

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 12-24-16

Auditor Information			
Auditor name: Kevin Boldt Kboldtllc			
Address: PO Box 278 Gilbertville, IA 50634			
Email: Kboldtllc@gmail.com			
Telephone number: 319-240-1022			
Date of facility visit: Nov 29-30, 2016			
Facility Information			
Facility name: Plymouth County Jail			
Facility physical address: 451 14 th Ave NE Le Mars, IA 51031			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 712-546-8191			
The facility is:	<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		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Mike Van Otterloo			
Number of staff assigned to the facility in the last 12 months: 17			
Designed facility capacity: 54			
Current population of facility: 23			
Facility security levels/inmate custody levels: General Population, Maximum Security and Special Status			
Age range of the population: 19-55			
Name of PREA Compliance Manager: Jill Holzman		Title: Sergeant	
Email address: jholzman@co.plymouth.ia.us		Telephone number: 712-546-8191	
Agency Information			
Name of agency: Plymouth County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 451 14th Ave NE Le Mars, IA 51031			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 712-546-8191			
Agency Chief Executive Officer			
Name: Mike Van Otterloo		Title: Sheriff	
Email address: mvanotterloo@co.plymouth.ia.us		Telephone number: 712-546-8191	
Agency-Wide PREA Coordinator			
Name: Tami Jorgensen		Title: Lieutenant	
Email address: tjorgensen@co.plymouth.ia.us		Telephone number: 712-546-8191	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act Audit (PREA) on site audit for the Plymouth County Jail Facility, Le Mars, Iowa was conducted on November 29-30, 2016 by Department of Justice PREA Certified Auditor Kevin Boldt of K. Boldt LLC, Gilbertville, IA.

Pre-audit preparation began on August 29th which included a thorough review of all documentation and materials submitted by the Plymouth County Jail Facility PREA Coordinator Lt. Tami Jorgensen. Information reviewed included the completed Pre-Audit Questionnaire, agency policies, procedures, forms, education materials, training documentation, organizational charts, posters, brochures, Plymouth County Sheriff web site and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This material review prompted a series of questions that were submitted to the PREA Coordinator to prepare for compliance to the PREA Standards. The PREA Coordinator was able to send requested information and material prior to the on-site audit for review and remaining material was presented during the audit.

The auditor arrived at the Plymouth County Jail Facility and observed pamphlets in the lobby which offered multiple information options to the public for reporting purposes.

The Plymouth County Jail Facility Jail Administrator / PREA Coordinator Lt. T. Jorgensen was introduced and escorted the auditor to a secured conference room that would be used as the interview area for staff. The auditor had requested several items including training information, schedules, inmate rosters and other documentation needed to conduct the on-site audit. This information was prepared and available for the on-site audit to begin.

Lt. Jorgensen escorted the auditor through the secured area of the jail where observations were made of the building layout, design, camera positions, CCTV monitors, shower and toilet facilities, information postings, intake, change out and searching areas, staff interaction, inmate movements, program areas and medical facilities.

This auditor was introduced to staff and, after the guided tour of the facility, was given unescorted access of the jail for the purpose of observing staff and inmates, reviewing material, and conducting informal staff interviews. Ten inmate files were randomly selected with documentation of PREA information signed confirming all had been made aware of the zero tolerance policy upon booking and documentation they received extensive training of the PREA informational video before they were placed in housing. Staff made a copy of the random selection of inmates to be interviewed and would escort each inmate individually to a secured programs room for the interviews.

Sheriff Van Otterloo was interviewed and present during the two day on site audit. The Sheriff has designated Lt. Jorgensen to be the PREA Coordinator and has given the Lt. the time and resources needed to implement the PREA Standards. Sheriff Van Otterloo understands the importance of training to keep inmates safe while they are in custody of the Plymouth County Jail

During the two day audit, there were 10 inmate interviews that were conducted in the secure programs room of the jail. Staff was given a list of inmates to escort to the interview, when the interview was completed, the staff would escort another to the interview. Interviews with inmates were conducted using the DOJ PREA protocol questions. All inmates confirmed they had been given information on the Zero Tolerance Policy and how to report at booking. They stated they were shown the PREA informational video before they were placed in their pod or housing unit. They also stated the information is in the Jail Rule Book and posted on the pod walls. They were also aware of the PREA Audit dates as this information had been posted for several weeks prior to the audit visit.

There were 14 staff members interviewed during this on site audit. Interviews included line staff, supervisory staff, medical, volunteers, contractors and investigators. The Plymouth County Jail uses an overlapping shift schedule dividing the staff into 2 shifts that continually overlap, a sample of all shifts were included in the staff interviews. These interviews were conducted in the secured conference room assigned for the audit.

The line staff provide multiple services in the jail and were asked many of the protocol questions that included, screening, first responder, juvenile and the random question list. The staff were aware of the zero tolerance policy, reporting and response duties. They have completed training both for the Plymouth County Jail and the Iowa Law Enforcement Academy mandatory training.

The investigator used for any sexual abuse or harassment has an extensive background in investigations and training. His confirmed his obligations to investigate all allegations of sexual abuse or harassment to conclusion and would work with the Plymouth County Attorney for advice or opinions.

Administration was interviewed regarding the training, record keeping and policies. The Plymouth County Sheriff and other administrators are promoting, training and making policy changes to become PREA compliant.

This auditor was given access to all areas of the jail to conduct the on-site audit, the administration and line staff were all welcoming and

offered information and assistance whenever needed. The Plymouth County Jail Staff have accepted the training and changes needed for PREA compliance to operate the facility and are very concerned of the inmates' safety. It is apparent the Plymouth County Jail Administration has promoted the PREA standards in a positive manner for the line staff to accept the need of standards, protocol, response and training.

At the end of the audit site visit, a meeting was held with Sheriff Van Otterloo and Lt. Jorgensen. The auditor advised the interim / final report would be completed within 30 days as required.

During this exit meeting, the Sheriff and Lt. were made aware of the need for the Investigator to obtain training on the topic of Investigations in Confinement Settings. On 12-21-16 this training was obtained and training documentation was delivered to the auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Plymouth County Jail is a 54 bed podular remote facility that contains six pods. Each pod consists of individual cells, restroom and shower facilities and a day room. The pods are classified as male general population, male maximum, female general population, female maximum, special status and work release. The jail also has a recreation area, medical room, booking room and control room.

The male and female pods are all designed with a common day room, individual cells and single occupancy showers. These pods each have a mezzanine level with cells and showers.

There is one male maximum security pod that will house 8 inmates.

There are two male general population pods that can house 16 and 10 inmates respectively.

The female pod has one maximum security cell and five general population cells.

A special status pod has 2 cells available.

There is one pod described as " Swing Dorm " This pod holds 6 inmates in a dorm style setting. This pod is used for work release, overflow, administrative segregation, juvenile holding or used to fill the need in special circumstances.

The Plymouth County Jail has a central control room in the center of the secured area of the jail which is designed into a horseshoe configuration. This control room is surrounded by a hallway and has visual access to Special Status Inmates, Male maximum pod, Male general population pods. The female pods glass is covered to prevent viewing of female inmates.

The control room also houses the secure inmate files and has the camera and monitoring system for the jail. The staff monitors the cameras 24 hours per day and a staff member is required to be in the control room at all times. This staff member controls the doors and admittance to the jail.

There is a designated medical exam room that is kept secure when medical staff is not on the premises.

There is a multipurpose room and attorney visitation room also in the secure area of the jail that inmates may have access to.

The intake area consists of two holding cells, two detox cells and a searching room.

The intake area includes inmate property, laundry and uniform storage rooms which are off limits to inmates.

The Plymouth County Jail does have a kitchen that is not accessible by inmates.

The Plymouth County Jail does not utilize inmate workers or trustees and does not allow inmates outside of the secure area of their pods without escort by staff.

This facility is certified by the State of Iowa Department of Corrections to hold juvenile offenders though the policy of the facility is to find other placement of juveniles whenever possible.

The age range of the 23 inmates held during the on-site audit was from 19 to 55 years old.

The average daily number of inmates for the preceding 12 month period of the audit is 27.5 inmates.

This facility was opened in August of 2003, it contains the Plymouth County Sheriff's Offices, Jail and Dispatch and courtroom. The building has a drive in garage as a sally port for new arrests.

Inmate visitation is conducted through CCTV monitors to prevent the need for inmates to be in physical contact with visitors.

SUMMARY OF AUDIT FINDINGS

This narrative is provided to give information of how the auditor conducted the Plymouth County PREA Audit and where information was obtained to determine the report outcome. Each standard was reviewed and justification is explained in each standard requirement.

The Plymouth County Jail Facility is staffed and administered by a very well trained and professional group of employees. During the audit, the staff was interviewed and observed to be very well informed of their duties and the care of inmates, this included the routine interactions of staff and inmates.

The inmate interviews also reinforced these observations. The inmates were confident the staff were there to operate the jail as safely for the inmates as possible and if there were any problems, all staff were approachable to report problems.

This auditor was able to contact the PREA Coordinator during the reviewing of material supplied with the Pre-Audit Questionnaire. The PREA Coordinator took immediate steps to supply information and make needed changes as requested prior to the on site visit.

There was no interim report written with corrective actions required as the Plymouth County PREA Coordinator was able to work with the PREA Auditor to obtain compliance with all standards.

Number of standards exceeded: **4**

Number of standards met: **38**

Number of standards not met: **0**

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.

The PCJF has in place a Zero Tolerance policy of sexual abuse and sexual harassment including definitions of all forms of sexual abuse or harassment and the agency’s approach to preventing, detecting and responding to such conduct. This policy also requires an upper level supervisor as PREA Coordinator be given ample time to implement and oversee PREA Compliance Standards.

The PCJF does employ an upper level supervisor as the PREA Coordinator. This Coordinator is given as much time as needed to perform and oversee all PREA issues.

- Interview with the Sheriff confirmed the PREA Coordinator is given as much time needed to perform the duties of the PREA Coordinator. This Coordinator has been working for over the past year to write, update, train, document, research and obtain necessary information for the PCJF to become PREA Compliant.
- The Sheriff has designated the PREA duties to the PREA Coordinator.
- Interviews with the PREA Coordinator confirm they are given the authority to develop, implement and oversee the agency’s efforts to comply with PREA Standards.
- The PCJF is only one facility but a PREA Manager has also been assigned to assist the PREA Coordinator.
- Interview with the PREA Manager confirms the two do work together to fulfill the PREA Standards for Compliance with the Zero Tolerance Policy
- Interviews with staff, medical and volunteers confirm they are all aware of the written policy and that the PREA Coordinator has the authority to oversee the PREA requirements.

The Zero Tolerance Policy is stated in the following:

- Agency Policy
- Inmate education handout at booking
- Inmate rule book
- Cell postings
- Agency website

Policy

- III-34
- I-OA

Documentation

- Inmate Booking information handout
- Inmate Rule Book
- Cell Postings
- Agency Website
- Volunteer and Contractor training sheet

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.

The PCJF houses inmates for other agencies but does not enter into contracts for Plymouth County Inmates to be housed at other facilities.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PCJF does have a staffing plan that requires a minimum staff.

This staffing policy requires a minimum number of staff for each shift and also a minimum number of supervisors per shift.

The policy takes into account unexpected changes and will adjust for adequate staffing as needed with regards to generally accepted detention practices, any judicial findings either federal, internal or external any blind spots, video monitoring needs, review of reports and documentation of staffing plans. This review will be completed at least annually.

The PCJF Policy requires at least one female staff member on duty at all times.

The PCJF Policy requires upper level supervisors to conduct unannounced rounds to identify and deter any sexual abuse or harassment.

Staff Interviews:

- Interviews confirmed there is a minimum number of staff on hand at all times to safely and effectively operate the PCJF. Staff stated there was always a female on staff for searches and they could think of no times that a female was ever refused any program due to lack of female staffing to conduct searches.
- Staff also stated that due to the job responsibilities, the layout of the facility and the entry procedures, supervisors would be working side by side with line staff. The supervisors must make an announcement of their arrival as part of the legitimate operations of the facility as staff operates the entry and exit doors to the facility.
- While in the secure area of the facility, the supervisors do conduct unannounced rounds to identify and deter staff from sexual abuse or harassment, these rounds are documented.

Administrative Interviews:

- Administration confirm they do observe staff during these unannounced rounds and document each round as required by policy.
- There have been no staffing problems, findings of inadequacy, any allegations or other issues in the past year that warranted an update to the staffing plan. The staffing schedule is prepared at least one month in advance and takes into consideration all the above factors. If there is an emergency and changes need made, the Jail Administrator can reinforce staffing immediately.

Observations:

- During the on site audit tour, there was enough staff available to conduct normal operations of the facility.
- During interviews of staff they all stated there was adequate staffing to perform their duties and if something were to occur, they could contact a supervisor who could authorize more staff to be called in.

Policy

- I-14
- III-6A
- III-6C

Documentation:

- Unannounced Rounds Log
- Staffing Schedule for last 12 months

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PCJF is certified by the Iowa Department of Corrections as a sight and sound separate facility and is allowed to house juveniles.

The PCJF Policy involving youthful offenders requires the arresting officer to first attempt alternate placement if possible.

If the youthful offender is booked / housed in the PCJF the youthful offender will not have any sight, sound or physical contact with any adult inmate.

Youthful offenders will be afforded the same privileges and activities as adults. All youthful offenders will be supervised on a continual basis by a Jail Officer.

This PCJF Policy also has a checklist for arresting officers and jail staff to confirm the juvenile has met six separate criteria for the housing of the youthful offender. Part of this checklist confirms the PCJF does have the ability to provide constant supervision of a juvenile. This checklist also requires the facility to be certified by the Department of Corrections as capable of sight and sound separation for juveniles from adults as required by Iowa Law.

Observation:

- There were no youthful offenders in the PCJF during the on site audit tour.
- The housing unit used for youthful offenders is separate from all other housing units.

Staff Interviews:

- Staff interviewed could not recall the last time a youthful offender had been housed in the facility.
- All staff stated any youthful offender brought to the jail they could remember had been released either to parent, arresting officer or Juvenile Court Officer before being placed into housing.
- Staff all stated that during booking all youthful offenders are escorted by the arresting officer until they were removed from the PCJF Booking Area.
- There are no other inmates within sight or sound of a youthful offender during the booking process.
- If a youthful offender was placed into housing, the youthful offender would be held in a housing pod that would be sight and sound separate.
- If youthful inmates are held in the housing unit, they would be allowed large muscle exercise on a daily basis.
- No program restrictions would be placed on youthful inmates.

Policy

- III-1B

Documentation

- Iowa Department of Human Rights Juvenile Justice Compliance Report (Iowa Dept. of Corrections)
 - 05-20-15 inspection report allows for juveniles to be housed at the PCJF.
 - Report indicates juveniles can be held in complete separation in housing

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.

The PCJF policy requires the same gender staff member to conduct any pat down searches of inmates.

The PCJF policy does not allow for any cross gender searches and requires body cavity searches to be performed by medical staff or physician.

- Search warrant and documentation of these searches will be completed, a required form is attached to Policy III-9.

The PCJF has a policy in place that allows for interviews of LGBTI inmates to determine the offenders status.

- This interview process will include health services staff and includes history and medical reports to help determine placement.
- This policy also asks for voluntary consent of information of inmate to assist in the determination of placement.
- The policy restricts health services staff from performing a search solely for the purpose of determining offender's genital status.

PCJF also has a policy regarding inmate expectation of privacy while using shower, toilet and sink.

- Cross gender staff must announce their presence when they enter the housing unit

Staff Interviews:

- Staff knew they were not to conduct cross gender strip searches or conduct body cavity searches. They all stated this would be handled by medical staff and a warrant would be required.
- Male staff stated they were not allowed to conduct any type of search on a female inmate. There would always be a female staff member available.
- Female inmates were never restricted from programs due to lack of female staff for searches.
- Cross gender staff announce their presence when entering a the housing unit.
- Staff knew to interview and have medical assist to determine placement of transgender or intersex inmates. They also advised they were not to conduct a search solely for the purpose to determine genital status.

Inmate Interviews:

- Female inmates interviewed stated they have never been pat searched by a male staff member.
- All inmates reported that cross gender staff announce their presence when entering the housing unit.
- There were no inmates in the PCJF who identified themselves as LGBTI or felt they would be victimized so no interviews of this type were possible.

Observations:

- It was observed during staff rounds that all staff of opposite gender announced their presence when entering the housing unit.
- Staff made the announcement for the audit tour inspection
- The housing unit pods are set up for staff to observe from the control room. The showers all have a curtain for privacy and there is ample room in the shower area for inmates to dress in privacy.
- The toilets and sinks are placed within the cells to provide privacy for inmates and free from view of staff

- Video monitoring of inmates has been modified to prevent viewing of inmates while performing bodily functions or showering.

Policy:

- III-8
- III-9 with attached documentation
- III-34
- III-6A
- Iowa Code Chapter 50. 50.13.2(4)

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.

PCJF policy III-34 under “ Inmate Education “ Inmate education requires inmates to be oriented during the booking process of sexual misconduct which includes Prevention, Self-Protection, Reporting, Treatment and Counselling.

- This information is communicated verbally and in writing in a language clearly understood by the inmate. Appropriate provisions will be made for those not fluent in English and those with disabilities and lower literary levels.

The PCJF does have a PREA Brochure Acknowledgement signed during the intake process by each inmate. This acknowledgement confirms the Zero Tolerance Policy, the information from staff and a handout is given to the inmate. This acknowledgement is given to the inmate and a signature received stating the inmate understands the information. If an inmate is not able to understand, staff will explain or find an interpreter if needed.

The PCJF does not use inmates as interpreters to assist in the education of inmates.

Staff Interviews:

- Staff stated they give the PREA zero Tolerance Policy information to all inmates during booking at intake. This information is written in the English and Spanish languages.
- Staff have a list of interpreters to contact in case assistance is needed.
- Staff stated they do not use other inmates to assist with interpreting
- The PCJF has bilingual staff working at the facility and can be call in to assist if needed.
- Further education information is on video in English and Spanish.

Inmate Interviews:

- There were no inmates with disabilities or other limited English proficiencies being housed during the on site audit.
- Inmates were asked if they understood the information given by staff and all acknowledged they did understand the information and if a question were to come up, they could ask staff for confirmation.
- Inmates stated they were also shown the PREA Video before being placed into housing.

Observations:

- Inmate information is posted in all housing units in both English and Spanish
- Inmate handout information is given to all inmates with a signature stating they understand the information
- Observation of inmate files revealed signatures were obtained that inmates received and understood training
- Jail Inmate Rule Book observed in all housing units (English and Spanish versions)
- Inmate education video was observed in both English and Spanish versions.

Policy:

- III-34

Documentation:

- PREA Brochure Acknowledgement (English and Spanish)
- Plymouth County Preventing Sexual Misconduct Posting (English and Spanish)
- Inmate Rule Book (English and Spanish)
- Plymouth County PREA Zero Tolerance Policy Reporting Information (English and Spanish)
- Plymouth County Screening and Risk Assessment questionnaire (English and Spanish)
- PCJF Interpreter List

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)

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The Plymouth County Sheriff’s Office Employees are all required to meet minimum qualifications as part of the hiring process. These qualifications include background checks and they are to have no felony or “ crimes involving moral turpitude “ This would include and all sexual abuse or sexual harassment violations.

The PCJF also has implemented their own department policy involving staff. This policy covers any investigations of sexual abuse or harassment, disciplinary sanctions including termination of employment.

All employees are required to cooperate with the investigation and will not interfere with the investigation.

This policy includes the continuation of the investigation even if the alleged abuser has left the employment of Plymouth County.

Interview with Sheriff:

- The hiring process includes a background check on all new hires. The background check and investigation is conducted to reveal any information and would include criminal and civil history. No person with a sexual assault or harassment record will be hired to oversee or be in contact with inmates.
- The Sheriff stated he understands the PREA Standards of not hiring or promoting anyone with a history of sexual abuse or harassment.
- The Sheriff stated he would pass on any information he is legally obligated to submit about a former employee to another jail or correctional facility, this would include PREA requirements of reporting to another hiring facility.
- The Sheriff also stated he would not keep on staff or promote any employee who has a substantiated allegation of sexual abuse or harassment.
- The Sheriff is not held to a labor contract that will prevent him from discipline or termination of employees due to sexual abuse or harassment.

Interview with Jail Administrator:

- The Jail Administrator confirmed the hiring and terminating process as with the Plymouth County Employment Policy and the Plymouth County Sheriff’s Policy.
- The PCJF will not hire or promote anyone with a history or sexual abuse or harassment.
- The Jail Administrator conducts all background searches on staff, volunteers and contractors. This background check file is kept in a secured PREA File in the Jail Administrator’s Office.

Staff Interviews:

- All staff interviewed stated they understood the policy and possible termination for violating any of the sexual harassment or abuse sections.

Interview with Contractors and Volunteers.

- Each of the contractors and volunteers stated they knew a background check was completed before they were allowed into the PCJF. They also understand their privileges will be terminated if misconduct is determined.

Observations:

- Staff files were made available for review. Background check information was documented.
- Volunteer and Contractor background checks were confirmed in file

Policy:

- 1-1
- 1-3
- III-34

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.

The PCJF is a podular remote facility that utilizes staff supervision of inmates. They do supplement the supervision with CCTV and have policy regarding observation of inmates during routine checks.

The PCJF opened in August of 2003 and has since upgraded the CCTV and monitoring system in 2012 and is preparing for another upgrade.

The facility does have a policy on CCTV and facility maintenance that includes the safety of the inmates as part of any upgrades.

Interview with Jail Administrator:

- The CCTV system is utilized as a supplement to the safety and security of inmates and staff.
- For the PREA requirement of inmate observation while they are in states of undress or using facilities, there have been obstructions placed on the camera lenses to prevent opposite gender viewing. There is an upgrade coming in the next year to have the cameras utilizing a digital block out area.

Observations:

- CCTV is used though out the jail, where required for privacy, the monitors have an area blocked out to prevent unauthorized viewing.

Policy

- III-06A
- II-6

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)

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The PCJF does have a response plan that includes: First Responder Duties, Care of Victim, Handling of Perpetrator, Notifications and Evidence. This sexual Assault Checklist is available in the Control Room of the PCJF and include information on how to preserve evidence.

Policy for evidence protocol includes the requirement that proper protocol of juvenile care is administered if a youthful offender is involved.

The PCJF policy does allow for administrative review of the investigation into the allegations of a sexual abuse or sexual harassment complaint for both staff and inmates, all information is to be forwarded to the Sheriff who will determine if the investigation will be completed by Investigators of the Plymouth County Sheriff or other agency, either entity will conduct the appropriate evidence protocol and forensic medical examinations as needed.

The staff who receive the report of sexual abuse or harassment are trained and follow the protocol policy which includes separation of alleged victim from abuser and directs them to take precautions to prevent destruction of evidence.

The alleged victim will be examined and transported to a medical facility for collection of evidence.

A victim advocate from the 3rd Judicial District Centers Against Abuse and Sexual Assault (CAASA) will be made available to the PCJF during any investigation and request by Plymouth County.

PCJF Policy requires victims be accompanied by the CAASA and with no financial obligation for treatment, care and testing.

Staff Interviews;

- Interviews with line staff, booking officers, first responders, control officers all confirm they have been trained on response protocol. Each staff member was able to report they would respond by separating the victim from the abuser, check for medical need, preserve evidence and report for an investigation to begin. This is consistent with the PCJF Sexual Assault Checklist.

Investigator Interview:

- Interview with the investigator revealed he has been trained in sexual assault investigations and the interview process, training also includes evidence collection, DNA and preservation of crime scene. The PCJF investigator stated the CAASA will be called to assist as a victim advocate during the investigation and follow up process as per the Letter of Understanding.
- The investigators will utilize the local hospital in Le Mars, IA as the first response of care. This hospital does not currently have a SAFE or SANE nurse. If the investigation warrants a transfer to a facility that has SAFE or SANE examination needs, the victim will be transferred. Documentation will be provided if this need arises.

Medical Interview:

- Medical staff confirmed they would be in a support role for not only the initial investigation if they are on site but would also assist the CAASA as requested.

Observation:

- A Sexual Assault Checklist is kept in the Control Room for all staff to follow in the event of a report of Sexual Abuse.

Policy:

- III-1
- III-11C
- III-34

Documentation:

- Sexual Assault Checklist
- Letter of Understanding from Centers against Abuse and Sexual Assault (CAASA)
- Training Records

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.

The PCJF does have in place policies to ensure referrals of allegations for investigations including criminal and administrative investigations.

The Policy for reporting the allegations for investigation are required in Policy III-34 is under the headings of “ Reporting / Investigation “ and “ Response ” All staff are required to report information on any alleged sexual misconduct to their supervisor to begin an investigation of the allegations.

The PCJF does have a web site that posts the Zero Tolerance policy and also information on how to report a PREA violation. Included in this posting is the policy information that any report will be investigated and the proper legal authority will be involved to file criminal charges.

The PCJF web site gives information of Plymouth County Jail, Plymouth County Attorney’s Office, CSADV (Council on Sexual Assault & Domestic Violence and Public Defender’s Office. Phone numbers are also included in this information.

This web site is available for third party reporting purposes.

Staff Interviews:

- Investigator states he will be involved with investigations for both criminal and administrative. The investigator may work with the Iowa Department of Criminal Investigation if the case is referred to them.
- Sheriff stated he will make the referral for investigator.

Policy:

- III-34

Documentation:

- Plymouth County Jail Web Site
- Sexual Assault Checklist

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.

The PCJF policy III-34 includes staff training requirements of the PREA Standards.

Included in this policy requires staff to be knowledgeable of the Zero Tolerance Policy for sexual abuse and sexual harassment, their responsibilities of prevention, detection, reporting and responses. Staff is also trained on the inmate’s rights to be free from sexual abuse and sexual harassment, policy requires training of inmates and employees to be free from retaliation for reporting, training to understand the dynamics of sexual abuse and harassment in confinement. They are trained on common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse and how to avoid inappropriate relationships with inmates.

The PCJF policies on training include requirements of Iowa Chapter 50 Jail Standards. The Iowa Jail Standards require training on sexual abuse and reporting for all jail staff. This mandatory training is set by the Iowa Law Enforcement Academy.

The PCJF policies also include annual review and testing of employees to confirm they are familiar with agency policies and procedures.

Staff Interviews:

- Interviews of staff were conducted and questions were asked of policy knowledge and practices at the PCJF. Staff were all able to articulate their education of the above policy requirements and responsibilities in the event of an accusation.
- Staff confirmed they would begin the process as trained during their own Plymouth County Policy Training which includes the Sexual Assault Checklist.
- Staff also stated they have been trained during their mandatory annual Iowa Jail School Training as required by Iowa Chapter 50 Jail Standards.

Observed:

- Staff Training records from the Iowa Law Enforcement Academy
- Staff Training records for Plymouth County Policy Training
- Staff signatures of training attended

Policy

- III-34
- I-7

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.

The PCJF Policy of III-34 does include Volunteers and Contractors under definition of Staff.

All volunteers and contractors are to be trained in all aspects of the PREA Standards and how to report and allegation and includes the zero tolerance policy.

A training acknowledgement form is filled out by the volunteer / contractor. This form states the training and requires the needed information to conduct a background check. This form expires after 30 days.

Interviews with contractors and volunteers revealed:

- They are all familiar with the zero tolerance policy
- Who to report to in case of an allegation
- They are not left alone with inmates. If a volunteer or contractor needs to get into a housing area where inmates are held, a staff member will either escort the volunteer / contractor or the inmates will be locked down to prevent contact.
- They gave information for background checks to be completed.

Staff Interviews:

- Staff states they lock down inmates or escort the volunteers / contractors.
- Background checks are completed by administration prior to admittance to the facility
- PREA Training is required of volunteers / contractors prior to facility access

Policy:

- I-1
- III-34

Documentation:

- Training record “ Plymouth County Jail Sexual Misconduct with Offenders Policy “
- Training record sign off

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.

PCJF policy III-34 under “ Inmate Education “ Inmate education requires inmates to be oriented during the booking process of sexual misconduct which includes Prevention, Self-Protection, Reporting, Treatment and Counselling.

The Zero Tolerance Policy information is completed during booking of all inmates.

The inmates are then given a PREA Brochure Acknowledgement Form which they sign and it is placed in their file. This acknowledgement signature form explains the Zero Tolerance Policy, the inmate handout of PREA and informs of the information in the inmate rule book.

The policy continues that additional education on PREA is to be completed when the inmate is moved from Temporary Holding to a long term housing unit.

This information is communicated both verbally and in writing in a language clearly understood by the inmate. Provisions will be made for those not fluent in the English language and those with disabilities and lower literary levels.

Inmates are provided with comprehensive PREA Training prior to being placed in a housing unit. This is completed by showing a video provided by the National Institute of Corrections and taken from the PREA website.

Inmates are required to sign a form stating they have seen this video prior to be placed in housing.

The intake process training is completed within the first few hours of being brought to jail and the comprehensive training is completed within a 24 hour period of arrival and before they are placed in housing.

Staff Interviews:

- All staff reported that all inmates are given information of the Zero Tolerance Policy, information on how to report a sexual assault or harassment. The inmate is given a signature form stating they have been informed on the Zero Tolerance Policy and how to report an incident.
- Staff reported that upon being held over by the court from initial appearance, the inmate would then be prepared for a housing placement. The procedure for being moved from intake to housing consists of watching the PREA Training video. This is completed normally within 12 hours of being brought to jail and within the 30 day requirement.
- Inmates are required to sign a form advising they have been given the comprehensive training
- Staff advised all information is available to everyone including those that are limited English proficient.
- Inmates are informed postings are in the pods that have reporting information.
- Inmates are informed of information in the Plymouth County Jail Rule Book
- Iowa Law requires staff have annual jail training, this includes PREA Training which all stated they have received at the Iowa Law Enforcement Academy Jail School.

Inmate Interviews:

- Inmates were questioned about their PREA educational experience while at the Plymouth County Jail.
 - All inmates stated they were informed of the Zero Tolerance Policy and how to report an incident during the booking process. They also signed a form stating they were given the information.
 - All inmates stated they were taken to the programs room where they watched the comprehensive training video of PREA information.
 - All inmates signed a form stating they observed the video and knew how to report.
- All inmates knew they could contact staff or outside sources to report a sexual assault or harassment.
- Inmates reported they knew there was information on reporting a sexual assault or harassment incident posted in the pods.
- The inmates knew there was information in the Inmate Rule Book on who to report to.
- Inmates were aware of support services as posted in the pods and in the Inmate Rule Book.

Observations:

- Inmate files were observed and found to have the intake training and the comprehensive training signature sheets signed. This was found in every file reviewed.
- Postings in the pods all gave information regarding the Zero Tolerance Policy along with reporting information and service agencies.
- Inmate Rule Books were in all pods, these also have all the PREA reporting information needed for outside agency reporting.
- All information is made available in both English and Spanish

Policy;

- III-34

Documentation;

- PREA Brochure Acknowledgement
- PREA Zero Tolerance Acknowledgement
- Jail Inmate Rule Book
- Preventing Sexual Abuse Postings
- Staff Training Files

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.

Policy III-34 states “Interviews shall be conducted in a thorough, professional, and non-threatening manner consistent with acceptable practices for potentially traumatized victims of sex crimes “

This policy goes on to require investigators are to be trained to conduct investigations in confinement settings.

During the interview with the investigator it was found the training and experience in crime scene investigation and sex crimes is extensive with training and experience as an investigator dating back several years. When asked about investigations in a confinement setting, this was not documented and no training at the time of the site visit.

Prior to the interim report being completed, the investigator obtained the training of confinement setting investigations and the documentation was delivered to the auditor.

Policy:

- III-34

Documentation:

- Investigator’s Training File

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.

Medical and Mental Health / counselors and therapist personnel are defined as staff at the PCJF and will be trained as staff for all PREA policy requirements.

These staff members are included in the training of the Zero Tolerance Policy, detecting, responding and reporting of sexual abuse or harassment for annual training as required of all staff.

Medical staff may be involved with the initial investigation on site to examine a possible victim but, if determined evidence collection is needed, a referral to another medical facility for evidence collection will be implemented.

Medical staff are not trained to conduct forensic examinations as these exams will be conducted at a hospital.

Medical Staff Interviews:

- Medical staff stated they have been trained in the Zero Tolerance Policy and how to detect and report an incident.
- Medical staff is trained in Sexual Assault Response.
- Medical staff are certified with a Bachelor of Nursing Degree.

Policy:

- III-34

Documentation:

- Plymouth County Jail PREA Training records
- Sexual Assault Response Team Training Certificate

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.

The PCJF does have implemented a screening and classification system for the safety and well being of the inmates.

Policy III-34 addresses the screening of inmates upon booking at the PCJF for the risk of being sexually abused by other inmates or sexually abusive toward other inmates.

The PCJF has a “ Booking Screening for Risk of Sexual Victimization and Abusiveness” that each inmate fills out during booking. This form is completed and used in conjunction with the “Plymouth County Sheriff’s Office PREA Assessment “

These forms are completed privately by the inmate to prevent others from hearing the questions or answers.

The Screening and PREA Assessment forms consider whether the inmate has mental, physical or developmental disabilities, age, physical build, previous incarceration, criminal history of violence, prior acts of sexual offenses, whether the inmate is perceived to be LGBTI, if they have a history of sexual victimization, their own perception of vulnerability and if they are being held for civil immigration purposes.

Per Policy III-2 screening is completed at the time of booking or within 2 hours of admission to the facility, also per policy III-2 the inmate classification must be completed within 72 hours of booking.

Policy III-2 also addresses review of the inmate’s status. Each inmate's classification will be reviewed thirty (30) days after classification, this policy does allow for an inmate's classification to be reviewed at any time if changes occur or new information is obtained that would warrant a review.

The screening information is secured and only available to security staff that would need the information to assist in appropriate placement of the inmate.

Staff Interviews:

- Booking and security staff were interviewed about the screening instruments used during the booking process.
- Staff advised that all inmates are given the Booking Screening for Risk of Sexual Victimization and Abusiveness form. Inmates fill this form out on their own to prevent any other inmate in the vicinity from hearing the questions or answers.
- Staff secure this form in the inmate file which is kept in a secure area accessible only to security staff.
- Staff stated that if an inmate is determined to need special placement due to victimization, they will reassess their status within 30 days but would do so sooner if new information is obtained.
- Staff also stated there would be no disciplinary action held against an inmate for failing to disclose complete information in response to the screening questions.

Inmate Interviews:

- There were no inmates that perceived themselves to be victims, at risk of abusiveness or LGBTI being held at the PCJF during the on site audit.
- Those inmates that were interviewed stated they had filled out the Risk Assessment form during booking and recalled the questions that were asked.

- Those inmates interviewed stated they did not believe they would be disciplined for not answering all questions on the Screening Instrument.
- There were no inmates being held solely on civil immigration purposes so no interviews could be conducted on civil immigration holds.

Observation:

- A random sample of inmate files were reviewed for the screening instrument. Each file reviewed did have the Risk Screening form filled out and signed.
- The files containing the Risk Assessment form is in a secure area and available only to security staff that would need the information for placement.

Policy III-2
III-34

Documents: “Booking Screening for Risk of Sexual Victimization and Abusiveness”
“Plymouth County Sheriff’s Office PREA Assessment

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.

The PCJF does have in place Policy III-34 which addresses the use of the screening material by deciding whether to assign a transgender or intersex, offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the offender’s health and safety, and whether the placement would present management or security problems.

The PCJF does not place lesbian, bisexual, transgender, gender-variant or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.

The PCJF evaluates and places offenders who claim to be undergoing transgender or transsexual-related treatment, offenders who appear to be gender-variant, or offenders having clinic conditions in which the gender assignment is unclear.

When indicated by appropriate health services staff, the department provides gender-related mental health services and other medical or mental health therapy, as necessary, throughout the offender’s incarceration

Policy III-2 addresses the review of placement. Review must be completed within 30 days and any new information can be utilized at any time for reclassification.

Staff Interviews:

- Staff confirmed the placement of inmates is based on the risk assessment as described in 115.41 above. The risk assessment tool is used to classify and keep safe inmates that are at high risk of being sexually victimized for those that may be sexually abusive.
- There were no staff members that could recall anyone in the housing units that would have been considered a potential sexual victim or a sexual aggressor.
- Staff stated they would interview inmates and use all the information on a case by case basis for determination of victimization or abusiveness.
- Staff stated if there were a transgender or intersex inmate being housed at the PCJF, the inmate would be given an opportunity to

- shower separately from other inmates.
- Staff also stated they would not LGBTI inmates in a unit based solely on their identification of being LGBTI.

Observations:

- The PCJF has single person showers available in the housing units. An inmate can shower in private without requesting a separate shower facility.

Policy:

- III-2
- III-34

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.

The PCJF Classification and housing placement is determined by information received from the booking screening and intake process. Interviews will be conducted during the intake process as needed to determine any protective custody assignments based on safety of the inmates including sexual victimization risk.

The PCJF has the ability to place inmates in protective custody housing unit that does not restrict any privileges or programs that are allowed to other inmates at the PCJF.

The PCJF policy includes a classification review of 30 days after initial classification. The classification review will be completed sooner or at any time new information is obtained that would influence a status change.

Staff Interviews:

- Staff advised that during the booking process and housing assignments, inmates answered the questions regarding the risk assessment and housing placement is made based on these answers.
- Staff stated they could not remember a time when an inmate answered questions advising they were at a high risk of victimization. When asked what they would do in such an incident they stated the high risk of sexual abuse inmate would be placed in a housing pod that would be safe from predators. This pod is open for all routine daily activities. The staff also stated there would be no restrictions on any programs or other opportunities that other inmates would have.
- Staff stated they were aware of the reclassification policy of 30 days if needed but they would use any new information obtained before the 30 day requirement to review placement.

Inmate Interviews:

- During the interview of inmates, there were no inmates that reported to be at high risk of sexual victimization.
- There were no inmates that had been held in segregated housing and none had been denied any access to programs or other opportunities while incarcerated.

Observations:

- The housing units are designed to have cells and a common day area for the general population. During the onsite tour it was observed the PCJF has a pod used for protective custody that has the same design as the other pods. The inmates in this pod are not restricted from programs or other opportunities.

Policy:

- III-2
- III-34

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.

The PCJF does offer multiple internal ways to privately report sexual abuse and harassment, an inmate may report an incident of sexual misconduct either verbally or written to:

- Correctional Officer, Medical Staff or a Shift Supervisor or Jail Commander.

The PCJF also offers inmate's the ability to report to outside sources including:

- Counselor/ Therapist, Inmate's attorney, CSADV (Council on Sexual Assault/Domestic Violence), Medical Staff

All staff are required to report all allegations immediately to a supervisor, this includes third party reports.

Third party reporting information is posted on the PCJF website for anyone in the public to view.

Interviews with Staff:

- During staff interviews it was learned they were all aware of the requirement to accept any report of sexual abuse or harassment whether made verbally, in writing, anonymously or from a third party.
- Staff stated they could make these reports to a supervisor in private at any time.
- Staff stated they could move an inmate to a private area to take a report.

Inmate Interviews:

- There were no inmates interviewed that had reported a sexual assault or harassment complaint while in the PCJF.
- The inmates reported they were told how to make a report during the booking process and during the PREA education video that was shown to them before being placed in housing.
- All inmates stated they knew the information was posted in the pods about who to report any allegations to.
- The inmates also stated they knew they could talk to a staff member in private if needed.
- Inmates also reported they knew they could contact a friend, relative or attorney if needed to make a report.

Observations:

- Postings in the pods had information on how to report sexual abuse or harassment
- PCJF website has reporting information available to the public for third party reporting
- Jail rule book has information on who to report an allegation to

Policy:

- III-34

Documentation:

- Jail Inmate Rule Book
- Preventing Sexual Abuse Postings
- Plymouth County Jail Web Site

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.

The PCJF has an administrative procedure to address inmate grievances for inmate rule violations including sexual abuse as a serious violation. This violation carries administrative sanctions along with a possible criminal charge as written in the jail rule book.

If an allegation of sexual abuse is reported, an investigation will begin. There are no time restrictions on reporting or filing a grievance of sexual abuse at the PCJF.

The PCJF grievance form includes an emergency notification section.

The PCJF policy is to have the final agency decision within 90 days of the report of sexual abuse.

Staff Interviews:

- Staff stated they submit grievances to the administration to investigate, they also stated if the grievance involved a sexual abuse, they would handle the grievance as a sexual abuse complaint and immediately begin the procedure of removing the victim to a safe area and inform a supervisor to start the investigation.
- Staff stated they would not turn down a grievance for a sexual assault based on timeliness of the report, they would continue the procedure and assure the inmate’s safety.
- Administrative staff stated they would not restrict a grievance for sexual assault based on timeliness and an investigation would begin.
- Administration also advised administrative grievances are to be answered within 7 days though a formal criminal investigation would be completed within 90 days as required. If the 90 day requirement is not met, documentation will be required.
- Staff stated there have been no grievances / reports made in the last several years of any sexual abuse allegations at the PCJF.

Inmate Interviews:

- Inmates were aware of how to report a sexual abuse allegation and stated they might put the report in writing on a grievance form but would more likely make a verbal report.
- There were no inmates interviewed that have reported a sexual assault or harassment while in the PCJC.

Policy:

- III-23
- III-28
- III-34

Documentation:

- Inmate Rule Book
- Inmate Grievance

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.

During booking, the PCJF staff give inmates information about outside support services. This information is also posted in the intake area for inmates to see.

Inmates being held on civil immigration only are given immigration and consulate information at booking. This is supplied to them in their language as needed.

During the comprehensive PREA information video the inmates are given a handout with outside support services that include support agencies of Council on Sexual Assault and Domestic Abuse (CSADV) The phone # and address to contact CAASA are on this handout. Once placed in housing, the inmates have access to the Jail Rule Book with includes the CSADV information and Plains Area Mental Health Facility address and phone #.

Jail Rule Book advises that non-privileged phone calls may be monitored.

The PCJF has a Letter of Understanding with CSADV to offer support services for all PCJF Inmates.

Inmate Interviews:

- When asked, inmates stated they knew the information about support services were available but did not know specifically what these agencies were. When asked further, they said the information was posted on the wall in the pod but since they did not need the services they did not need to know.
- Some inmates stated they also knew the information was in the Jail Rule Book and there is a rule book in the pod.
- Inmates were aware that their phone calls could be monitored as they know jail phones are recorded.

Observations:

- The Council on Sexual Assault and Domestic Abuse (CSADV) information is posted in all pods.
- The CSADV information including a 1-800 number is given to inmates during the comprehensive PREA information.
- Plains Area Mental Health contact information is in the Jail Rule Book
- Civil Immigration information is available at the Booking Officer work station.
- During the audit tour, a toll free phone call was completed to the support services using inmate phones.

Policy

- III-11C
- III-34

Documentation:

- Letter of Understanding from Centers Against Abuse and Sexual Assault
- Jail Rule Book
- PREA Handout
- PREA Postings in Pod
- PCJF website information

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.

The PCJF does have a web site that is available for public viewing.

- On this site the PCJF gives information on the Zero Tolerance Policy and gives agencies and phone numbers for the purpose of third party reporting.
- These agencies include the Plymouth County Jail Lieutenant, Plymouth County Attorney, Public Defender and the Council on Sexual Assault and Domestic Violence.
- Each agency’s contact information is posted on this site.

The PCJF has a lobby / waiting area for the public and inmate visitors to use. There are several public service pamphlets and postings available to the public including reporting information.

Staff Interviews:

- All staff interviewed stated they would begin the first responder protocol for an allegation of sexual abuse or harassment if they were informed by a third party and not the victim.

Inmate Interviews:

- During the interviews of random inmates, they stated there was a way to have a family or friend report an allegation of sexual abuse or harassment to the authorities. They stated if needed they would probably make the report themselves but know someone else could do it for them.

Observations:

- Plymouth County Web Site information is posted for third party information
- PCJF Lobby has multiple reporting information pamphlets available to public
- Postings in Pods advise inmates they can have a third party report allegations

Documentation:

- Plymouth County Jail Web Site
- Iowa Sexual Abuse Hotline
- PREA Posting
- Crime Stoppers brochure
- Iowa Victim Notification Services (Iowa VINE)

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.

The PCJF does have a policy in effect regarding staff reporting duties.

This policy assures that all staff is required to immediately report any allegation or incident of sexual misconduct to their supervisor.

The PCJF has a first responder checklist that is available to all staff in the event of a report. This checklist includes the reporting of information to a supervisor.

The PCJF policy also requires that jail staff is not allowed to reveal any information of an investigation or other information obtained that
PREA Audit Report

should be kept confidential.

The PCJF policy addresses the issue of retaliation due to reporting a sexual abuse or harassment.

In regards to reporting by medical and mental health staff in the jail. These positions are Iowa Mandatory Reporters and they must report any information of a confidential nature that involves sexual abuse or harassment as it pertains to possible criminal charges.

All reports will be referred first to PCJF administration and then to investigations.

Staff Interviews:

- Staff were all aware of their responsibility to report allegations to their supervisors immediately upon receiving information on allegations.
- During the interviews with the multiple staff members, they all were aware of keeping all information about their job and responsibilities as confidential. If there were any reports made, they would give that information to administration, investigators or other staff that would need the information for purposes of the inmate's safety or investigation.
- Staff were aware of there were oversights on any retaliation of reporting both for staff and inmates. Staff stated their responsibilities included observations of inmates and to be aware of any retaliation.

Observations:

- During the on site audit tour it was observed the inmate's files and all confidential documentation were kept in secured areas not available to anyone other than those required to access the information.
 - Booking files were secured in the Jail Control Room
 - Medical files were secured in the medical room with limited access
 - PREA files were secured in the Jail Administrator's office

Policy III-34

Documentation:

- Sexual Assault Checklist

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.

The response protocol of the PCJF for a sexual abuse or harassment report includes the reporting of the allegation to a supervisor and also directs staff to protect the safety of the victim and remove them from the environment in which the alleged misconduct took place.

The PCJF has a First Responder Check List is available to all staff that is kept in the jail control room. This list has "Care of the victim" first on the list and includes separating the victim from the abuser.

Staff Interviews:

- When asked about their first responder duties, all staff stated they would immediately remove the alleged victim from the area and place them in a safe location to begin the investigation.

Policy:

- III-34

Documentation:

- Sexual Assault Checklist

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.

Standard 115.63 requires the agency head of where the report was taken to contact the agency head of where the alleged infraction took place. Notification must be provided within 72 hours of allegation.

The PCJF will report any alleged infraction to the agency where the infraction took place. The reporting is required under the reporting policy and is also included in the documentation of the investigation.

Staff Interviews:

- Interviews involving both the Jail Administrator and the Sheriff revealed they would report any allegation to the agency where the infraction took place. The reporting information would be documented in the case file.
- The information and report to the agency head would be completed immediately upon learning the incident took place outside of the PCJF.
- Staff advised there have been no reports of allegations of sexual abuse or harassment from either within the PCJF or that was reported to have occurred in another facility.

Policy:

- III-24
- III-34

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.

The first responder protocol of the PCJF for a sexual abuse or harassment report includes:

- Separating the victim from the perpetrator
- Preserve any evidence and protect the crime scene

- Reporting of the allegation to a supervisor
- Health Services are notified for medical needs

The first responder protocol or “ Sexual Assault Checklist “ is a comprehensive listing of multiple duties that includes the above first responder duties when a report is made. This list is kept in the jail control room and is available to staff members whenever the need arises.

Staff Interviews:

- The security staff at the PCJF have multiple duties that include being first responders.
- All staff interviewed have had training and knew they would first make sure the victim was safe by removing the alleged victim from the perpetrator. They also said the victim would be instructed on what to do to preserve evidence, the first responder would also contact a supervisor and any other person that would need to get involved with the victim’s safety or the investigation.
- The first responders all knew where they could place victims and perpetrators to keep all inmates safe while still preserving evidence.
- Staff also stated they would assist the investigator as needed.

Observations:

- The PCJF has ample space and holding cells to secure victims from perpetrators in both the housing unit and in the booking area.
- The Sexual Assault Checklist is available for all security staff and is kept in the control room.
- There were no inmates at the PCJF that had reported allegations of sexual assault or harassment to interview.

Policy:

- III-34

Documentation:

- Sexual Assault Checklist

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.

The PCJF has a written plan to give response protocol upon receiving information of an alleged abuse incident for first responders, medical and mental health, investigators and administration.

The PCJF has a written “ Staff on Offender “ Sexual Assault Checklist that is available to all staff. This checklist includes the separation of the alleged victim from the perpetrator. This includes the presumption the staff member will be removed from the facility.

Staff Interviews:

- All line staff knew they were responsible for the safety and welfare of all the inmates and knew their duties of a first responder as required by the agency policy and the guidelines of the Sexual Assault Checklist.

Policy:

- III-34

Documentation:

- Sexual Assault Checklist

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.

The PCJF has a written policy to give response protocol upon receiving information of an alleged abuse incident for first responders, medical and mental health, investigators and administration.

- This policy allows for staff to be removed from the contact of the alleged victim.

The PCJF has a written “ Staff on Offender “ Sexual Assault Checklist that is available to all staff. This checklist includes the separation of the alleged victim from the perpetrator. This includes the presumption the staff member will be removed from the facility.

The PCJF and Plymouth County are part of a collective bargaining agreement. This agreement does not restrict the Sheriff from removing the staff member from contact with the alleged victim.

Staff Interviews:

- All line staff knew they could be removed from the PCJF based on an allegation and investigation of a staff on inmate report.
- Supervisory staff stated they would immediately remove staff from having any contact with an alleged victim.
- The Plymouth County Sheriff stated the collective bargaining agreement did not restrict the removal of an alleged staff perpetrator from the facility.

Policy:

- III-34

Documentation:

- Sexual Assault Checklist

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.

The PCJF does have in effect a policy to prevent retaliation for reporting a staff on inmate sexual misconduct.

This policy states:

- Any staff involved with retaliation can be subject to disciplinary sanctions including and up to termination.
- PCJF will employ multiple protection measures such as housing changes or transfers

- Removal of the alleged staff or inmate from contact with victims
- Emotional support services for those fearing retaliation of reporting
- 90 day follow up monitoring of victims and staff
- Periodic checks of victims and staff within the 90 day monitoring

Staff Interviews:

- Staff stated they were aware of the retaliation monitoring of inmates and that it would be part of their daily responsibilities.
- Supervisory staff would monitor and document any staff misconduct and report this to the PREA Coordinator
 - Supervisory staff advised if there were an allegation of an abuser being a staff member, that staff member would not be in contact with the alleged victim.

Observations:

- There were no reports of sexual abuse or harassment at the PCJF for monitoring to occur.
- Documentation of monitoring can be recorded in the PREA records file.

Policy:

- III-34

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.

The PCJF has the ability to place inmates in protective custody housing unit that does not restrict any privileges or programs that are allowed to other inmates at the PCJF.

The PCJF policy includes a classification review of 30 days after initial classification. The classification review will be completed sooner or at any time new information is obtained that would influence a status change.

Staff Interviews:

- Staff advised that they have not held an inmate in segregated housing or protective custody in the last several years.
- Staff also stated that if an inmate was to be held in protective custody, they would not be restricted from any programs or other opportunities offered other inmates.
- When asked what they would do in such an incident they stated the high risk of sexual abuse inmate would be placed in a housing pod that would be safe from predators. This pod is open for all routine daily activities. The staff also stated there would be no restrictions on any programs or other opportunities that other inmates would have.
- Staff stated they were aware of the reclassification policy of 30 days if needed but they would use any new information obtained before the 30 day requirement to review placement.

Inmate Interviews:

- During the interview of inmates, there were no inmates that reported to be at high risk of sexual victimization.
- There were no inmates that had been held in segregated housing and none had been denied any access to programs or other opportunities while incarcerated.

Observations:

- The housing units are designed to have cells and a common day area for the general population. During the onsite tour it was observed the PCJF has a pod used for protective custody that has the same design as the other pods. The inmates in this pod are not restricted from programs or other opportunities.

Policy:

- III-2
- III-34

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.

PCJF Policy III-34 addresses the requirements of PREA Standard 115.71 involving Criminal and administrative investigations.

- Reports of sexual abuse or harassment will be investigated by an investigator from the Plymouth County Sheriff’s Office this includes both criminal and administrative investigations.
- These investigations will start immediately upon being referred to investigations by the Plymouth County administration.
- The investigator assigned to any sexual assault or harassment complaints will be trained in sexual abuse investigations procedures, and interviews.
- All information including evidence and statements obtained during an investigation will be documented.
- The investigator will work with the prosecuting attorney for determination of criminal charges and other assistance or recommendations regarding the investigation.
- Plymouth County will retain all records for as long as the abuser is incarcerated or employed plus five years.
- The investigation will be completed even if reported by a third party.

Investigator Interviews:

- Interview with the investigator revealed that training has been completed and also the experience in investigating sexual abuse crimes. This includes crime scene investigation, evidence collection including DNA, interviewing techniques and working with the prosecuting attorneys and other outside agencies.
- The investigator will continue to investigate these allegations even if the abuser is no longer an inmate at the PCJF or if a staff member has terminated employment.
- The investigator stated the allegations will be investigated and referred to the prosecuting attorney’s office regardless of how the report was initiated.
- The investigator also stated the entire case will be documented and all information including physical evidence and interviews will be considered for criminal or administrative actions due to actions or failure to act.

Administrative Interviews:

- The PCJF Administration were interviewed regarding the investigations process of a sexual abuse or harassment allegation. The interviewed administration stated they would assign a trained investigator to work in conjunction with the Plymouth County Attorney’s Office to make a determination of possible criminal charges or administrative violations.
- They stated all information obtained during the investigation will be recorded and maintained for the five year requirement.

Observations:

- A check of the training file revealed the multiple investigative training certificates and courses attended by the assigned investigator.

Policy:

- III-34

Documentation:

- Investigator Training Certificates

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.

Policy III-34 addresses the investigation of a sexual abuse or harassment case. This policy covers both a criminal and administrative investigation and covers the determination of whether to file charges criminally or administratively with the cooperation of the Plymouth County Attorney’s advice.

If an investigation and the Plymouth County Attorney does not recommend criminal charges, the PCJF Administration can continue with an administrative action as the burden of proof is less than a preponderance of evidence. Plymouth County Policy for retention is based on “demonstrated action beyond a reasonable degree”

Investigator Interview:

- The investigations interview revealed the standard used for administrative actions is less than that used for a criminal investigation.
- The investigation reports and findings will be turned over to the Plymouth County Administration for determination of administrative action.

Administrative Interview;

- Upon conclusion of an investigation, the reports and findings will be used to determine any administrative sanctions.

Policy:

- I-1
- III-34

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.

Policy III-34 addresses the response to an inmate’s allegation of sexual abuse or harassment.

Upon completion of the investigation and if the inmate is still custody of the PCJF, the inmate will be notified on the outcome of the investigation and all reporting documented.

Administrative Interview:

- The PCJF Administration stated that if an allegation of sexual abuse involved a PCJF staff member, that staff member would be removed from contact with the alleged victim and the victim would be notified.
- The PCJF would also make other information available to the victim regarding employment or charges if the victim is still incarcerated in the PCJF.
- All this information will be included in the investigative report and documentation retained.
- Interviews of administrative staff confirmed there were no reports of sexual abuse or harassment from incarcerated inmates of the PCJF.

Observations:

- There were no inmates in custody that have reported an allegation of sexual abuse or harassment to interview.
- There were no records of complaints in the PREA files kept by the PREA Coordinator for review.

Policy:

- III-34

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.

PCJF policy subjects staff to disciplinary sanctions up to and including termination for violating the sexual abuse or harassment policy.

The PCJF has an infraction policy of I-3B that addresses employee disciplinary practices and procedures.

- This policy is all inclusive of minor infractions that may include verbal warnings up to termination.
- Termination can and will be carried out if there are pending criminal charges which would include sexual abuse.

Administrative Interviews:

- The interviews with administrators confirmed that staff will be subject to disciplinary sanctions up to and including termination of employment.
- The PCJF administration will not employ anyone that has been convicted of sexual abuse.
- If a staff member is terminated or resigns due to criminal sexual abuse or harassment, this information will be made available to other law enforcement agencies.
- During the interviews with the administration, it was learned there have been no terminations or resignations of staff members due to sexual abuse or harassment complaints.

Policy:

- I-3B
- III-34

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.

The PCJF has in place a policy for prohibiting contact of any volunteer or contractor who has engaged in sexual abuse or harassment.

- This policy also requires notification to other law enforcement agencies of criminal activity.
- Any contractor that violates this policy will be refused access to the PCJF.

Administrative Interviews:

- The PCJF Administration stated if there were an allegation of sexual abuse or harassment against a volunteer or contractor, that volunteer or contractor would not be allowed access to the facility pending investigation. If the investigation revealed a violation, the volunteer or contractor would not be allowed back into the facility.

Volunteer / Contractor Interviews:

- Interviews with the volunteers and contractors of the PCJF revealed they have been trained on the zero tolerance policy and how to report an allegation.
- The volunteers and contractors stated they would be terminated from access to the PCJF pending and investigation and that they could face criminal charges based on the investigation.
- The volunteers and contractors noted they were usually always accompanied by staff when near inmates and when they were not accompanied by staff, they were being observed by CCTV.

Inmate Interviews:

- The inmates interviewed stated that during their stay at the PCJF if a vendor or contractor was in the housing unit, a security staff member was also present.
- Inmates did state that if they went to the programs room to attend a church service, they would be left alone with the volunteer. They said they knew they were on camera and being watched by staff during the services
- There were no inmates reporting any violation of volunteers or contractors.

Observations:

- During the audit tour there was one contractor on site of the PCJF. This contractor was seen to be in direct contact with security staff at all times and was never left alone with any inmates.

Policy:

- III-34A

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.

Inmates of the PCJF are held to administrative disciplinary sanctions pursuant to a formal disciplinary process and finding that the inmate engaged in inmate on inmate sexual abuse or upon a criminal finding of guilt.

- Inmate rules do not allow any form of sexual contact among PCJF inmates.
- The administrative sanctions are posted in the Inmate Rule Book along with the procedure for grievances.
- Sanctions are listed along with the violation.

PCJF policy states that inmates will be offered therapy and counselling to correct any underlying reasons or motivations for sexual abuse.

The PCJF policy also states that an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Administrative Interviews:

- Interviews of administrators advised an investigation will be conducted for all allegations and reports. The information obtained could result in administrative sanctions which are conducted by the PCJF administration.
- The sanctions used for violation of the rules are based on seriousness of the offense.
- There have been no recent reports or administrative sanctions at the PCJF to have been documented.

Medical Staff Interviews:

- Interview with medical staff confirmed the counselling and therapy would be conducted in coordination with the assistance and recommendation of the Centers Against Abuse and Sexual Assault (CAASA)

Inmate Interviews:

- There were no inmates interviewed that have reported any allegations of sexual abuse or harassment while incarcerated at the PCJF.

Policy:

- III-34
- III-23

Documentation:

- Inmate Rule Book
- Letter of Understanding with Centers Against Abuse and Sexual Assault

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.

The PCJF uses a screening tool to determine medical and mental health problems of the inmates. This screening tool is used in conjunction with the classification system used during intake and booking at the PCJF.

The screening tool used by the PCJF does include the question “ Has the inmate previously experienced sexual victimization in an institutional setting and / or in the community ?” This question, if answered “ YES” is followed up by medical staff within the 14 day requirements of the PREA Standard.

Inmates that report they have been sexually victimized are given the opportunity for therapy and counselling through the Centers Against

Abuse and Sexual Assault.

Medical Staff Interview:

- Interview with medical staff confirmed that if an inmate responds that they have been a sexual assault victim, it will be documented and medical will be informed for an interview and follow up services implemented.
- Medical staff stated they are on site part time and will meet with the inmate victim within one week of the inmates arrival to the jail.
- If there are any emergency needs, the jail staff will transport the inmate to the nearest hospital.
- Medical staff will assume a support role with the Centers Against Abuse and Sexual Assault and their recommendations.
- Medical also stated they would advise the inmate of their duty to report as an Iowa Mandatory Reporter.
- Medical also stated the medical files and any reports would be kept in a secured area available only to other medical staff or those needing the information to assure the inmate's safety.

Inmate Interviews:

- There were no inmates interviewed that reported any sexual abuse either within a facility or the community.

Observations:

- The medical records are secured in the medical room at the PCJF.

Policy:

- III-34

Documentation:

- PREA Assessment Form
- Letter of Understanding with Centers Against Abuse and Sexual Assault

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.

The PCJF does offer access to medical and mental health services per policy III-34 which states in part:

- Upon a report of sexual misconduct, the staff will initiate the response which includes the separation of the victim from the alleged perpetrator and the right to medical treatment.
- The victim will be given medical treatment and transported to a medical facility if there is no medical personnel on site.
- The victim will also be tested for sexually transmitted diseases.
- "An evaluation by mental health professional is also completed and ongoing counseling is offered to the victim."
- Victims are given access to contraception and treatment without cost

The PCJF has a Letter of Understanding with the Centers Against Abuse and Sexual Assault who use professionally accepted standards of care.

Medical Staff Interviews:

- Medical staff stated that if there are any emergency needs, the jail staff will transport the inmate to the nearest hospital.
- Medical staff will assume a support role with the Centers Against Abuse and Sexual Assault, this includes information of STD's and contraception though these items would be addressed at the hospital during the initial investigation and emergency medical treatment.

Staff Interviews:

- First responder staff stated they would separate the alleged victim from the perpetrator and begin the process of securing the scene and getting medical assistance for the victim.

Policy:

- III-34

Documentation:

- Sexual Assault Checklist
- Letter of Understanding from the Centers Against Abuse and Sexual Assault

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.

The PCJF offers medical and mental health evaluation and treatment of inmates who have been victimized by sexual abuse or abusers in correctional facilities.

This treatment includes:

- Follow up services
- Treatment plans
- Pregnancy tests
- STD testing
- Referrals upon release from the PCJF.
- These services will be provided without cost to the victim.

The PCJF has a Letter of Understanding with Centers Against Abuse and Sexual Assault for follow up care and support services.

Medical Staff Interviews:

- Medical staff confirm they will supply and support the needed follow up care and recommendations of medical treatment and referrals to victims and abusers.
- The medical staff will act in a support role to fulfill these duties with the Centers Against Abuse and Sexual Assault.

Administrative Interviews:

- The administration of the PCJF confirm the policy and these services will be provided without cost.

Policy:

- III-34

Documentation:

- Letter of Understanding with Centers Against Abuse and Sexual Assault

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.

The PCJF has implemented a review policy to be completed at the conclusion of every sexual investigation unless the allegation has been unfounded.

This policy of incident review is required to occur within 30 days of the investigation.

The policy also includes the make-up of a review team to include upper level management, line staff recommendations, medical and mental health professionals and investigators.

The review team is tasked with:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report of its findings and recommendations for improvement and submit such report to the PC PREA Compliance Manager.
- The PCJF shall implement the recommendations, or document its reasons for not doing so.

Administrative Interviews:

- The PCJF stated they have had no incidents or reports of sexual abuse or harassment to review.
- The PCJF administration will conduct these reviews as policy states for the safety and protection of inmates.

Policy:

- III-34

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.

The PCJF has addressed the Data Collection in their policy manual as set in standard 115.87.

This policy includes:

- The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a

standardized instrument and set of definitions.

- The agency shall aggregate the incident-based sexual abuse data at least annually
- The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- The agency shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.
- The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.
- Upon request, the PCJF shall provide all such data from the previous calendar year to the Department of Justice no later than 30 days.

Administrative Interviews:

- Interviews with the Sheriff and PREA Coordinator confirm they will follow this policy for reporting and obtaining data as required.
- These interviews confirmed there were no reports of allegations or sexual abuse at the PCJF to report.

Policy:

- III-34

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.

The PCJF has implemented a Data review for corrective action in order to assess and improve the effectiveness of its sexual abuse prevention detection and response policies, practices and training including by:

- Identifying problem areas
- Taking corrective action on an ongoing basis
- Preparing an annual report of its findings and corrective actions.

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

- The PCJF's report shall be approved by the Sheriff or his designee and made available to the public through its website.
- The PCJF may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Administrative Interviews:

- The PCJF administration confirmed they would follow this policy as written and make corrective actions as needed.
- There have been no reports of allegations to report at the PCJF

Policy:

- III-34

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.

The PCJF has addressed the standard regarding Data storage, publication and destruction in their policy manual by stating:

- The PCJF shall ensure that data collected are securely retained.
- The PCJF shall make all aggregated sexual abuse data is under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website.
- Before making aggregated sexual abuse data publicly available, the PCJF shall remove all personal identifiers.
- The PCJF shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Administrative Interviews:

- The PCJF staff have regulated the duties of reporting PREA information to the PREA Coordinator.
- The PCJF administration will abide by the policy of publishing the PREA information on the Plymouth County Sheriff's Office web site.

Observations:

- The PCJF has a web site to publish the PREA reporting information.
- The PREA coordinator has a secure file that is accessible only by the PREA Coordinator, PREA Manager and Sheriff.

Policy:

- III-34

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.

Kevin Boldt

K Boldt LLC
Auditor Signature

12-24-16

Date