in interviews that the use of inmate interpreters was prohibited, this reiteration of the requirement will satisfy this standard.

### **Standard 115.17 Hiring and promotion decisions**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- 15007.1 PREA Policy
- 13003.6 Staff Selection
- 13003.10 Staff Promotion
- 13003.23 Staff Grievances
- 13003.25 Sexual Harassment
- 15001.26 Sexual Assault
- Personnel file review
- Background check review

### **Interviews, Document and Site Review:**

SCJ does not hire or promote anyone that has engaged in sexual abuse or sexual harassment. Several SCJ policies guide these practices. Staff Selection Policy 13003.6 specifically contains the verbiage of this standard. This practice has historically been in place, though, the sheriff recently charged the CID (Criminal Investigations Division) with the responsibility rather than Human Resources. New hires and employees up for promotion receive a full background investigation and a criminal records check through NCIC. SCJ reported that 7 people had been hired during the review period who may have contact with inmates and have had backgrounds checks. The auditor interviewed the lieutenant in CID that conducts these background investigations. He further explained the process of the thorough background investigation, which includes checking Iowa and national criminal history, sex offender registries (local and national), “Wanted” check, driver’s license, local database for law enforcement contacts, PISTOLS (Illinois database), Iowa courts online, degree and transcripts. This is outlined in an Applicant Background Check form reviewed by the auditor. The auditor verified backgrounds of employees through a random sampling of personnel records. These were consistently found during the records review.

Both the PREA Compliance Manager (Captain Brundies) as well as the lieutenant who conduct the background investigations asserted that incidents of sexual harassment would “absolutely” be considered before any hiring or promoting. With the extensive background investigation of new hires and promotions, this would likely be discovered and conserved then. If discovered during the hiring of volunteers or contractors it would also be considered.

Though the process of vetting applicants is thorough, the auditor did ascertain that prior institutional employers were not being contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor explained this provision with both the PREA Coordinator, PREA Compliance Manager, and also the Director of Human Resources (HR). This process falls on HR and the auditor was told that this would be implemented right away.

Volunteers and contractors receive a criminal records check through NCIC. SCJ reported that 1 contractor had been hired during the review period who may have contact with inmates and had a background checks. The auditor verified backgrounds of contractors and volunteers through a random sampling of personnel records. These were consistently found during the records review.

Staff Selection Policy page 5 #9 mandates that SCJ conducts criminal background records checks on current employees at least every 5 years.

Regarding provision (f), it is addressed in the Staff Selection policy, though, the auditor reviewed the Employment Application as well as completed applications in personnel files which revealed that the 3 required questions are not included on the application. This was acknowledged by the HR Director and the PREA Coordinator, who asserted this will be rectified.

Current employees are held to affirmative duty to disclose conduct alluded to in this standard as well as any criminal conduct or law enforcement contact. This verbiage can be found in the Staff Selection policy 13003.6 page 5 (#9b).

Also on page 5 of the Staff Selection policy asserts that material omissions regarding such misconduct, or the provision of materially false information, is deemed to be grounds for termination. There were no such examples that occurred with which to review.

Though included in the Staff Selection policy page 9, by reviewing personnel records and speaking with the PREA Coordinator and HR Director, the auditor found that the practice of contacting prior institutional employers was not occurring. Additionally, providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, was also not occurring. The Captain explained that currently the information disclosed is basically whether or not a former employee was re-hirable. The auditor had discussion with the HR Director regarding the interpretation and expectations of this practice and expressed the need for SCJ to be able to demonstrate institutionalization. The HR Director expressed understanding of doing so from this point forward.

**Corrective Action:**

1. Implement the process of contacting prior institutional employers to request information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. These attempts should be documented. A period of time is necessary to demonstrate institutionalization of this process. After a period of 3 months, provide the auditor with documentation of this new practice.
2. For all applicants, include the 3 required questions of provision (f) of this standard. After a period of 3 months, provide the auditor with completed applications documenting this new practice.
3. Provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. After a period of 3 months, provide the auditor with documentation this new practice.

**Corrective Action Update:**

1. Upon conclusion of the onsite audit, SCJ took steps to implement the process of contacting prior institutional employers to request substantiated allegations of sexual abuse. The auditor requested and was provided completed employment applications throughout the corrective action period. By doing so, SCJ made all efforts to demonstrate the practice, though, there were no applicants with prior institutional employers with which to verify the institutionalization of this practice. SCJ shall ensure that this practice is indeed in place moving forward. This provision is satisfied.
2. SCJ incorporated the 3 required questions into the employment application process. This was put into place prior to the auditor leaving the facility. On several occasions throughout the corrective action period, the

- auditor was provided with completed employment applications to review. All applications did include the 3 required questions, thus, demonstrating institutionalization of this practice. This provision is satisfied.
3. Upon conclusion of the onsite audit, SCJ implemented the practice of providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, though, there were no such requests made during the corrective action period with which to verify the institutionalization of this practice. SCJ shall ensure that this practice is indeed in place moving forward. This provision is satisfied.

#### **Standard 115.18 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- (None)

#### **Interviews, Document and Site Review:**

SCJ reported that there has been no facility expansions or modifications since August 20, 2012, and this is SCJ's first PREA audit. SCJ also reported they have not installed or updated video monitoring since August 20, 2012. As mentioned earlier in this report, the building Scott County Jail comprises was built in 2007 and, therefore, the newer construction is conducive to direct supervision and as well as video monitoring.

#### **Recommendation:**

1. Include in policy, or otherwise in practice, a mandate to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities.

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

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault 15001.26
- Criminal Violations 15003.7
- Major Violations/Disciplinary Hearing 15003.6
- Crime Scene 15001.19
- Inmate Transports 15001.8
- Emergency Treatment of Inmate Injuries/Illnesses 16002.6

**Interviews, Document and Site Review:**

The agency conducts both administrative and criminal investigations. Criminal investigations are referred to the Criminal Investigations Division (CID) of the Sheriff's Office (SO). The jail has a good working relationship with CID and CID has a dedicated sexual assault investigator for sexual abuse investigations at the jail that appear to be criminal.

Sexual Assault policy 15001.26 outlines a uniform evidence protocol and Crime Scene policy 15001.19 explains further how "Corrections Staff secures potential crime scenes in the Jail in order to protect the area from possible contamination prior to the investigation of the crime." The auditor interviewed both administrative investigators at the jail and a criminal investigator from the CID. There are two lieutenants designated to conduct administrative investigations, both of whom articulated well their process of investigation. They articulated a thorough process, which was evident through auditor review of investigative files. Similarly, the CID investigator was very well versed in his process of sexual abuse investigations and articulating a uniform evidence protocol.

SCJ reported that zero forensic exams were offered or warranted during the review period and the agency does offer all victims of sexual abuse access to forensic exams. This is outlined in policy, and procedure in place that designates that the local hospital is where inmates are transported to for forensic exams when warranted. These exams would be performed by SANE's. Specific procedures to do so are outlined in the Inmate transports policy 15001.8 and Emergency Treat of Inmate Injuries/Illnesses policy 16002.6. These exams are offered without financial cost, as also asserted in policy.

For attempting to make available to the victim a victim advocate from a rape crisis center, SCJ has established a relationship with SafePath and has entered into an MOU. PREA Policy 15007.1 charges the Shift Supervisor with the responsibility of ensuring and documenting that this happens. The auditor was provided the MOU to review. SafePath is a local organization that provides a variety of services including: Family Resources, Social Services, Advocacy, Education, and other resources.

SCJ has reported no use of SafePath to date that they know of. SafePath posters with contact information are posted all over the facility in every unit and common areas. Inmate victims of sexual abuse would be offered an advocate to accompany them through a forensic exam. This would be done automatically by the hospital as part of the SAFE (sexual assault forensic exam) process. SCJ should also ensure, however, that a victim advocate is not only provided through the forensic medical examination process but also for investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.

Provision (f) is not applicable since the agency conducts both administrative and criminal investigations.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault 15001.26
- Criminal Violations 15003.7
- Major Violations/Disciplinary Hearing 15003.6
- Crime Scene 15001.19
- Inmate Transports 15001.8
- Emergency Treatment of Inmate Injuries/Illnesses 16002.6

**Interviews, Document and Site Review:**

The agency conducts both administrative and criminal investigations. Criminal investigations are referred to the Criminal Investigations Division (CID) of the Sheriff's Office (SO). The jail has a good working relationship with CID and CID has a dedicated sexual assault investigator for sexual abuse investigations at the jail that appear to be criminal. Several policies speak to this process, though, is most prominently addressed in PREA Policy 15007.1 and Sexual Assault 15001.26.

During the reporting period, there were 11 allegations of sexual abuse and sexual harassment, all of which were investigated; all were administrative. There are two lieutenants designated to conduct administrative investigations, both of whom articulated well their process of investigation and asserted that all allegations are investigated. They articulated a thorough process, which was evident through auditor review of investigative files. Similarly, the CID investigator, though he claimed that he had not yet conducted a PREA investigation at the jail, was very well versed in his process of sexual abuse investigations.

Provision (c) of this standard is not applicable since there is no outside entity conducting investigations.

There is no State agency or Department of Justice entity responsible for conducting investigations at SCJ.

Auditor review of the investigative reports revealed thorough and prompt investigations by the lieutenants charged with that responsibility. The number of investigations contained in the investigative files onsite did not, however, match with the number of allegations reported by SCJ (i.e. 11). There were more to review onsite. Upon discussion with the PREA Coordinator, the auditor ascertained that it was a matter of categorizing allegations properly; data collection and aggregation. The allegations were/are being investigated. The auditor shared information about methods of categorizing allegations (by referring to definitions of sexual abuse/sexual harassment set forth in the PREA standards) as well as expectations of data collection and reporting. The PREA Coordinator then understood and was very receptive to ensuring such practice was followed moving forward.

**Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- Training records; Course Completion History
- Relias training curriculum PREA: Managing Inmates at Risk of Sexual Abuse
- Relias training curriculum PREA: What it Means for You and Your Agency
- Relias training curriculum PREA: Investigation Protocols
- Relias training curriculum PREA: The Dynamics, Detection, and Reporting of Sexual Abuse
- Relias training curriculum PREA: Staff Roles and Responsibilities Under PREA

#### **Interviews, Document and Site Review:**

All of the elements of 115.31(a) are addressed in the staff PREA training, which is required of staff at least annually. Training is provided via Relias Learning Management System. The auditor reviewed the training curriculum which was printed off and provided by the PREA Coordinator. Certain ranks/positions are assigned additional training courses by the PREA Coordinator such as sergeants and lieutenants. Almost all staff reported having the training twice in the last couple months, but PREA training has been provided for at least several years.

The auditor interviewed random staff from varying units, shifts, and rank as well as non-uniform staff, a contractor, and 2 volunteer staff. Staff reported that they receive PREA training as a new hire and then each year thereafter. SCJ reported that they trained 90 staff during the review period. Interviews with staff revealed that their strongest area was of first responder duties. Staff were very knowledgeable in their response to an allegation of sexual abuse. Auditors did note and discuss with facility leadership that several of the other training elements (in 115.31(a)) were lacking in staff interviews. The training curriculum provided has good content, though, it is not facility or agency-specific. To compensate for this, employees are given policies to review in addition to the online training. This method may be inhibiting comprehension and retention of the material. Perhaps some face-to-face, interactive training (particularly on how to apply it to SCJ) may enhance comprehension and retention of material rather than solely online training.

The training curriculum was tailored to both male and female genders as well as transgender and gender non-conforming. Since SCJ houses both males and females it is particularly important to convey these differences to staff that have direct contact.

Training records were provided and reviewed by the auditor, which indicated that all staff had received this required training. This was provided in the form of a print out of Course Completion History reports which logged staff members, their title, location, course, and completion status.

SCJ verifies electronically that staff have received and understood their PREA training. Relias requires that employees mark a box that verifies they have completed training and a test after completion of the course that requires at least an 80% score and contains 10 questions. Staff are able to re-take the test until they attain the minimum required score. The PREA Coordinator provided an example of test results which give information on staff completion and pass rates.

**Corrective Action:**

1. Enhance staff's ability to articulate the dynamics of sexual abuse in confinement, dynamics of sexual harassment in confinement, definitions and professionalism with LGBT (lesbian, gay, bisexual, transgender) inmates, detecting and responding to signs of threatened or actual sexual abuse.

**Corrective Action Update:**

1. SCJ enhanced staff knowledge of the dynamics of sexual abuse in confinement, dynamics of sexual harassment in confinement, definitions and professionalism with LGBT (lesbian, gay, bisexual, transgender) inmates, detecting and responding to signs of threatened or actual sexual abuse. This was accomplished by providing additional face-to-face training, which the auditor was provided documentation on 5/12/16. This consisted of: 1) Training content covering the required areas in this corrective action; and 2) Affidavit of Training form verifying the face-to-face training. The form cited the duration and topic of training, initials for each topic required in this corrective action, and signatures of both the trainer and trainee. This documentation and training did not address LGBT information, however. Therefore, SCJ utilized a 2-page LGBT flyer shared by the auditor citing: Communicative Effectively with LBGT and Gender Non-Conforming Inmates and Understanding LBGT Terminology. The flyer was both shared with staff during training and was also posted and implemented into annual PREA training. The PREA Coordinator is also the Training Sergeant and is therefore charged with overseeing, tracking, and delivering PREA training. The online training has now been supplemented with face-to-face training and other PREA materials. With the enhanced training components as well as frequent review of PREA topics and the practice of providing additional PREA training to sergeants and lieutenants (and other positions and ranks when warranted) exceeds this standard.

**Standard 115.32 Volunteer and contractor training**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Volunteers Policy 13006.1
- Contract Agencies/Services Policy 13001.9

**Interviews, Document and Site Review:**

SCJ contracts with Turnkey for inmate services; e.g. vending machines on each unit, inmate kiosk machines, video visitation kiosks. The auditor was provided the contract to review, which does contain a PREA provision. SCJ also contracts with some medical staff, Genesis Psychology Associates for mental health services as needed for inmates, and CADS (Center for Alcohol and Drug Services) staff. Orientation training, which includes PREA, is provided to contractors and volunteers. Volunteers policy 13006.1 states that the Program Sergeant "develops an orientation and training schedule for the volunteer/service provider which includes a review of the General Orders pertinent to the area they work in." This policy does not contain specific PREA language, though, the auditor did ascertain through PREA Audit Report

interviews with volunteer and contractors as well as the PREA Coordinator and the staff member in charge of contractors and volunteers that PREA training is mandated and provided to them. The program manager for the CADS program was interviewed and articulated well his knowledge and responsibilities relevant to PREA. This contractor supervises the other CADS contractors and asserted that PREA training is an annual requirement and that the Programs Sergeant delivers the PowerPoint training to them and they also watch a PREA video, which the auditor verified to be the 17 minute Just Detention International video. The PREA Coordinator asserted that the attendees sign a sign-in sheet and sign a training form titled, "Scott County Medical or provider in the jail". The auditor requested and was provided with a random sample of these signed forms.

SCJ reported that they trained 85 volunteers and contractors during the review period and SCJ also reports that the level and type of training is based on the services and level of contact they have with inmates. Interviews with the volunteers and contractors that were interviewed by the auditor revealed they were aware of the agency's zero tolerance policy, had received PREA training, and understood their responsibilities under policy.

### **Standard 115.33 Inmate education**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Housing Transfer and Orientation 15005.3
- Inmate Training form (English)
- Inmate Training form (Spanish)
- Inmate Manual (English), dated May 2014
- Inmate Manual (Spanish), dated May 2014

### **Interviews, Document and Site Review:**

After booking and once remanded to the jail, all inmates are given an Inmate Manual and are seen by classification. The Inmate Manual is available in English as well as Spanish and contains inmate rights including their right to be free from sexual abuse and sexual harassment. The manual also states there is a zero tolerance and that SCJ "takes administrative and/or criminal disciplinary action against anyone committing sexual misconduct." The classification staff interviewed by the auditor asserted that he informs the inmate of zero tolerance, the PREA law, and ways to report, though, this is not part of his official duty. Classification conducts the PREA screening and intake and determines proper housing and placement.

The inmate then arrives at their designated unit and the unit officer presents them with the PREA-Inmate Training, which is a form that appraises the inmate of the zero tolerance policy, brief PREA overview, prohibited behaviors, methods of report, etc. At the bottom of the form it states, "The Correctional Officer has reviewed the above PREA

information and has answered questions related to the Prison Rape Elimination Act (PREA). I understand the above listed information about PREA and that (SCJ) enforces a zero tolerance towards any PREA violations.” The form is then signed by both the inmate and the officer with documentation of the housing unit, date, and start and finish times of the inmate training. This comprises the comprehensive education as it is done in person and includes information regarding inmates’ rights to be free from sexual abuse and sexual harassment regarding agency policies and procedures for responding to such incidents. It could be enhanced, however, by adding verbiage pertaining to inmates’ rights to also be free from retaliation for reporting such incidents. The auditor selected random inmates sporadically over the review period and requested the PREA-Inmate Training forms. A form was produced for each inmate chosen. The auditor applauded the documentation of the start and finish times as it is a valuable tool not only for the auditor but also for the facility, to gauge the quality of information being provided to the inmate. In doing so, it was noted that several inmates are sometimes placed on the same unit at the same time. The documentation provided that the information is at least sometimes given collectively to all the inmates by the same officer and in a few cases it was done in 4 minutes. That does not seem to be adequate time to convey this information properly nor does it produce an environment in which inmates are likely to ask questions (being in the company of other inmates). Other officers documented a duration of 10 minutes. SCJ should revisit the practice of unit officers providing this PREA Training to ensure quality in the delivery of the information and perhaps any changes that may need to be made to this practice so inmates are receiving, understanding, and are able to ask questions in a comfortable environment. SCJ reported that 1859 inmates received this PREA information at the time of intake. The auditor conducted interviews of random inmates chosen from each unit and varying lengths of stay. Inmate interviews revealed that inmates had little awareness of PREA, their rights, and methods of report. That said, there seems to be a gap in inmate comprehension and retention of the PREA information. As mentioned, one suggestion is to assess the quality of information given to inmates by the housing officers while another suggestion is to also implement a PREA inmate education video, which is available free of charge through many resources.

Due to the shorter length of stay, there were no current inmates who had arrived prior to the implementation of PREA inmate education. Additionally, SCJ is a one-facility agency and does not provide PREA educate to inmates prior to transfer to another Scott County facility. Provision (c) is not applicable.

As noted in the comments for 115.16, SCJ does provide education in formats accessible to inmates that are limited English proficient (LEP), are hard of hearing or visually impaired, have limited reading skills, or are otherwise disabled. This is done through written materials in Spanish, translation service for LEP, TDD, and individual staff assistance for limited reading skills or otherwise disabled. Classification staff that were interviewed articulated well their process for addressing the needs of inmates with disabilities or limited English proficiency and was also able to speak to inmates that have limited reading skills, in which case they would talk through the material and ensure comprehension. TDD, for deaf or hard of hearing, is also a resource for SCJ. Housing Transfer and Orientation policy 15005.3 pg 8 (#10) states, “If the inmate cannot read, the Housing Officer reads and explains each item on the Orientation-Jail, Bloodborne Pathogens-Inmate Training and Hazard Communications Program –Inmate Training Forms to the inmate, reads over the Jail Inmate Manual and shows him the picture of a properly made bed and properly dressed inmate, and tells the inmate that if he has further questions to ask the Housing Officer.” This policy language would be enhanced by adding PREA-specific information. The auditor interviewed an inmate with an intellectual/psychiatric disability who reported he had not heard of PREA, however, due to the inmate’s state and status this was not an accurate gauge of whether or not PREA information had been given to him. This inmate did report that he felt safe.

For LEP inmates, SCJ posts PREA signs in both English and Spanish and they also have a translation service available to them. The translation service is with Translations Unlimited in Davenport, IA. There is no actual contract, though, the service is available and is billed by the hour when used. In the interview with the Sheriff, he stated that they do have the translation service, though, beyond that resources are limited. Page 13 of the Housing Transfer and Orientation policy addresses the procedure for the use or need for an interpreter. It charges the Shift Supervisor with the responsibility of contacting the translation service and specifies that the Assistant Jail

Commander will “locate and utilize appropriate interpreters to translate the Jail Inmate Manual as necessary.”

The PREA Inmate Training form is maintained in the inmate’s file in Classification.

Key information is continuously and readily available or visible to inmates through the Scott County Jail posters and Marshal’s posters as well as the Inmate Manual.

Though, requirements in most provisions of this standard are met in terms of materials and signage, inmate interviews did not reveal that inmates have an awareness of PREA. Most inmates reported that they had not been given PREA information upon intake. Most inmates had no knowledge that outside emotional support services existed for their use and denied that they were given mailing addresses or telephone numbers. There was limited inmate knowledge of the different methods of report. There is a barrier of some sort that is prohibiting the comprehension and retention from the inmates.

**Corrective Action:**

1. Increase inmate awareness of PREA; methods of reporting (including anonymously, privately, and to an external entity), outside emotional support resources. One suggestion is to also utilize an inmate education video that is available free of charge through many resources.

**Corrective Action Update:**

1. 2/17/16: The auditor was provided with a revised PREA sign that is now posted throughout the jail. The sign now lists the 6 different methods to report and also lists the Sheriff’s Office and SafePath addresses. In addition, SCJ incorporated the Voices for Justice video into inmate education and also shows it on each shift. The showing of the video is recorded in the post log in each unit. SCJ began showing the video twice per day beginning on 2/24/16. This standard is satisfied.

**Standard 115.34 Specialized training: Investigations**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- AJA Investigator Training for Allegations of Sexual Abuse by Elizabeth Layman
- Relias training curriculum PREA: Managing Inmates at Risk of Sexual Abuse
- Relias training curriculum PREA: What it Means for You and Your Agency
- Relias training curriculum PREA: Investigation Protocols
- Relias training curriculum PREA: The Dynamics, Detection, and Reporting of Sexual Abuse
- Relias training curriculum PREA: Staff Roles and Responsibilities Under PREA
- Training records; Course Completion

### **Interviews, Document and Site Review:**

The auditor was provided documentation of completed specialized training for the two lieutenants that conduct the administrative sexual abuse investigations. On two different occasions, SCJ hired a consultant to deliver this specialized training and provided those training materials for auditor review. The curriculum more than covered the required specialized training elements. The first of the trainings was held in September 2012 while the second was held March 2014. In addition, the lieutenants have also completed all 5 Relias course listed above.

The detective with the CID is an extensively trained sexual abuse detective. Interviews with these 3 investigative staff articulated well their process of investigation and asserted that all allegations are investigated. They articulated a thorough process, which was evident through auditor review of investigative files. The CID investigator, though he claimed that he had not yet conducted a PREA investigation at the jail, was very well versed in his process of sexual abuse investigations.

During the reporting period, there were 11 allegations of sexual abuse and sexual harassment, all of which were investigated; all were administrative. Auditor review of the investigative reports revealed thorough and prompt investigations by the lieutenants charged with that responsibility. The number of investigations contained in the investigative files onsite did not, however, match with the number of allegations reported SCJ (i.e. 11). There were more to review onsite. Upon discussion with the PREA Coordinator, the auditor ascertained that it was a matter of data collection and aggregation. The allegations were/are being investigated. The auditor shared information about expectations of data collection and reporting, which the PREA Coordinator then understood and was very receptive to. The auditor is confident that the method of collecting and reporting the data will be rectified.

The auditor feels SCJ has exceeded this standard because of the use of the consultant for training and the amount of training completed. The content of training exceeded the standard as does the volume of training received and the investigators' articulation exceeded as well.

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

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

**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.**

### **In order to make my determination, I reviewed the following policies and other documentation:**

- Relias Course Outline for PREA: Staff Roles and Responsibilities Under the Prison Rape Elimination Act
- Relias Course Outline for PREA: What It Means for You and Your Agency
- Relias Course Outline for PREA: Managing Inmates at Risk of Sexual Abuse
- Relias Course Outline for PREA: Sexual Abuse: Dynamics, Detection, and Reporting
- Training records; Course Completion History

### **Interviews, Document and Site Review:**

Auditor reviewed the Relias courses, which covered the topics of specialized training for medical and mental health

and went beyond. SCJ reported that 6 medical staff were employed and that 100% had received the above training. SCJ maintains the documentation electronically. Auditor review of the training records corroborated that. Upon interview of the Nurse Supervisor, the auditor gleaned that the training information was known and applied.

No forensic exams are conducted by staff at SCJ.

The auditor feels SCJ has exceeded this standard due to medical staff completing all four of the above listed courses, which exceeds the training elements.

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

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Classification Policy 15006.1
- Sexual Assault Policy 15001.26
- Special management Placement 15004.1
- SCJ PREA Screening Tool and Manual
- PREA Screening flowchart
- Completed PREA Screening Tool forms

#### **Interviews, Document and Site Review:**

Sexual Assault Policy 15001.26 mandates that inmates are screened within 24 hours of arrival for potential vulnerabilities or tendencies of sexual aggression. When warranted, an alert is created as a Sex Offender and/or PC-Predator. Inmates classified as a PC-Predator are housed in protective custody in special management housing. (See also Special Management Placement Policy 15004.1). Inmates classified as high risk with a history of sexually assaultive behavior are assessed by a Mental Health Staff or other qualified Health Staff. Inmates with a history of sexually assaultive behavior are identified, monitored and counseled (See also Mental Health Services 16002.9).

Once remanded to the jail and upon intake, inmates are screened right away for sexual victimization and abusiveness by Classification staff. SCJ reported that during the review period 1671 inmates had been screened within 72 hours of intake. The Classification staff meets in person with the inmate and completes an interview and PREA Screening Tool. A PREA Screening Manual accompanies this form which is a two-page form; the first contains 11 questions that pertain to risk of sexual vulnerability while the second page contains 3 questions pertaining to risk of sexual aggression. Also at the end of the form is “additional classification information” documenting alcohol/drug use, education level, and employment history. The classification officers then indicate the housing decision, signs, and dates the form.

The PREA Screening Tool is objective. The PREA Screening Tool Manual outlines a scoring system. It, for

example, states, “If the detainee has two or more PREA risk factors, the detainee will be seen for a Secondary Mental Health Assessment during the classification process. If the Mental Health Specialist conducting the Assessment determines that the detainee is at-risk, the detainee will be classified as being “PREA at-risk” and processed accordingly.”

All elements of 115.41(d) were accounted for in this screening process except for 115.41(d)(9) Inmate’s own perception of vulnerability & (10) Whether the inmate is housed solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse as known to the agency. This is on the second page of the screening form.

Pre- audit information was blank regarding inmates (whose length of stay was 30 days or more) that had been reassessed within 30 days of intake. Interviews with classification staff indicated that reassessments occur when triggered by additional charges, discipline, or a PREA investigation for example. When this occurs, another PREA Screening Tool is completed.

Classification Policy 15006.1 prohibits inmates from being disciplined for refusing to answer the screening questions. Classification staff interviewed reported the same.

The auditor gathered that there is very limited access to the screening information and it was clear that the information was never in a place where it could be accessed by other inmates or non-employees. In fact, the 2 classification staff and the PREA Coordinator are the only ones that have access.

**Corrective Action:**

1. Account for the two missing screening elements; 115.41(d)(9) Inmate’s own perception of vulnerability & (10) Whether the inmate is housed solely for civil immigration purposes.

**Recommendations:**

1. Formalize the process of providing reassessments 1) within 30 days if additional information is received and 2) when warranted due to referral, request, or incident of sex abuse.

**Corrective Action Update:**

1. 2/2/16: SCJ revised the screening tool to include the two missing elements. It was provided to and approved by the auditor and implemented thereafter. The auditor requested and was provided examples of the revised forms that had been completed over a period of 3 months, demonstrating institutionalization of the revised form. This standard is satisfied.

**Standard 115.42 Use of screening information**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Classification Policy 15006.1
- PREA Screening Tool
- PREA Screening Manual

**Interviews, Document and Site Review:**

Classification Policy 15006.1 contains the language of this standard verbatim. It also expounds on the use of “alerts” entered into the computer that carry over from incarceration to incarceration. Alerts are reviewed prior to movement throughout the facility. According to 15006.1 there are 22 alerts, some of which pertain to sexual safety: PC-Victim, PC-Predator, Sex Offender, and Keep Separate. Furthermore, policy prohibits placing PC-Predators with PC-Victims.

Classification staff conduct the PREA screening in addition to custody classification and then make the housing and placement decisions based thereon. Classification staff and the PREA Coordinator have a weekly classification meeting with which to address inmate needs and housing issues. The classification staff interviewed was knowledgeable about PREA and articulating placement decisions that were individualized and in the inmate and facility’s best interest. According to the PREA Screening Manual, if an inmate scores two or more PREA risk factors on the first page of the PREA Screening, the inmate will be seen for a Secondary Mental Health Assessment during the classification process. If the Mental Health Specialist conducting the Assessment determines that the inmate is at-risk, the inmate will be classified as being “PREA at-risk” and processed accordingly. If the Mental Health Specialist is not able to make a determination of risk based on the limited time available during the classification process, the Specialist will report back to classification and request further evaluation. The inmate will be offered protective custody placement. A Mental Health Specialist will meet with the inmate within 120 hours for a more detailed assessment. If the inmate is determined not to be at-risk based on the detailed assessment, classification will reassess the inmate’s housing assignment.

An inmate that scores “positive” on the second page to Factors 1 or 2 shall be deemed to a “Sexual Aggressor” and housed accordingly. An officer may seek an over-ride of either factor if circumstances exist which lead the officer to believe that the inmate is no longer a risk. For example, if the sex offense occurred when the detainee was a teen or young adult and the detainee has not been arrested for any offense in the last 10 years or the inmate was under the age of 21 when arrested for having a consensual relationship with someone less than 5 years younger than the inmate. If the officer believes that risk factors are present under Factor 3, the officer shall seek a supervisor’s approval for a Secondary Mental Health Assessment. The supervisor shall consider the evaluation of the Mental Health Specialist in determining whether or not the inmate is a “Potential Sexual Aggressor” and will make the final housing decision.

Interviews with Classification and the PREA Coordinator affirmed that housing and programming placements for transgender or intersex inmates would be determined on a case by case basis. The Classification staff recalled 2 transgender inmates during his tenure (not during the review period). Specifically, he recalled that one transgender woman, for example, was placed in flex housing for a few days and then ultimately was placed in female housing in a single room. Her cell had its own private shower. Interviews with staff in general indicated that SCJ takes a transgender inmate’s own view in consideration and in fact gave examples of how that has been implemented. SCJ provides a good example for the housing and consideration of transgender/intersex inmates. In addition to the interviews, the auditor verified by observation that LGBT inmates are not housed on a dedicated unit or wing.

Random staff and inmates indicated they feel SCJ is sexually safe. The formalized and detailed process of using the PREA screening information to keep inmates sexually safe, practice of housing/placing transgender inmates, and the accounts from staff and inmates warrant an exceeds for this standard.

### Standard 115.43 Protective custody

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Classification Policy 15006.1

#### **Interviews, Document and Site Review:**

Classification Policy 15006.1 cites specific procedures for protective custody (PC) placement. Procedure H Needs Assessment, page 24, states if there is a PC-Victim inmate at high risk for sexual victimization is placed in involuntary protective custody, the Classification Specialist reviews all available alternatives and determines if there is no available means of separation from likely abusers. The Classification Committee reviews and documents in a Classification Meeting Report the basis for the concern for the inmate's safety and the reason why no alternative means of separation can be arranged for inmates in involuntary protective custody. The Classification Specialist meets with the Program Sergeant to review access to programs, education, and work opportunities to the extent possible for inmates in involuntary protective custody. The Classification Specialist completes a review every 30 days of such PC- victim inmate(s) to determine whether there is a continuing need for separation from the general population.

During the review period, SCJ reported no instances in which an inmate at risk for sexual victimization was involuntarily segregated for up to 24 hours and none that were involuntarily segregated for longer than 30 days. Interviews with staff, inmates, and leadership indicated that this would happen only in an extreme circumstance.

Opportunities that have been limited, the duration of the limitation, and reason for such limitations are to be documented by the Classification Specialist in the Classification meeting.

The Classification Committee reviews and documents in a Classification Meeting Report the basis for the concern for the inmate's safety and the reason why no alternative means of separation can be arranged for inmates in involuntary protective custody.

Since there were no such reported involuntary segregations and none were discovered, the auditor was not able to verify the procedure in operation or review such records.

### Standard 115.51 Inmate reporting

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault Policy 15001.26
- Inmate Rights Policy 15003.2
- SafePath MOU
- SafePath poster
- Inmate Manual

**Interviews, Document and Site Review:**

Inmates have multiple methods of reporting sexual abuse and sexual harassment; via staff, kite, grievance, and \*99 hotline. Inmates are provided with information about PREA and how to report sexual abuse and sexual harassment and in their Inmate Manual. Most inmates were able to convey at least one way of reporting sex abuse internally, though, this awareness was somewhat lacking throughout inmate interviews.

In all units, dayrooms and sub-dayrooms, there is information posted that lists several ways for inmate to report external to the facility. The poster that lists this information was provided by the U.S. Marshal's office. For inmates detained for civil immigration purposes, the posting contains information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Most inmates were able to convey at least one way of reporting sex abuse internally, though, none reported knowledge of how to report externally (other than to family). Most reported they could report to staff and that they were confident that staff would take their report seriously. Only some were aware of the posters containing phone numbers they could call to report that were located in the living units. Most inmates were not aware of their ability or method to report anonymously.

As part of the facility site review, the auditor observed PREA signs, SafePath signs, and the Auditor Notices in every living unit, sub-dayrooms, visitation area, staff areas, jail entrance, booking, and common areas. The auditor did note and have discussion with the PREA Coordinator about the content of the PREA sign. Though it did state that SCJ has a zero tolerance for sexual abuse and sexual harassment, it did not have any reporting methods or information. In addition, near some of the phones were general phone instructions and contained in those instructions in very small print was the PREA hotline number (\*99). Some areas had PREA postings that included reporting information. In fact, these signs included the definitions of sexual abuse and sexual harassment as well as listing reporting avenues; OIG's # and address, legal mail to the Marshal's office, grievance. Upon inquiry, the PREA Coordinator informed that this was the sign mandated by federal entities that had placed federal inmates at SCJ. It could be difficult for some inmates to put the pieces of this information together to use it. Shortly following the onsite audit, the PREA Coordinator provided the auditor with revised PREA signs (one in English and one in Spanish), with which to replace the existing SCJ PREA signs. These signs listed all reporting methods for inmates and in also included external and third party reporting features.

Staff consistently reported that they accept any and all reports of sexual abuse or sexual harassment and that they document those right away. This includes third party and anonymous reports. Most staff as well as inmates were not aware of the ability or method that an inmate could report anonymously.

Staff had multiple methods to report sexual abuse or sexual harassment privately, which they articulated can be done through their supervisor, the PREA Coordinator or PREA Compliance Manager, or otherwise up the chain-of-command.

**Recommendation:**

1. Increase staff and inmate awareness of inmates' ability and method(s) to report sexual abuse or sexual harassment anonymously.

## Standard 115.52 Exhaustion of administrative remedies

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Inmate Grievances 15003.3
- Inmate Rights 15003.2
- Inmate Manual

### **Interviews, Document and Site Review:**

SCJ is not exempt from this standard, as they do have administrative procedures to address offender grievances. The inmate grievance process is made available to all inmates during orientation via the Inmate Manual. Several agency policies address this as well as the Inmate Manual. Inmate Grievances 15003.3 page 2 & 3 cites this standard verbatim. Page 4 (#14) addresses specifics of sexual abuse grievances. #14 prohibits imposing time limits or informal resolution. Page 6 (#6b) allows the inmate to submit a grievance without submitting it to a staff member who is the subject of the complaint.

Inmate Grievance policy 15003.3 imposes a response time on grievances in general of up to 21 days or longer, depending on the nature of the grievance. For sexual abuse grievances, the Program Sergeant must always address it within 21 days excluding weekends and holidays, but he may request an extension of up to 70 days and shall inform the inmate in writing in that case. Page 8 (#34) states, "The Program Sergeant forwards a copy of the Inmate Grievance Form to the inmate by in-house mail within 21 days of having received the Inmate Grievance Form, excluding weekends and holidays."

Third parties are permitted to assist in filing an inmate grievance or file on an inmate's behalf.

SCJ has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. This procedure is also addressed in Inmate Grievances 15003.3. These are immediately forwarded to the Program Sergeant or, if not available, the Shift Supervisor. The Programs Sergeant and Classification Specialist reviews the grievance or any portion thereof that alleges the substantial risk of imminent sexual abuse, to determine the level of review, at which immediate corrective action is necessary, and provides an initial response to the Corrections Captain. These procedures do not, however, impose response times on emergency sexual abuse grievances. Provision 115.52 (f)(2) asserts that an agency shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days.

Policy and the Inmate Manual state that SCJ can and may discipline an inmate for filing a sexual abuse grievance in bad faith.

Auditors found some contradiction to the policy language in the Inmate Manual. There is a very brief section on grievances in which inmates are not informed they can submit a grievance alleging sexual abuse or risk of imminent sexual abuse. In addition, the manual does not inform inmates that there is no time limit or informal resolution required

for sexual abuse grievances. In all, it does not echo or even support the sexual abuse grievance policy language. Thus, offenders may not be aware of their right to file a grievance alleging sexual abuse, which was evident during inmate interviews.

SCJ reported there had been no sexual abuse grievances, emergency sexual abuse grievances filed during the review period.

**Corrective Action:**

1. Regarding emergency sexual abuse grievances, include policy and practice ensuring an initial response within 48 hours and a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
2. Amend the Inmate Manual so that it is congruent with policy regarding sexual abuse grievances and increase inmate awareness of such policy and procedures.

**Corrective Action Update:**

1. 5/16/16: The auditor was provided with a revised Inmate Grievance 15003.3 policy that contained language regarding emergency sexual abuse grievances and the initial response time of 48 hours and final decision within 5 calendar days. In practice, it seemed that SCJ did respond in accordance with these timeframes. An emergency sexual abuse grievance is accepted verbally, via inmate request, kiosk, or phone system, for any inmate that is subject to a substantial risk of imminent sexual abuse. Now response time frames are also mandated by policy. This provision is satisfied.
2. Following clarifications and discussions with the auditor, SCJ made the necessary revisions to the Inmate Manual and it was sent to the Chief Judge for review prior to 6/10/16. The following section has been added to the manual, which satisfies this provision:

*Emergency Sexual Abuse Grievances*

*You may report an emergency sexual abuse grievance at any time to any staff. There is no time limit on submitting this grievance. An initial response is within 48 hours and a final agency decision within 5 calendar days. Any portion of this grievance that does not have an incident of sexual abuse, will have an assigned response time of 21 days, excluding weekends and holidays applies.*

*An Emergency Sexual Abuse Grievance request is accepted, verbally, inmate request, kiosk, phone system, for an inmate that is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow inmate, staff members, family member, attorneys, and outside advocates, are permitted to assist inmates in filling requests for grievance remedies to allegations of sexual abuse, and permitted to file such requests on behalf of inmates.*

**Standard 115.53 Inmate access to outside confidential support services**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault Policy 15001.26
- Inmate Rights Policy 15003.2
- SafePath MOU
- SafePath poster

**Interviews, Document and Site Review:**

SCJ provides inmates with the name and telephone number for outside confidential services-SafePath. No mailing addresses are listed. Most of the phones located in the sub-dayrooms are speaker phones; a flat metal phone apparatus that an inmate must speak into and receive communications via a speaker. Also, the auditor tested several phones throughout the site review. These speaker phones were at times inaudible. This is not considered reasonable communication in as confidential manner as possible. The addition of SafePath mailing address will enhance inmates' ability to utilize this resource in a more confidential and private manner.

Interviews with staff and inmates revealed that there is limited knowledge that outside services are available. Therefore, not only are inmates not aware but staff are not aware of the procedure to enable to inmate access to these services. Neither staff nor inmates are aware of the extent to which communications of this type are monitored and/or forwarded to authorities.

SCJ has entered into an MOU with SafePath. Documentation of this was provided to auditors pre-audit and was discussed onsite. Information about mandatory reporting laws is also provided to inmates at the time of orientation to the facility.

**Corrective Action:**

1. Provide the SafePath mailing addresses in addition to the phone number that is on the SafePath poster. This will enable another method that is more confidential and private for inmates to reach out to them. This poster could also inform inmate of the extent to which these communications will be monitored and/or forwarded to authorities.

**Corrective Action Update:**

1. 2/17/16: The auditor was provided with a revised PREA sign that is now posted throughout the jail. The sign now lists the 6 different methods to report and also lists the Sheriff's Office and SafePath addresses. This standard is satisfied.

**Standard 115.54 Third-party reporting**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Zero Tolerance policy
- SCJ website: <http://www.scottcountyiowa.com/sheriff/jail>

**Interviews, Document and Site Review:**

SCJ PREA Policy 15007.1 page 9 Procedure B asserts that staff accept all reports including anonymous and third party.

There is also PREA information located on the SCJ website PREA page with several external resources and reporting methods listed and states, "Reporting of any sexual assaults made or attempted by any inmate, volunteer, vendor or staff member in the Scott County Sheriff's Office in the Scott County Jail may be reported any time by contacting the Sheriff's Office at 563-326-8223 or the outside resource listed.

Staff and inmates were aware that third party reports could be made and are received with the same expedience as any report of sexual abuse. Investigative staff corroborated that also; any third party report is handled in the same manner and with the same expediency.

**Standard 115.61 Staff and agency reporting duties**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault Policy 15001.26

**Interviews, Document and Site Review:**

PREA Policy addresses provisions (a), (b), and (e) of this standard. Page 3, #6 requires all staff to report any knowledge of sexual abuse or sexual harassment of inmates, retaliation, staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. #7 addresses provision (b) and #8 speaks to staff and inmates being protected from retaliation. There is not policy language pertaining to provisions (c) and (d). Furthermore, Sexual Assault Policy 15001.26 states, "Any sexual misconduct complaint, including the identity of the informant, the perpetrator and the victim, and all information and documents pertaining to the complaint are handled in a confidential manner and are only revealed on a need to know basis."

All staff, including medical staff and volunteers, had a solid grasp of their duty to report all instances, or suspected instances of sexual abuse or harassment. Staff interviewed were aware of their responsibility to not talk about PREA cases, other than as needed to complete official business or operations related to the incident.

**Recommendations:**

1. The auditor feels the practice of medical and mental health staff informing inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services could be strengthened.
2. Additionally, because SCJ does house some youthful inmates, SCJ should solidify policy and practice regarding inmates under age 18. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

**Standard 115.62 Agency protection duties**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1

**Interviews, Document and Site Review:**

PREA Policy 15007.1 contains language for this standard. Consistently staff interviewed said they would take immediate action if they were aware of an inmate in imminent danger of sex abuse. They were also able to articulate several options that are available such as moving the perpetrator to another unit or placement of the victim into a protective custody status.

SCJ reported there were no incidents or reports during the review period in which an inmate was subject to substantial risk of imminent sexual abuse.

**Standard 115.63 Reporting to other confinement facilities**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- Investigation Files
- Form letter to report to other confinement facilities

**Interviews, Document and Site Review:**

The auditor found no policy language regarding this standard.

SCJ reported there were no allegations received from other facilities of sexual abuse that occurred at SCJ. Upon auditor review of the investigative files, many instances of inmates reported that sexual abuse occurred at other confinement facilities. For each of these reports, there was documentation of reporting to the other confinement facility. SCJ uses a form letter informing of their obligation under PREA, etc. Generally, the PREA Coordinator is notified of these inmate reports and then facilitates and ensures the notification.

**Recommendation:**

1. Include policy pertaining to the requirements of this standard.

**Standard 115.64 Staff first responder duties**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Crime Scene 15001.19
- Sexual Assault 15001.26
- Criminal Violations 15003.7

**Interviews, Document and Site Review:**

SCJ policy is very detailed and outlines specific and easily understood steps that staff are required to take in the event of sexual abuse. Sexual Assault Policy 15001.26 addresses the sexual assault of inmates; instructing staff to immediately notify the Shift Supervisor by the most direct means and moves the alleged victim to a safe area with constant supervision and does not allow the alleged victim to shower or brush his teeth (though it does not address the alleged abuser). This policy instructs staff to treat the area of the sexual assault as a crime scene and states, “staff witnessing a sexual assault or threat of sexual assault against an inmate follows the procedures in Criminal Violations 15003.7.” Criminal Violations 15003.7 guides the preservation of the crime scene; the inmate’s cell and area in which the incident took place. This outlines the collection of evidence and chain of custody. Crime Scene Policy 15001.19 guides staff to secure potential crime scenes in order to protect the area from possible contamination prior to the investigation of the crime. The one aspect in which policy could be strengthened is to specify that if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged

abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

All staff that were interviewed had a good knowledge of their duties as a first responder. Most reported they would immediately separate and keep safe the victim and perpetrator; not to let them go to the bathroom, change clothes or wash themselves, eat or drink, or brush their teeth; protect any potential crime scene or evidence; and notify the Shift Supervisor.

Non-security staff are instructed to preserve and protect physical evidence on the alleged victim. This information is also included in the slide show presented to contractors and volunteers.

SCJ reported that there were no allegations of sexual abuse during the review period. Auditor review of the investigative files revealed there was at least one allegation that met the PREA definition of sexual abuse in August 2015. The investigation was against staff and had a disposition of unfounded, which appeared to be justified, however, the original allegation did meet the sexual abuse definition. The auditor shared information and expectations regarding defining and categorizing allegations, which the PREA Coordinator then understood and was very receptive to.

**Recommendation:**

1. Add sexual abuse and sexual harassment definitions to the Sexual Assault Policy 15001.26 and other policies as relevant ensuring that the definitions are congruent with the PREA standards and are uniform throughout.
2. Policy could be strengthened by specifying that if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Recommendation to add above policy was completed.

**Standard 115.65 Coordinated response**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault Policy 15001.26

**Interviews, Document and Site Review:**

SCJ does have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This is outlined on page 6 of the Sexual Assault Policy 15001.26 Procedure C: Sexual Assault of an Inmate.

Not only does policy provide a good guide for facility coordinated response, but staff alike were able to articulate the coordinated response during interviews.

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

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1

**Interviews, Document and Site Review:**

SCJ PREA Policy 15007.1 addresses this standard on page 6.

SCJ is engaged in a collective bargaining agreement. Interviews with both the PREA Coordinator and Sheriff confirmed that there are no collective bargaining provisions, or anything else, that would limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation. The Sheriff asserted that SCJ’s practice is either to move the staff to an area of the facility away from the alleged victim or to put them on paid administrative leave.

**Standard 115.67 Agency protection against retaliation**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- (None)

**Interviews, Document and Site Review:**

The auditor did not find policy language pertaining to this standard. Though, interviews indicated that monitoring for retaliation is done informally, but there is no formal process or policy that guides this practice. This is one of the PREA standards that specifically requires a policy. The PREA Coordinator stated that this monitoring is done informally on a weekly basis during the Classification meeting. SCJ reported there were no incidents of retaliation during the review period.

Additionally, there was no indication or demonstration that retaliation monitoring occurs for staff members and the method or procedure for doing so was not made evident to the auditor.

This standard requires that the facility designate which staff members or departments are responsible for monitoring retaliation, which the auditor ascertained to be the PREA Coordinator. It is recommended that policy state who is charged with this duty and the expectations thereof that are congruent with this standard. Interviews and discussion with sergeants and lieutenants seemed to reveal that it is not widely known whose responsibility the monitoring is. The auditor did not see evidence of retaliation monitoring during review of investigative files or otherwise.

### **Corrective Action:**

1. Establish policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. SCJ's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.
2. Employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
3. For at least 90 days following a report of sexual abuse, SCJ shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items SCJ should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. SCJ shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of inmates, such monitoring shall also include periodic status checks.
4. If any other individual who cooperates with an investigation expresses a fear of retaliation, SCJ shall take appropriate measures to protect that individual against retaliation.
5. Documentation is needed to show training or other instructions on how to monitor staff and/or inmate retaliation. It is recommended that a monitoring form or tracking mechanism be put into place. This would be ideal to account for the items to be monitored; any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. In addition, the method and expectations of monitoring staff should be outlined, or perhaps separate forms be used to monitor staff and inmates.

### **Corrective Action Update:**

1. The following policy language was added to page 10 of the SCJ PREA Policy 15007.1 under Procedure B: Inmate Report of possible PREA Violation: "Following an PREA investigation into an inmate sexual abuse allegation, the PREA Coordinator will conduct a follow up face to face status check on the victims and reporters at a minimum of once a month for 90-days unless retaliation is suspected. The PREA Coordinator will record these findings in the Assessment/Retaliation Status Checklist."
2. SCJ implemented an Assess/Retaliation Status Checklist form with which to document the monitoring of retaliation. This form was provided to and approved for use by the auditor. The form cites the type of assessment; being Initial, 30 day, 60 day, 90 day, or Other. It contains items monitored, inmate and staff signatures, and next review date and it also states that "Initial face-to-face status checks will be conducted on all victims, reporters, and witnesses following an inmate sexual abuse allegation. Follow up face-to-face

status checks will be conducted on victims and reporters at a minimum of once a month for 90-days unless retaliation is suspected.”

3. The following language was also added to page 10 of the SCJ PREA Policy 15007.1: “If any other individual who cooperates with an investigation expresses a fear of retaliation, SCJ shall take appropriate measures to protect that individual against retaliation.”
4. The PREA Coordinator created the Assessment/Retaliation Checklist form and is charged with its completion and tracking of retaliation monitoring. During the corrective action period there were no substantiated or unsubstantiated allegations of sexual abuse. With these corrective actions, this standard is satisfied.

#### **Standard 115.68 Post-allegation protective custody**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Classification Policy 15006.1
- Sexual Assault Policy 15001.26

#### **Interviews, Document and Site Review:**

As cited in the auditor’s comments for 115.43, Classification Policy 15006.1 cites specific procedures for protective custody (PC) placement. Procedure H Needs Assessment, page 24 states, if there is a PC-Victim inmate at high risk for sexual victimization is placed in involuntary protective custody, the Classification Specialist reviews all available alternatives and determines if there is no available means of separation from likely abusers. The Classification Committee reviews and documents in a Classification Meeting Report the basis for the concern for the inmate’s safety and the reason why no alternative means of separation can be arranged for inmates in involuntary protective custody. The Classification Specialist meets with the Program Sergeant to review access to programs, education, and work opportunities to the extent possible for inmates in involuntary protective custody. The Classification Specialist completes a review every 30 days of such PC- victim inmate(s) to determine whether there is a continuing need for separation from the general population. However, this policy speaks to inmates that are classified upon intake as PC-Victim; at high risk for sexual victimization. Sexual Assault Policy only vaguely addresses this stating, “the inmate verbally reports a sexual assault, the staff immediately notifies the Shift Supervisor by the most direct means and moves the alleged victim to a safe area, i.e. Interview Room, with constant supervision and does not allow the alleged victim to shower or brush his teeth.” It does not elaborate on where the inmate is placed after that.

During the review period, SCJ reported no instances in which an inmate who had alleged sexual abuse was involuntarily segregated for up to 24 hours and none that were involuntarily segregated for longer than 30 days. Interviews with staff, inmates, and leadership indicated that this would happen only in an extreme circumstance. During an interview with staff that supervise segregated housing, though he was not aware of documentation

procedures that occur when the facility restricts programs or privileges, the interview did support policy language and corroborate the information above. When asked about putting an inmate victim in segregation, he responded by saying the inmate may just be moved; “not sure they’d even be put in PC” and also stated, “No one would be forced into that situation permanently.”

Opportunities that have been limited, the duration of the limitation, and reason for such limitations are to be documented by the Classification Specialist in the Classification meeting.

The Classification Committee reviews and documents in a Classification Meeting Report the basis for the concern for the inmate’s safety and the reason why no alternative means of separation can be arranged for inmates in involuntary protective custody.

### **Standard 115.71 Criminal and administrative agency investigations**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Criminal Violations Policy 15003.7
- Crime Scene 15001.19
- Sexual Assault Policy 15001.26
- Investigation Reports

### **Interviews, Document and Site Review:**

For the most part, SCJ policy language covers administrative and criminal investigations well. PREA Policy addresses the documentation of both administrative investigations as well as criminal investigations done by CID. Criminal Violations Policy 15003.7 and Sexual Assault Policy 15001.26 mandates the investigation of any and all criminal or potentially criminal allegations of sexual abuse. The auditor could not actually find any policy language that specifically mandated the investigation of all allegations of sexual *harassment*, however.

As elaborated on, in the auditor comments in 115.34 of this report, the specialized training completed by the agency investigators exceeds the standard.

By policies (15007.1, 15003.7, 15001.19, 15001.26 listed above) and practice as well SCJ investigators gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators, and witnesses, review prior reports of sexual abuse involving the suspected perpetrator.

When asked, the detective from CID shared that he was very familiar with the prosecutor and familiar with what is needed for prosecution. Additionally, if the quality of evidence appeared to support criminal prosecution, he would

conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Auditors reviewed investigative files while onsite.

Interviews with investigators corroborated that allegations are met with objectivity and credibility would be assessed on an individual basis and not be determined by the person's status as inmate or staff. Investigators articulated this well. They also confirmed that polygraph examinations would never be used on an alleged victim in any circumstance.

In terms of SCJ remaining informed of the progress of a criminal investigation (though it has not yet occurred), the CID investigator asserted that he would likely pass that information to the Sheriff and it would be in his hands from there, to pass further down.

Review of the investigative files showed that the administrative investigations were conducted and documented in a manner congruent with the requirements of this standard. The investigating lieutenants expressed and explained examples of considering whether staff actions or failures to act contributed to an incident of sexual abuse or sexual harassment. Administrative investigator also explained that upon any inkling of criminal activity a case would be referred to CID immediately. During the review period, there were no substantiated cases that appears to be criminal that were referred for prosecution. PREA Policy 15007.1 states that cases referred for prosecution will be documented by the Assistant Jail Administrator. Both administrative and criminal investigators asserted that the departure of an alleged victim is never cause to terminate an investigation.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- (None)

#### **Interviews, Document and Site Review:**

SCJ's Pre-Audit Questionnaire stated that the agency does not impose a standard no higher than a preponderance of evidence when determining whether to substantiate an allegation of sexual abuse or sexual harassment. The auditor was neither provided with policy or documentation nor found policy language addressing this standard.

Interviews with investigations revealed that they were familiar with this standard of evidence and review of investigative files did not necessarily contradict this standard of evidence. However, ideally those definitions, policies, and expectations should be set forth. Investigators, administration, and staff in general should be aware of and utilize the dispositions as defined and set forth in the PREA standards; substantiated, unsubstantiated, and unfounded.

#### **Corrective Action:**

1. Incorporate definitions, policy, and expectations of PREA case dispositions; substantiated, unsubstantiated, and unfounded.

**Corrective Action Update:**

1. On 5/23/16, the PREA Coordinator was provided the revised PREA Policy 15007.1 which contained the definitions of case dispositions. There were no investigations during the corrective action period with which to review and verify. However, the auditor was provided documentation of investigators receiving material regarding the use and definitions of the case dispositions as set forth in the PREA standards. This satisfied this standard.

**Standard 115.73 Reporting to inmates**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- PREA Investigation Finding form
- Investigative files

**Interviews, Document and Site Review:**

SCJ PREA Policy 15007.1 addresses reporting to inmates, but only by stating, “Any notifications or attempted notifications to inmates is documented by the PREA Coordinator on a PREA Investigation Finding form and Incident Report.” Page 9 Procedure B: Inmate Report of Possible PREA Violation essentially goes through the chain of notification and responsibility of reporting and documenting. SCJ has a procedure for determining the disposition of a case, which involves the investigative report going to the PREA Review Team who reviews and forwards their recommendation to the PREA Compliance Manager (Captain) who documents his findings on an Incident Report. The PREA Coordinator then completes the PREA Investigation Finding form and speaks to all inmates involved.

The PREA Investigation Finding form documents the following: the date of reported incident, staff or inmates involved, investigator, date of investigation, description of reported incident. Findings, disposition, and signatures of the PREA Coordinator and inmate. The auditor reviewed completed forms that were in investigative files. This is a practice already established at SCJ and these notifications are utilized with sexual harassment cases as well as unfounded cases (as opposed to only substantiated and unsubstantiated sexual abuse cases) which exceeds the standard.

It was unclear whether the other stipulations for this standard that are addressed in practice. It is not specified in policy. Those stipulations are outlined in provisions (c) and (d) as:

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

**Corrective Action:**

- 1. Demonstrate to the auditor that the other stipulations are in practice or put in practice (and perhaps in policy) the other stipulations for this standard that are not addressed in the policy, noted as follows:

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

**Corrective Action Update:**

- 1. Policy language was enhanced to include the verbiage in the corrective action and required by this standard. This notification is still documented on the PREA Investigation Finding form. SCJ will need to ensure, moving forward, that the inmate is notified of the specific information required by this standard and that it is properly documented on the PREA Investigation Finding form in order to demonstrate that this practice is institutionalized. There were no allegations of sexual abuse during the corrective action period with which to verify institutionalization. This standard is satisfied.

**Standard 115.76 Disciplinary sanctions for staff**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault Policy 15001.26
- Staff Discipline 13003.13
- Staff-Inmate Communication 17005.6
- Code of Ethics Policy 13003.4
- Scott County Sheriff’s Office Employee Rules of Conduct

**Interviews, Document and Site Review:**

Code of Ethics Policy 13003.4 addresses prohibited behaviors by staff; page 2 & 3. Scott County Employee Rules of Conduct address expectations and prohibited staff behaviors in the following items: 1.01 Unbecoming Conduct, 1.02 Immoral Conduct, 1.03 Conformance to Law, 1.05 Neglect of Duty, 1.10 Unsatisfactory Performance, 1.47 Treatment of Person in Custody. The Staff Discipline Policy 13003.13 ensures that staff receive discipline, corrective action and appeals in accordance with the Scott County Sheriff’s Office Manual in order to maintain a high standard of conduct and work ethics in the workplace. This policy outlines progressive staff discipline, but also states, “The Sheriff, Chief Deputy, Jail Administrator or Assistant Jail Administrator are not precluded from initiating any of the above disciplinary measures on the more serious first offenses.”

Additionally, and as outlined in the Staff-Inmate Communication Policy 17005.6, SCJ has a system of two-way communication between all levels of staff and inmates in order to promote open and positive communication, but also asserts, “Sexual relations with current or former inmates are strictly prohibited regardless of the sex and/or age of the inmate or the staff; and regardless of the type, nature, or degree of sexual relations.”

The auditor gathered that staff at SCJ are subject to disciplinary sanctions up to and including termination for any violation of sexual abuse policy.

Interviews with the PREA Coordinator, PREA Compliance Manager, and other staff indicated that in cases where termination is not indicated, disciplinary action is based on the severity of the violation and the disciplinary history of the staff member. Violations are reported to law enforcement when the violation is a criminal matter, though, that has not occurred. SCJ reported there were no staff violations during the review period of sexual abuse and sexual harassment policies.

**Standard 115.77 Corrective action for contractors and volunteers**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Sexual Assault Policy 15001.26
- Volunteers-Service Providers 13006.1
- PREA Slide Show for contractors and volunteers
- Volunteering in Corrections: The Do's and Don'ts's (Volunteer Orientation 2014)

### **Interviews, Document and Site Review:**

Both the PREA Policy 15007.1 and Sexual Assault policy contain language regarding corrective action of contractors and volunteers in the case of a violation of SCJ sexual abuse and sexual harassment policies.

The PREA orientation slide show for contractors and volunteers also contains information, definitions, prohibited behavior, and consequences regarding sexual misconduct with inmates.

It was learned through discussions with staff, that there were no cases of disciplinary action involving contractors or volunteers during the period under review. Policy mandates this corrective action and this was corroborated through interviews with staff and leadership, including the staff that oversee that volunteer/contractor programs.

### **Standard 115.78 Disciplinary sanctions for inmates**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- Inmate Manual (English and Spanish)
- Inmate Rules and Discipline 15003.4
- Major Violations-Discipline Hearing 15003.6
- PREA Inmate Training form (English and Spanish)

### **Interviews, Document and Site Review:**

Inmates are given a copy of the Inmate Manual when they arrive to the jail, upon intake. Contained in the manual is: jail rules, rule violations, reasons for the rules, criminal prosecution, disciplinary hearing, appeals process, etc. In addition, Inmate Rules and Discipline Policy 15003.4 outlines inmate discipline and how sanctions are proportionate to the severity of the misconduct and are based on documented physical and testimonial evidence.

Per Inmate Rules and Discipline 15003.4, "The Inmate Disciplinary System, with chargeable offenses, range of penalties, and disciplinary procedures is outlined in the Jail Inmate Manual, written in English or Spanish and is

given to each inmate. When a literacy or language problem prevents an inmate from understanding the Jail Inmate Manual, a staff member or translator assists the inmate in understanding the Jail rules.”

The auditor could find nothing further that would consider whether an inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

SCJ does not specifically offer therapy or counseling to address and correct underlying reasons or motivations for sexual abuse and are allowed by policy to discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact or when reports are made in bad faith.

SCJ reported no administrative or criminal findings of inmate-on-inmate sexual abuse during the review period.

**Corrective Action:**

1. Demonstrate how SCJ currently does, or implement a process that, considers how an inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

**Corrective Action Update:**

1. The PREA Coordinator asserted that it is SCJ practice that medical staff give clearance (or non-clearance) to inmates that are to go through the disciplinary process. On 5/16/16, the auditor received several examples of consideration of an inmate’s mental impairment as it relates to the disciplinary process, in the form of emails stating that the inmate’s behaviors should continue to be documented on IR’s, but not DR’s. They also stated that Psych Associates would be review the again the following week. Another example from Psych Associates stated that a particular inmate “is not able to fully understand the discipline and hearing process. Do not write any Discipline Reports on him but continue to document IR’s on his behaviors or as needed.” This standard is satisfied.

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

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- Mental Health Services 16002.9
- FY16 contract with Genesis Psychology Associates

**Interviews, Document and Site Review:**

Provisions (a) & (b) of this standard apply only to prisons and, therefore, are not applicable at SCJ.

Pursuant to the PREA screening, inmates that have experienced prior sexual victimization are offered a follow-up PREA Audit Report

meeting with a medical or mental health practitioner within 14 days of the intake screening. This is mandated by PREA Policy 15007.1 and Mental Health Services 16002.9.

According to the PREA Screening Manual, if an inmate scores two or more PREA risk factors on the first page of the PREA Screening, the inmate will be seen for a Secondary Mental Health Assessment during the classification process. If the Mental Health Specialist conducting the Assessment determines that the inmate is at-risk, the inmate will be classified as being “PREA at-risk” and processed accordingly. If the Mental Health Specialist is not able to make a determination of risk based on the limited time available during the classification process, the Specialist will report back to classification and request further evaluation. The inmate will be offered protective custody placement. A Mental Health Specialist will meet with the inmate within 120 hours for a more detailed assessment. If the inmate is determined not to be at-risk based on the detailed assessment, classification will reassess the inmate’s housing assignment.

During staff interviews, most staff interviewed were aware of their responsibility to not talk about PREA cases, other than as needed to complete official business or operations related to the incident.

The auditor could not ascertain that medical and mental health practitioners obtained informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the inmate is under the age of 18).

**Corrective Action:**

1. Provide the auditor with verification whether Medical and mental health practitioners obtained informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the inmate is under the age of 18).

**Corrective Action Update:**

1. On 5/24/16, the PREA Coordinator sent a Release of Information form used by medical. The auditor inquired about how this the form is used and requested to speak with medical staff again over the phone. On 6/6/16, the auditor spoke to both the medical supervisor and the PREA Coordinator. The process of obtaining informed consent in this situation was explained. The consent form would be utilized. Filled in the Other section would be an explanation of records/information to be disclosed and is then signed by medical and the inmate. This is satisfied.

**Standard 115.82 Access to emergency medical and mental health services**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA policy 15007.1
- Mental Health Services 16002.9
- Contract with Genesis Psychology Associates

**Interviews, Document and Site Review:**

The auditor verified that inmate victims of sexual abuse at SCJ are provided with timely and unimpeded access to emergency medical services. SCJ has 24/7 medical staff that are there to respond to any report of sexual abuse and other emergency services are obtained through the local hospital if necessary. The Genesis Psychology Associates contract with SCJ specifies that in the event of a mental health crisis one of their staff members will be available after hours.

Access to timely emergency contraception and STI prophylaxis is provided as part of the forensic exam process and would be followed up by SCJ medical staff upon return. All services are provided free of cost to inmates.

Interviews with staff corroborated what is written in this policy. There were no inmates taken for forensic exams during the review period.

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

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA policy 15007.1
- Mental Health Services 16002.9
- Contract with Genesis Psychology Associates

**Interviews, Document and Site Review:**

SCJ employs 24/7 medical staff and contracts with mental health services that offer follow and treatment as necessary to inmate victims of sexual abuse. Largely due to the accessibility and availability, these services are likely above that of the community level of care.

Female inmate victims of sexual abuse are offered pregnancy and STI testing as part of the forensic exam protocol. In addition, staff interviews as well as policy supports that all lawful pregnancy-related medical services, though, there have been no such instances at SCJ.

The information provided in auditor’s comments in 115.82, also apply to this standard. Staff reported that inmates are not required to pay for the treatment services they receive and there is no provision that makes naming their perpetrator a condition of receiving services without cost.

Provision (h) is not applicable to jails.

**Standard 115.86 Sexual abuse incident reviews**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- PREA Review Team reports/Incident Reports

**Interviews, Document and Site Review:**

The SCJ PREA Review Team conducts a review of sexual abuse cases monthly. Page 7 (#34) of the PREA Policy 15007.1 states that the PREA Review Team will conduct the review and prepare a report of its findings and recommendations and submits this to the Jail Administrator and PREA Compliance Manager. The review team documents their report on an Incident Report form and reviews all PREA investigations regardless of the case disposition, which exceeds this standard.

Though it may be done in practice, informally, the auditor was not provided with documentation that the elements required in provision (d) were specifically considered; these were not included in the review form or any other documentation.

**Corrective Action:**

1. Amend the PREA Review Team form to show the required elements or otherwise implement a process in consultation with the auditor that does so.

**Corrective Action Update:**

1. The PREA Review Team form was amended, to show the required six elements of this standard. This form was provided to and approved for use by the auditor. There were no allegations during the corrective action period which warranted a sexual abuse incident review, for which the auditor to review. This standard is satisfied.

**Standard 115.87 Data collection**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- PREA Annual Report

**Interviews, Document and Site Review:**

SCJ reported that sexual abuse and sexual harassment data is collected and aggregated. This collection and aggregation done “at least annually” was evident by review of the 2014 PREA Annual Report. It contained the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice, as the data was broken down abusive sexual contacts, nonconsensual sexual acts, offender-on-offender sexual harassment, staff sexual misconduct, and staff sexual harassment.

The Annual Report indicated that there were 2 abusive sexual contacts (one unsubstantiated and one unfounded) and 13 offender-on-offender sexual harassment (6 substantiated, 6 unsubstantiated, and 1 unfounded).

SCJ does collect this data at least annually by virtue of reporting on the SSV.

Auditors learned that incident-based documents and investigative files are collected, secured, and maintained by the PREA Coordinator as are the sexual abuse incident reviews.

Pursuant to 115.87(e), SCJ needs to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The auditor was not provided such data or documentation to review.

115.87(f) is not applicable because DOJ has made no requests for data.

**Corrective Action:**

1. Obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates Provide auditors with completed 2014 SSV forms.

**Corrective Action Update:**

1. The auditor was provided with the completed 2014 SSV forms to review. In addition, on 6/10/16, data from Marshall and Jones Counties was received. The data showed 5 unfounded incidents in Marshall and 1 unfounded incident in Jones. This standard is satisfied.

**Standard 115.88 Data review for corrective action**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 15007.1
- 2014 PREA Annual Report

**Interviews, Document and Site Review:**

The auditor gathered that SCJ does use sexual abuse data to improve the effectiveness of its sexual abuse prevention, detection, and response. The auditors reviewed the 2014 PREA Annual Report, but it does not include the identification of problem areas, corrective actions taken on an ongoing basis, and “findings and corrective actions for each facility, as well as the agency as a whole” per 115.88(a).

115.88(b) is not applicable since this is SCJ’s first PREA audit. Therefore, there are no previous year’s data or reports to compare.

The Pre-audit information, as well as the PREA Coordinator asserted that the PREA Annual Report is approved by the Agency Head and auditors viewed the report on the agency website at:

[http://www.scottcountyiowa.net/sheriff/pub/jail/prea/2014\\_PREA\\_Annual\\_Report\\_Scott\\_County\\_Jail%20.pdf](http://www.scottcountyiowa.net/sheriff/pub/jail/prea/2014_PREA_Annual_Report_Scott_County_Jail%20.pdf)

It was not necessary for the agency to redact any information from this annual report. In future reports, SCJ will need to ensure that specific material can be redacted if it presents a clear and present threat to the safety and security of the facility, though, the nature of the material that was redacted must be indicated.

**Corrective Action:**

1. Enhance the PREA Annual Report to include the identification of problem areas, corrective actions taken on an ongoing basis, and “findings and corrective actions for each facility, as well as the agency as a whole.”

**Corrective Action Update:**

1. The PREA Coordinator provided the auditor with the additional information that will be placed in to the PREA Annual Report. In addition, a new template for the Annual Report was created and provided for auditor review. The new template contains headings for: identification of problem areas, corrective actions taken on an ongoing basis, and findings and corrective actions for the agency as a whole. The 2015 Annual Report will soon be compiled and this new template will be used to document this additional information. This standard is satisfied.

**Standard 115.89 Data storage, publication, and destruction**

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

**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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy 3.1.108 p8
- 2014 PREA Annual Report

**Interviews, Document and Site Review:**

SCJ sexual abuse data is contained in the 2014 PREA Annual Report. Auditors learned that the data therein is collected, secured, and maintained by the PREA Coordinator and is available on the agency website at the following link: [http://www.scottcountyowa.net/sheriff/pub/jail/prea/2014\\_PREA\\_Annual\\_Report\\_Scott\\_County\\_Jail%20.pdf](http://www.scottcountyowa.net/sheriff/pub/jail/prea/2014_PREA_Annual_Report_Scott_County_Jail%20.pdf)

The auditor did not find that SCJ makes all aggregated sexual abuse data, from private facilities with which it contracts, readily available to the public at least annually through its website.

Review of the annual report on the agency website revealed no personal identifiers. The PREA Coordinator creates the PREA Annual Report and ensures that no personal identifiers are present.

**Corrective Action:**

- 1. Make all aggregated sexual abuse data, from private facilities with which SCJ contracts, readily available to the public at least annually through its website.

**Corrective Action Update:**

- 1. SCJ has put into practice the acquisition of data form their private contracted facilities: Marshall and Jones Counties. Data was requested and received by SCJ and passed along for auditor review. This data is now reflected on the Annual Report and is available on the agency website. This standard is satisfied.

**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.

Talia Huff \_\_\_\_\_

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

Auditor Signature

Date