

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 07-27-16

Auditor Information			
Auditor name: Kevin Boldt K. Boldt LLC			
Address: PO Box 278			
Email: KBoldtllc@gmail.com			
Telephone number: 319-240-1022			
Date of facility visit: Jan 19, 20, 21 2016			
Facility Information			
Facility name: Johnson County Jail			
Facility physical address: 511 S Capitol St., Iowa City, Iowa			
Facility mailing address: <i>(if different from above)</i> PO Box 2540 Iowa City, IA 52244			
Facility telephone number: 319-356-6020			
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: Sheriff Lonny Pulkrabek			
Number of staff assigned to the facility in the last 12 months: 34			
Designed facility capacity: 92			
Current population of facility: 75			
Facility security levels/inmate custody levels: Minimum, Medium, Max			
Age range of the population: 18-74			
Name of PREA Compliance Manager: John Good		Title: Lieutenant	
Email address: jgood@co.johnson.ia.us		Telephone number: 319-356-6020	
Agency Information			
Name of agency: Johnson County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 511 S Capitol Iowa City, Iowa 52244			
Mailing address: <i>(if different from above)</i> PO Box 2540 Iowa City, IA 52244			
Telephone number: 319-356-6020			
Agency Chief Executive Officer			
Name: Lonny Pulkrabek		Title: Sheriff	
Email address: lpulkrab@co.johnson.ia.us		Telephone number: 319-356-6020	
Agency-Wide PREA Coordinator			
Name: William Deatsch		Title: Captain	
Email address: bdeatsch2@co.johnson.ia.us		Telephone number: 319-356-6020	

AUDIT FINDINGS

NARRATIVE

The Johnson County Jail Facility's (JCJF) Prison Rape Elimination Act (PREA) Audit was conducted by Kevin Boldt of K Boldt LLC, DOJ certified PREA Auditor

The Johnson County Jail Facility Audit dates began with the Audit Information being posted in the JCJF cell blocks on Nov 18, 2015 informing all of the site visit to be conducted on January 19-21, 2016 by K.Boldt LLC.

On 12-23-15 Capt. Deatsch returned the Pre-Audit Questionnaire to be reviewed for compliance via e-mail. Included with the questionnaire were copies of policy, training records, postings, memo of understanding, inmate rule books, statistics, organizational charts, staffing schedules and several other documents needed for the purpose of determining compliance.

During the Pre-Audit Review phase there were several phone calls and e-mails exchanged to confirm information and request for other needed documentation. These requests were fulfilled by Capt. Deatsch very timely to prepare for the on site visit.

On January 19,2016 I met with Capt. Deatsch and Lt. J. Good to begin the on site visit. They greeted me with all requested information including inmate population, housing assignments and staff roster for the day. They were told of my agenda for the day and what to expect during the on site visit. I was escorted through the tour with Sgt. Broll.

On the first day of the audit (January 19, 2016) the Johnson County Jail was holding 75 inmates in house with 37 being housed with an outside agency. Total inmate population: 112

Documentation received during the Pre-Audit phase showed that during the previous 12 months an average inmate population of the Johnson County Jail was 115.56. This statistic was broken down into the categories of inmates being held within the Johnson County Jail and those being held Out of County.

Those being held in the Johnson County Jail during the previous 12 month period averaged 44.88 per month.

Those being held Out of County during the previous 12 month period averaged 68.65 per month.

During the on site visit:

I was escorted through the facility by Sgt. Broll to view and observe the facility and operations and given access to all files and paperwork requested.

Interviews completed during the site visit included Sheriff Pulkrabek, Jail Administrator / PREA Coordinator Deatsch, PREA Manager Lt. Good, 10 staff members selected randomly from each shift including 1st, 2nd and 3rd shift personnel, specialty interviews of PREA investigator, volunteers and medical and mental health staff were also made accessible for interviews. These interviews were conducted over the two days of the audit. Staff was made available upon request and an interview room was used in the office area off the secured floor.

Interviews with ten randomly selected inmates were held in an interview room in the secure area of the facility.

At the completion of the on site audit 01-21-16, I met again with Capt. Deatsch and Lt. Good. I had given them an informal report on areas that needed addressed and advised them of a Corrective Action Report they would receive. They were also advised of the 180 day implementation and another visit to confirm the corrective actions were in place.

On 01-27-16 the formal Corrective Action Plan was sent to PREA Coordinator. Capt. Deatsch. A date of Aug 15 was set as the end of the Corrective Action and another site visit would be scheduled.

During the Corrective Action Phase the Johnson County Jail Facility revised and trained on updated policies, this updated material was delivered June 9, 2016.

The site visit to confirm the corrective action was set for July 26, 2016.

Exit interviews and audit findings were conducted with Major Dolezal and Capt. Deatsch on 07-26-16 with the final report to be completed by 07-29-16.

Detailed information of the on site audit, interviews and documentation is addressed in the Summary of Audit Findings section of this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Johnson County Jail is located on the 2nd floor of the Johnson County Sheriff's Office Building at 511 South Capitol St in Iowa City, Iowa.

The jail was opened in 1981 with a capacity of 46 inmates.

In 1990 an additional bunk was added to each cell in blocks D-I. Capacity upon completion was now 76.

In 1993 cell blocks A-C had extra bunks added to double their capacity, this brought total population to 92.

In 2001 a remodel of a large exercise room was divided into storage and a temporary holding cell.

In 2011 an additional booking and holding area was constructed as a remote booking and holding area on the lower level of the building.

This area is not used for housing but is for booking and temporary holds during large scale special civic events and other events that require more staffing for safety of the citizens, inmates and staff during these events. This area is staffed by a minimum of two Johnson County Sheriff Employees during its time of need. The remote booking area is used for simple misdemeanants where they are booked and promise to appear citations written for release. As soon as these special events are through, this booking area is closed and all inmates and staff removed.

Monitors in this area are used for inmate and staff safety by control room personnel and are not positioned to view inmates in state of undress.

In 2015 updates of cameras, monitoring equipment, intercoms, alarms and locks were added to the facility.

Capacity is now set at 92 inmates in housing.

The Johnson County Jail is a linear style facility divided into 9 cell blocks including an intake and holding area for those awaiting initial appearance proceedings.

The cell blocks are designed with a common area with tables, television and phones. Showers available are designed for single use for inmate privacy.

The cell blocks have double occupancy cells with toilet facilities. The inmates can move from cell to common area during the opened hours of the day.

This JCJF primarily holds adult male and female pre-trial detainees with a cell block designated for sentenced inmates.

Juveniles are not booked or housed in this facility.

There are single occupancy cells available for segregation purposes if necessary.

The jail is designed with the cell blocks and housing areas at the exterior perimeter of the building with hallways running the length of the building. The control room and other office areas are positioned at the interior of the building. Kitchen, laundry, exercise, visitation, medical and conference rooms also share the same floor of the building. Areas inmates are not allowed are locked at all times, if inmates are allowed, they will be escorted to and from these rooms by security staff.

The male and female blocks are separated and inmate escorting is conducted with same gender staff. Inmates are not allowed to move about without staff escort.

Staffing for the Johnson County Jail Facility utilizes both sworn and civilian staff members. The sworn staff have contact with inmates including booking, perform safety checks, escorts and other duties involved with the housing of inmates and security of the facility. Security checks are conducted by staff observing inmates through observation windows into each cell block from the secured hallway. The observation windows are covered with a metal door that is opened by staff to make the security check then closed again to prevent any inmate viewing during routine operation of the facility.

The civilian staff are assigned to the control room where they can monitor cameras and hallways within the facility.

Supervisors are part of the security staff and work the floor and cell block areas with all line staff.

Medical needs are assessed in an infirmary room. A visiting Doctor and Nurse will make appointments for medical needs and follow up with the University Of Iowa Hospitals and Clinics during an inmate's stay.

Mental Health Professionals are available for counselling services also and use this infirmary room as needed for consultations.

Volunteers for Alcoholic Anonymous are utilized for group sessions and a conference room is made available. These volunteers must also be accompanied by staff and are monitored at all times.

The Jail Administrator's office is also in the secure area of the facility and is also secured and off limits to inmates.

SUMMARY OF AUDIT FINDINGS

During the on site visit:

Sgt Broll escorted me through the facility where I observed the postings for services and support agencies to be in every cell block and also the booking areas. These postings were distributed both near and away from the phones with the support agency contact information. All housing units had phones accessible to all inmates throughout the day. During the visit, phone calls were made to several of the support service agencies using the inmate phones. No special codes were needed to make contact and the agencies called were able to address non-english proficient speaking clients.

There were both male and female staff on the floor and they were observed to conduct their duties of same gender inmates to prevent any cross gender viewing or contact.

I observed the control room where inmate files are kept. A sample of files were reviewed and each file did have a form with inmate signature of the zero tolerance policy and PREA information.

The control room contains the video monitors to supplement security, these monitors were observed to have access to hallways, day rooms and other areas throughout the jail. There were no blind spots discovered that could not be seen either by monitor or windows of control room.

There are cameras within the facility that do monitor inmates and, where there may be a privacy issue or state of undress, these cameras have an area digitally blocked for privacy.

There were ten inmates randomly selected for interviews, this list was given to Sgt. Broll and an interview room was made available within the secure area of the jail. Staff monitored the interviews and when completed they were advised and the next listed inmate was brought in for the interview. The staff continued to escort inmates to and from the interview room until all were completed.

The original roster of random inmates was modified as one inmate did not wish to speak and another had been released. During the inmate interviews it was confirmed they all had been given information at the time of booking and knew where the information was posted. They had access to the phones during the day and did not feel they were restricted by time limits for phone usage. They knew how to report any problem and felt the staff would provide any assistance they may need. The inmates were all aware of the PREA information video shown on Sundays and were familiar with its content.

Using the PREA uniform interview questions revealed the inmates at the Johnson County Jail were receiving the training they needed for their safety and reporting information while at the Johnson County Jail.

There were no inmates that reported any type of sexual abuse or harassment within the Johnson County Jail or other facility.

Inmates also reported the staff was professional and were very serious about the PREA implementation. They stated the staff was approachable and if there were any problems, a staff member would remove them from the cell block for a private conversation.

An interview room off the secured floor was made available for staff interviews. The staff schedule and all staff were made available upon my request.

There were 10 staff members interviewed and they all were able to demonstrate their ability to understand and apply the zero tolerance policy, 1st responder responsibilities, report allegations, give referrals and prevent sexual abuse or harassment of inmates.

The staff were very receptive of the PREA implementation and have been receiving training on several PREA areas.

Training documentation was made available from training files and interviews reinforced this information was retained by staff.

Medical and mental health professionals were interviewed using the DOJ protocol questions. These professionals were aware of the zero tolerance policy and how to report. They were also part of an advocacy team for victims.

They advised inmate medical files are not accessible by anyone but those needing the medical information. Confirmation of secured files was observed in the infirmary and accessible by medical personnel only.

Volunteers were interviewed also and they confirmed the zero tolerance policy and how to report.

The on site audit revealed some areas that needed corrective action, this was explained to Capt. Deatsh and Lt. Good during an exit report. They were to start working on the corrective action needs and the formal corrective action report followed.

Upon completion of the Pre-Audit Phase, On site and Corrective Action Phase a date was set to confirm the corrective actions. Policies had been revised and training was completed.

On 07-26-16 a follow up site inspection was completed. All training material and other updated information was obtained. Interviews with staff were conducted to confirm training and implementation of the updated policies.

The Johnson County Jail staff and administration were very receptive to the audit and interviews. They have demonstrated the desire to make the needed changes to implement the PREA Standards.

Interviews with the both line staff and administration revealed they all work well together with a common goal . As a portion of their mission statement is “It is our goal to work proactively with our citizens to keep Johnson County a safe place to live and work” This was seen in the attitudes and work of everyone observed. Their goal to be proactive was seen during all interaction and of implementing the PREA Standards.

PRE AUDIT FINDINGS

Number of standards exceeded: 0

Number of standards met: 33

Number of standards not met: 10

Number of standards not applicable: 0

FINAL AUDIT FINDINGS

Number of standards exceeded: 2

Number of standards met: 41

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 Johnson County Jail Facility (JCJF) has implemented policy III-F 400-2 which is comprehensive to the zero tolerance approach toward all forms of sexual abuse and sexual harassment of inmates. This policy addresses definitions, coordination, screening, hiring, training, reporting, response, investigation, treatment, reporting to inmates, corrective action, medical treatment and follow up.

Interviews with PREA Coordinator Capt. Deatsch and Compliance Manager Lt. J. Good confirm they are given sufficient time and authority by Sheriff Pulkrabek to implement and oversee and assure compliance with PREA Standards. Though this is one facility, the agency determined it best to also utilize a compliance manager to assist the coordinator Deatsch with his duties.

Interview with Sheriff Pulkrabek reinforced the information that Capt. Deatsch and Lt. Good are both given as much time and authority to implement PREA Standards as needed.

Interviews with staff confirmed policy compliance of screening materials, training, reporting and information availability to inmates etc.

Interviews with inmates also confirmed staff is advising them of the Zero Tolerance Policy upon booking, they are given information during booking and a comprehensive video is shown every Sunday regarding PREA information and training. They also advised of information being posted in their cell blocks with agency contact information.

On sight audit also confirmed information was posted in all cell blocks and booking area.

Documentation: Inmate signature advising PREA zero tolerance notification
PREA information posting
Inmate Handbook

Policy III-F-400-2

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 JCJF does house inmates at the Muscatine County Sheriff's Office Jail Facility. The JCJF does have a Memo of Understanding that Muscatine County will comply with PREA Standard 115.12 in that they agree to: Work towards adopting and complying with all PREA

Standards, Exchange information about Johnson Co inmates that are at risk of sexual abuse, Exchange information about Johnson Co inmates that may be potential sexual abusers, Report any occurrence of sexual abuse involving a Johnson Co inmate.

Documentation of PREA complaints were received during Pre-audit report which confirmed exchange of information and investigation involving Johnson Co and Muscatine Co as agreed in the MOU.

Interview with the PREA Coordinator confirmed this Memo of Understanding will be enforced and all information shared as agreed upon.

Documentation : Copy of MOU between Johnson Co and Muscatine Co.
Investigative reports of PREA complaints.

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.

At the time of the Pre-Audit review there was no written staffing policy as required by PREA Standards and addressed in the Corrective Action Plan.

The JCJF Policy III-F 410-1 was implemented as part of the Corrective Action Plan. Though the JCJF had a minimum staffing schedule, the policy was implemented to comply with PREA Standard 115.13. The policy provides for adequate staffing and takes into account the utilization of video monitoring to protect against sexual abuse. This policy takes into consideration all 11 areas and requirements of PREA Standard 115.13.

Policy III-F-410-1 also addresses the necessity of staffing re-assessment as needed at least annually.

During interview with the PREA Coordinator it was confirmed staffing assessment is continually reviewed as The University of Iowa is located in Johnson County and there are many large scale events scheduled that can effect the staffing of the JCJF. This staffing review has been a practiced procedure for the JCJF and now has a specific policy to follow.

Policy III-F-410-1 also addresses the need for unannounced rounds by supervisory staff.

During the on site audit it was found that due to the layout of the facility, entrance locations and video monitoring that supervisors would be observed by staff upon entering the facility. The unannounced rounds will be documented as required.

Interviews with staff also confirmed the schedule is based on multiple factors for staffing and is in review at all times due to the many large scale events occurring within Johnson County. Staff also advised the supervisors are on the floor throughout the shifts and unannounced visits would be very difficult to implement as they work side by side.

Documentation: Staffing schedule
Policy III-F-410-1

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 JCJF does not accept youthful offenders or anyone under the age of 18 as the facility is not sight and sound approved. Policy III-C-118-3 advises the arresting officer to contact parents, guardians, locate an approved juvenile facility or contact the County Attorney's Office for options.

During the on site interviews it was confirmed by all staff questioned that no youthful offenders are brought to the jail.

Policy III-C-118-3

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 JCJF has implemented policies to address the six outlined limits in PREA Standard 115.15 of cross-gender viewing and searches.

Whenever a female is in custody at the JCJF a female staff member will be on duty to perform searches and security check of the female cell block.

Conversly, whenever a male is in custody, there is a male staff member on duty to perform searches and security checks of the male cell blocks.

No cross gender pat down searches are allowed and all strip searches are documented, the policy lists several areas including simple misdemeanors, scheduled violations and other indictable offenses for justification of searches.

No searches are allowed to determine gender.

The policies also address the security checks staff performs on inmates. Staff are not allowed to perform security checks on cross gender inmates. If circumstances arise for a cross gender observation, announcements must be made and control notified prior to entry into the cell block.

This standard compliance was confirmed by all staff during the interviews. They advised if neccessary, notifications are made of cross gender staff entering a cell block. They also do not search inmates to determine gender and no cross gender searches are performed as there is always staff available for same gender searches.

Inmate interviews also confirmed there were no cross gender searches or cell checks. During these interviews inmates all reported any search conducted was with same gender staff.

A random sample of inmate files was taken and there was no documentation of policy variation.

Observations of staff during the on site review also confirmed policy and standard compliance of same gender searches.

Policies III-C-123-4 Initial Inmate Search

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.

The JCJF staff answer questions that may arise from inmates with disabilities or who have limited English abilities. The facility offers their handbooks in both English and Spanish.

The staff will contact a non-inmate interpreter for any inmate that needs this service to read and explain the information in the inmate's native language.

There were no inmates with disabilities nor any non-english speaking inmates at the JCJF during the on site audit for interview purposes.

Staff interviews concluded they have a list of interpreters available, have a language line to use and also an internet interpreting site for those with limited English abilities.

Policies: III-F-400-2 Sexual Misconduct
III-C-170-3 Inmate Orientation

Documentation: Inmate handbook in Spanish

Standard 115.17 Hiring and promotion decisions

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

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

The JCJF Administration does not hire or promote anyone that may have contact with inmates who have been convicted or have substantiated allegations of sexual activity or sexual abuse facilitated by force, threat of force or coercion or who have been civilly or administratively adjudicated for such behavior.

Criminal background checks are completed prior to hiring new employees and existing employees will have a background check completed every 5 years.

Contractors will have background checks conducted who may have contact with inmates
All records will be kept by the PREA Coordinator.

There was no policy requiring employees to disclose any misconduct to their employer, this was addressed in the Corrective Action Plan.

The JCJF policies now address all the requirements of 115.17 including the duty to disclose any misconduct to the employer.

Interviews with the Sheriff, PREA Coordinator and staff confirms everyone is aware of the policy of zero tolerance for all employees and the possible disciplinary actions.

They have also been made aware of the policy addition of disclosing information to their employer and have been trained on the updated policy.

Interviews with staff upon completion of corrective action period revealed they are aware of the revised policy to disclose misconduct and the disciplinary options available to administration.

Termination of employment is sanctioned by policy.

Policy III-F-400-2

Documentation: Background check spreadsheet
Policy training documentation

Standard 115.18 Upgrades to facilities and technologies

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

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

In April 2015 the JCJF did update it's video monitoring equipment to enhance the surveillance of the facility.

During the on site visit the monitors were observed and a tour of the facility was conducted.
There were no blind spots within the secure area of the facility that could not be monitored by staff.

The cameras in the cell blocks were placed to observe day room areas. Those cameras that monitored areas where an inmate could be observed in a state of undress were digitally altered with a blackened area to prevent cross gender viewing of inmate genitalia.

Staff interviews supported the auditor's observations of no blind spots and updated monitors with digitalized black out areas for inmate privacy.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Johnson County Sheriff's Office will conduct their own investigations using a DOJ / AJA trained Investigator who follows a uniformed evidence protocol.

A Memo of Understanding has been agreed to by the Johnson County Sexual Assault Response Team (JCSART) this is a coalition of rape victim advocates, sexual assault nurse examiners, law enforcement officers, emergency room staff and prosecuting attorneys developed to coordinate response to sexual assault including but not limited to evidence collection, SANEs, RVAP, Investigation and Prosecution.

A Memo of Understanding has also been agreed to by the Rape Victim Advocacy Program (RVAP) of Linn County confirming they will provide victim advocate services free of charge to the victim.

The Linn Co RVAP information is posted in all the cell blocks as observed during the on site tour.

Documentation:

MOU from JCSART

RVAP posting

Certification of Completion of DOJ/AJA PREA Investigator Course Detective Lt. Gwinn

Policy III-F-400-2

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.

All sexual abuse and harassment allegations are reported and referred to the supervisor on duty who will begin making notifications for an investigation to begin.

The line staff are trained and given a Sexual Assault Response Plan and Checklist which is used to begin the protocol of the investigation. The Checklist is placed with the report and passed on to the Investigator.

During interviews with staff, they confirmed the 1st Responder information was part of the Sexual Assault Response and Checklist and who to report the allegations to as the beginning of an investigation.

Documentation:

Sexual Assault Response Plan and Checklist

Policy: III-F-400-2

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.

Employees of the JCJF who may have contact with inmates are given training on PREA requirements of zero tolerance for sexual harassment and abuse, their responsibilities of prevention, detection, reporting and response policies regarding sexual abuse or harassment. Included in training cover all the requirements of 115.31 of inmate’s rights to be free from sexual abuse and harassment, free from retaliation for reporting, the dynamics of sexual abuse and harassment in a confined facility, reaction of victims, how to detect and respond to signs of abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates including LGBTI, mandatory reporting laws. This training is ongoing.

Interviews with staff confirmed they have had PREA training that covered all these areas either through in house training and policy reviews, online courses or annual Iowa Mandatory Jail Training.

Employee training records were obtained during the site visit and revealed all staff have signed off on all updated policies stating they are aware of and understand policy changes that are PREA related.

Training records also include all staff have been trained via an online course of “Your Role; Responding to Sexual Abuse “ This course is distributed by the National Institute of Corrections for PREA training.

The State of Iowa has mandatory jailer training. This training is instructed through the Iowa Law Enforcement Academy and all staff is given continuing PREA training during these classes.

Interviews with staff were conducted after the implementation of the corrective actions. Each staff member was aware of the updates and had training on the changes.

Policy: III—F-400-2

Documentation: Policy Review and Sign Off Sheet
Certificate of Completion; NIC
Certificate of Completion; Iowa Law Enforcement Academy, Jail School

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.

All contractors and volunteers are given the zero tolerance policy information and must sign a form stating they understand the information given to them. This was confirmed with the signature form.

During interviews of staff it was learned that volunteers and contractors are always escorted by a staff member.

Contractors are never left alone with inmates and inmates are always locked down or moved when contractors are on site. Volunteers are given training on the zero tolerance policy and know who to make a report to if needed.

During the interviews of the contractors and volunteers it was confirmed they understood the zero tolerance policy and how to report an allegation.

Documentation:

Prison Rape Elimination Act Vendors, Volunteers, Agents acknowledgment sign off sheet of Zero Tolerance Standard

Policy: III-F-400-2

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.

Inmates are advised of the zero tolerance policy of the Johnson County Jail upon entry and during booking. They are referred to the Jail Handbook and also referred to the postings within the cell blocks for contact information and phone numbers. The inmates all sign a form confirming they have been advised of the information.

The Johnson County Jail Staff continues the inmate education with a more comprehensive education of the PREA Standards by showing the inmate education video as distributed by the DOJ from the PREA Resource site. This video is shown to all inmates every Sunday evening which exceeds the 30 day education requirement.

Confirmation of this education is documented in each inmate's folder with a signature of being informed of the zero tolerance policy and the location of contact information. This signature form was located in all the randomly selected inmate files.

Interviews of staff confirmed the education and documentation during the intake process along with the confirmation of the comprehensive training video played every Sunday.

All inmates interviewed stated they were advised of PREA zero tolerance and given information during booking, they were also made aware of the informational postings in the cell blocks and in the Inmate Handbook. They also stated they were shown a video on PREA every Sunday.

This information is also available to those that are limited English proficient or otherwise impaired. The staff will make available the information or interpreters if needed.

During the audit visit, there were no limited English speaking or otherwise disabled or impaired inmates to interview.

Confirmation of postings and contact information was observed in all cell blocks and booking areas of the jail.

Documentation:

Inmate signature advising PREA zero tolerance notification
PREA information posting
Inmate Handbook

Policy: III-F-400-2

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.

All PREA related complaints are investigated by the Johnson County Sheriff's Office. The specialized training for PREA Investigators has been completed by Detective Lt. Gwinn. This specialized training course is an approved course instructed by the American Jail Association and meets all the criteria as required by PREA Standard 115.34.

The interview of Detective Lt. Gwinn confirmed the specialized training received for interviewing, Miranda and Garrity warnings, evidence collection in confinement settings, the criteria and evidence required to substantiate a case for administrative action or prosecution.

Prior to the on site visit there was no policy specifying the special training for investigations. This was addressed in the Corrective Action Plan.

Though the JCJF would use Det. Lt. Gwinn and he had already obtained the training, and it was their procedure, a policy was needed to meet the standard.

Policy III-F-400-2 now addresses that an investigator will be given specialized training for investigations involving sexual abuse in a confined setting.

Documentation: Certification of completion of PREA Investigator Training from American Jail Assoc.

Policy: III-F-400-2

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 care is provided to Johnson County Jail inmates with part time visiting professional staff associated with the University of Iowa Hospitals and Clinics. The Medical and Mental Health professionals are all Mandatory Reporters as required by the State of Iowa and are trained in the detection and assess signs of sexual abuse and sexual harassment, responding effectively to victims and who to report allegations or suspicion of sexual abuse and sexual harassment.

Forensic Examinations are not conducted at the JCJF but are conducted at a medical center as part of the Johnson County Sexual Assault Response Team.

Interview of Medical and Mental Health staff confirm they have been trained on the zero tolerance policy of the JCJF, Iowa Mandatory Reporting required by the State of Iowa, how to report allegations to staff to begin an investigation and other areas listed above..

Documentation: Training signature form

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.

Inmates are screened during intake booking for classification risk of victimization and abusiveness. The JCJF has a comprehensive screening tool including a PREA victimization or abusiveness section to determine placement of inmates. This screening instrument includes but not limited to: Previous sexual predator or victim status, incarceration history, mental or physical disabilities, criminal history, their gender perception and vulnerability and if they are being held for civil immigration purposes.

This screening tool is utilized during the booking process and is normally completed within 2 hours of arrival under normal circumstances.

Inmates are reassessed for victimization or abusiveness within 30 days of arrival at the facility unless information is received prior to the 30 day time frame that would be relevant for an earlier review.

Interviews with staff confirmed this screening takes place at time of booking, all inmates are asked the screening questions before being placed in a housing cell block.

All inmates who were interviewed reported they were screened and answered the questions during booking and prior to being placed in housing.

This information is kept confidential from anyone not needing this information to perform their job and is kept in a controlled access area.

The screening tool was in effect during the Pre-audit phase but the reassessment period was not addressed in the agency policy and was made part of the Corrective Action Plan.

The policy has been updated to meet PREA Standards by implementing the 30 day review.

Corrective actions have been applied and staff have been trained on the updated policy. The 30 day review period is being applied though the staff will address an issue as soon as information is obtained that warrants a review.

Documentation: Intake Screening Form
Training Signature Form

Policy: III-F-400-2

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 comprehensive screening information is evaluated and a determination based on the answers for housing placement. Each housing assignment is also considered on a case by case basis with emphasis placed on the inmate’s health and safety. Policy also addresses the opportunity for transgender or intersex inmates to shower separately from other inmates. The JCJF policy will not house transgender in a separate cell block based solely on transgender status.

There were no identified LGBTI inmates housed at the JCJF to interview during the on site audit process.

Staff interviews demonstrated their knowledge of the screening information and placement though no staff members could recall in the last year of having anyone within the facility that were identified as LGBTI. Staff also advised there was a shower available where an inmate could be escorted to be given an opportunity to shower away from other inmates if needed.

Use of Screening Tool was being used during the audit but the 30 day review, transgender and intersex inmates being given the opportunity to shower separately and placement of LGBTI inmates was not addressed in the policy. These areas were part of the Corrective Action Plan. The Policy has been updated to meet these standards.

Staff has been trained on the updated policy of the 30 day review, shower and placement of LGBTI inmates. This has been corrected and meets standards.

Documentation: Intake Screening Form
Training Signature Form

Policy III-F-400-2

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.

Protective Custody is addressed as part of the screening information obtained during booking. The agency policy requires inmates at high risk for sexual victimization not to be placed in involuntary segregated housing unless there is no alternative means of separation available from likely abusers. No restrictions are placed on inmate programs though if access is denied, the facility will document the limited opportunities, duration and reasons.

Status of involuntary segregation is reviewed every 7 days by the Jail Administrator.

There were no segregated inmates being housed at the JCJF to interview during the on site audit.

Staff interviews could not recall any instance in the past year of segregation due to an inmate being at high risk of victimization.

Interview with PREA Coordinator revealed he was aware of the policy and as the Jail Administrator, he would review any housing placements. He also stated there were no instances in the past year that would constitute involuntary segregation due to risk of victimization.

Policy III-F-400-2

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.

During the booking process, inmates are given an Inmate Handbook with multiple contacts to report allegations both internal and with external agencies including Jail Staff, Supervisors, Jail Administrator, Medical / Mental Staff, Jail Alternatives Staff, Attorney, Rape Victim Advocacy Program, Medical request form and any third party.

This list, including address and phone numbers, are listed in the Inmate Handbook, Posted in each cell block and in Intake. The information is also on the Johnson County Jail Web Site and placed in visitor's lounge.

Staff are required to report immediately to their supervisors any allegations brought to them about sexual abuse or harassment. The reports are kept confidential to those on an as needed know basis.

On site audit tour confirmed the information is posted in all the cell blocks and intake for inmates to observe. The postings are near the phones with phone numbers available. Phone calls were made from random cell blocks to some of the support agencies. Both national 800 numbers and local numbers were called and all calls went through with no access codes needed.

Interviews with inmates revealed they were aware of the information in the handbook and postings though several stated they did not know the exact agencies as they had no PREA related complaints. They also stated they knew they could contact any one of the staff members if needed as the staff is very serious about the PREA implementation.

Interviews with staff revealed they knew to report immediately to their supervisor any allegations reported to them. They also knew to accept reports made by a third party, verbally, in writing or anonymously.

Documentation: Inmate Handbook
PREA Posting
Johnson County Jail Website PREA information

Policy III-F-400-2

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.

During the Pre-audit phase, the Exhaustion of administrative remedies was not addressed in the Johnson County Jail Policy and did not meet standards.

This was an area addressed in the Corrective Action Plan and part of the post audit interview.

A policy has been written and implemented regarding the administrative process and remedies including: No time limit on reporting a sexual abuse or sexual harassment and a final decision within 90 days with a possible extension of 70 days that may be granted. The inmate will be given a written notification and be provided with a date when a decision will be made.

The updated policy of III-F-400-2 now addresses the administrative remedies for the response and setting the time limits for response. The other areas of reporting, emergency grievance and imminent danger are all addressed as part of the Sexual Assault Response Checklist and is in place for the safety and welfare of all potential victims.

Interview with PREA Coordinator confirms he is not only aware of the policy update and time time line for the administrative process but as the PREA Coordinator, he will be the administrator to give the final decision. Also as the PREA Coordinator he was involved in writing the policy and it’s implementation.

Policy III-F-400-2

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.

Inmates are given access to the Rape Victim Advocacy Program of Linn County phone number and mailing address, Iowa Rape Crisis Hotline phone number and address, National Rape Crisis Hotline phone number. These numbers and addresses are posted in both the cell blocks and in the Inmate Handbook.

The RVAP has an MOU with the Johnson County Jail to assist victims of sexual abuse.

The phone number for Immigration and Homeland Security is available for those being held on Civil Immigration holds. This information is also posted in the cell blocks and Inmate Handbooks.

Inmates are notified on the information if communications may be monitored.

This information is also posted on the Johnson County Jail Website for third party reporting.

The Johnson County Jail Prevention of Sexual Misconduct Handout is available in the visitor’s waiting room for the public also.

Interviews with inmates confirmed they knew of the support services information as it is posted in the cell blocks and the rule book.

During the audit tour, the information was observed to be posted in all cell blocks and intake area. Phone calls were made from the inmate phones using the contact information posted in the cell blocks. Both local and 800 numbers were attempted with positive results.

Documentation:

- Postings of PREA reporting and contact information
- Inmate Handbook
- RVAP of Linn Co. MOU
- Johnson County Jail Website of PREA Information
- Johnson County Jail Prevention of Sexual Misconduct Handout

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.

Third party reporting information is posted in the cell blocks, Inmate Handbook, on the Johnson County Jail Website of PREA Information and flyers in the visitors waiting area of the jail.

The listed information advises anyone can report an allegation on behalf of an inmate and gives a complete list of agencies to report to.

Phone numbers and addresses are listed for: Sheriff, Jail Administrator, Johnson Co Attorney, Public Defender’s Office, Rape Advocacy Group, National Rape Hotline and US Customs and Immigration.

Interviews with inmates stated they knew they could have someone else report an allegation for them and they were also aware of the reporting groups as posted.

Documentation:

- Inmate Handbook
- Postings in Cell Block
- Johnson Co Jail Website
- Johnson County Jail Prevention of Sexual Misconduct Handout

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.

Staff is required to begin the Sexual Assault Response Plan and Checklist upon obtaining any information or allegation of sexual abuse or harassment. This begins the process of the investigation and is immediately initiated.

Staff is not permitted to reveal any information to anyone other than is necessary.

Due to the JCJF not holding youthful offenders, this area is applicable only for adults.

During interviews with staff, they understood their duties to respond and reporting obligations and are aware of and have been trained on the use of the Sexual Assault Response Plan and Checklist to begin an investigation and reporting.

During interviews with Medical and Mental Health Staff, they stated they would inform inmates of their duty to report as Mandatory Reporters.

Documentation: Sexual Assault Response Plan and Checklist

Policy: III-F-400-2

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.

Jail staff will immediately separate the alleged victim and abuser.
This is the 1st item in the process of the investigation as required by JCJF policy.

Interview of staff supports the knowledge that all staff members will separate the alleged victim from the abuser as the priority. The Sexual Assault Response and Checklist also lists this as the first act for staff.

Documentation: Sexual Assault Response and Checklist

Policy; III-F-400-2

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.

It is the duty of the jail Administrator to contact the facility where the alleged assault occurred. This will be provided as soon as possible but no later than 72 hours. This will be documented as part of the reporting process.

Interview with PREA Coordinator confirmed he was aware of the reporting to the other agency within 72 hours. He has had two reports from inmates in the last 12 months of possible sexual harassment while incarcerated at another facility. These allegations were reported to this facility within the 72 hour reporting period for their investigation to begin and was documented in the disposition report.

Documentation:

PREA Complaint Form
PREA Complaint Disposition

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 Johnson County Jail now has a First Responder Response Plan and Checklist they have titled Sexual Assault Response Plan and Checklist.

This Response Plan is based off the PREA Standard 115.64 and spells out on each line what the first responding staff member is to do beginning with separating the alleged victim from the abuser, notifications of supervisor, EMS, securing the scene, evidence, advising victim of no personal hygiene, transport to hospital, notify RVAP, assist investigations as requested, document and obtain videos.

During the audit and interviews of staff it was noted not all staff knew immediately what to do after separating the victim from the abuser and then reporting to a supervisor.

The Corrective Action Plan did recommend a checklist be provided for documentation purposes and to give guidance to staff to insure no items are missed at the onset of an allegation.

The PREA Coordinator created a Sexual Assault Response Plan and Checklist to cover all the areas required by PREA and gives step by step guidance for staff to follow. This form is available for all staff and they have been trained on its use as part of the report.

Follow up interviews with staff confirm they have this checklist for reporting and documentation purposes and are aware of the 1st Responder responsibilities.

Documentation:

Sexual Assault Response Plan and 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 Coordinated Response of staff responding to an alleged sexual abuse incident was addressed in the Corrective Action Plan. There was no written plan to coordinate actions taken in response to and incident of sexual abuse at the JCJF.

The JCJF PREA Coordinator created the Sexual Assault Response Plan and Checklist. This plan gives the basis for separation, notification, evidence and documentation, in order, as required by training and policy and as described in Standard 115.64 of First Responder duties.

This written plan is available to all staff to assist with step by step order of investigation through to the outcome.

Staff interviews acknowledged their understanding of the plan and checklist and have been trained on it's use.

Documentation:

Sexual Assault Response Plan and 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.

Proper protocol of separating the alleged victim and perpetrator during the investigation will be followed as the Sexual Assault Response Plan and Checklist require. The alleged perpetrator will be removed from any contact with the alleged victim.

Interview with the Sheriff and Jail Administrator acknowledges if a staff member is the alleged perpetrator, they will be removed from any contact with the alleged victim during the investigation.

The administration is not restricted by bargaining unit contract from removal of staff from contact pending the outcome of an investigation.

Interview with staff confirmed they knew the alleged perpetrator would be removed from contact with alleged victim pending an investigation.

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.

During the Pre-audit report findings, this standard was not addressed by policy. This was documented in the Corrective Action Plan and in PREA Audit Report

the post audit interview. The JCJF administration followed PREA Standard 115.67 to develop and implement a policy to protect staff and inmates from retaliation.

Supervisors have established a policy to protect inmates and staff who report sexual abuse or harassment or who cooperate with investigations from retaliation by other inmates or staff. The Jail Administrator will monitor the conduct and treatment of inmates and staff for at least 90 days for possible retaliation and will act on information obtained during this review period.

The Jail Administrator is not restricted from inmate or staff reassignment.

If the allegation is unfounded, the agency's obligation to monitor shall terminate.

Interview with PREA Coordinator confirms an updated policy III-F-400-2 now establishes the protection of inmates and staff who report sexual abuse or harassment or who cooperate with investigations from retaliation by other inmates or staff. The Jail Administrator will work in conjunction with staff and supervisors to enforce the new policy.

Policy: III-F-400-2

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.

As documented in 115.43 Protective Custody.

Protective Custody is addressed as part of the screening information obtained during booking. The agency policy requires inmates at high risk for sexual victimization or alleged victim of sexual abuse not to be placed in involuntary segregated housing unless there are no alternative means of separation available from likely abusers. No restrictions are placed on inmate programs though, if access is denied, the facility will document the limited opportunities, duration and reasons.

Status of involuntary segregation is reviewed every 7 days by the Jail Administrator.

There were no segregated inmates or alleged victims being housed at the JCJF to interview during the on site audit.

Staff interviews revealed in the past year there were no instances of segregation due to an inmate being at high risk of victimization.

Policy III-F-400-2

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.

The JCJF has specially trained and qualified investigative staff to conduct their own investigations of sexual abuse and harassment. All reports of sexual abuse or harassment are investigated and findings are turned over to the Johnson County Attorney's Office for prosecution based on preponderance of evidence. The investigators involved will confide with the Johnson County Attorney during the investigation for assistance and review of proper procedures to assure all evidence is gathered and preserved appropriately.

If an outside agency is used for the investigation of the complaint, the Johnson County Sheriff's Investigators will assist as needed.

Interviews with Administrators Sheriff Pulkrabek and Capt. Deatsch confirmed the investigations of all allegations of sexual abuse or harassment will be conducted with the assistance of the Johnson County Attorney's Office. They also confirmed they have a specially trained investigator to perform these investigations.

Interview with Investigator Lt. Gwinn confirmed he has the investigative training to conduct PREA related allegations of sexual assault or harassment in a confined setting. He has been trained on collection of evidence including DNA, physical, direct and circumstantial evidence, interviews and all other required training.

Lt. Gwinn also advised he works closely with the Johnson County Attorney's Office during investigations and will consult with them during any investigation.

During the previous year, there were six reported PREA complaints. Upon investigation, two of these allegations occurred in another facility. The reported allegations were referred back to that facility and the inmates were transferred to that agency to continue the investigation.

Three of the reports were not PREA related.

One reported allegation was investigated and determined as Unfounded. Information received from the investigation determined the incident occurred during a previous incarceration and was incidental contact.

Documentation: PREA Complaint Disposition
Certification of completion of PREA Investigator Training from American Jail Assoc.
Johnson County Jail Website: PREA Annual Data Report

Policy III-F-400-2

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.

Allegations of sexual abuse or harassment are investigated by specially trained investigators of Johnson County. These investigators work in conjunction with the Johnson County Attorney's Office and with any outside investigative agency who may be involved with the investigation to determine an outcome of the investigation.

This information will be documented and turned over to the appropriate entity for assessment to remedy or prevent further violations and also for possible criminal prosecution.

During the Pre-audit phase, the JCJF did not have a policy setting a minimum time frame the reports would be held. This was addressed in the Corrective Action Plan and has been added to the agency policy. The policy now states the information will be retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interview with PREA Investigator confirmed any investigation would not be terminated due to an inmate or staff member leaving the control or employment of the Johnson County Jail. He also confirmed if an outside agency would conduct an investigation, the Johnson County Investigator would assist in any capacity they were requested.

This area has been corrected and policy revised as explained.

Policy: III-F-400-2

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.

The JCJF does have in place a policy that outlines the reporting to inmates the outcome of an investigation alleging sexual abuse in the facility. This report will inform the inmate whether the allegation has been substantiated, unsubstantiated or unfounded.

If a staff member is the alleged perpetrator, they will inform the inmate (unless unfounded) whenever: The staff member is no longer posted in the inmate's unit, no longer employed, the agency learns the staff member has been indicted on a charge related to sexual abuse in the facility or the agency has been informed of a conviction on a charge related to sexual abuse within the facility.

This policy also addresses an inmate's allegation of abuse by another inmate. The agency will report to the victim the alleged abuser has been indicted on a charge related to sexual abuse in the facility, they have been convicted of a charge related to sexual abuse in the facility. The notifications will be documented as part of the report. The agency's obligation to report to the alleged victim shall terminate if the inmate is released from the facility.

This policy addresses all the requirements of PREA Standard 115.73.

Interview with PREA Coordinator confirmed he is knowledgeable of the policy and will be the agency representative and, as the PREA Coordinator, the individual responsible to report.

At the time of the audit, there were no circumstances involved for a report to be submitted.

Policy III-F-400-2

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.

Johnson County Sheriff's Office will discipline up to and including termination of employment for violating any agency sexual abuse or harassment policies. Termination information based on violations of sexual abuse or harassment will be reported to law enforcement agencies unless the activity was clearly not criminal. This is included in Johnson County Policy III-F-400-2.

Interview with Sheriff Pulkrabek and PREA Coordinator confirmed an employee can and will be terminated upon completion of a founded allegation of sexual misconduct violating agency policies. They will also report this information to other law enforcement agencies unless it is clearly not criminal. This information will be reported if the employee would have been terminated if not for their resignation.

Policy: III-F-400-2

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.

If an allegation is reported against a contractor or volunteer an investigation will be initiated. The JCJF will prohibit contact of anyone who engages in sexual abuse with an inmate. This information will be reported to law enforcement agencies unless clearly not criminal and relevant to licensing bodies. The agency will take appropriate remedial measures and consider whether to prohibit further contact with inmates.

Interview with PREA Coordinator confirms he will prohibit volunteers and contractors from further access to inmates by banning them from the facility if they violate the zero tolerance policy. PREA Coordinator also stated contractors are not allowed access to inmates.

Interview with volunteers confirmed they are in close proximity to JCJF staff at all times when with an inmate and are always monitored by staff. Volunteers are aware of and sign a statement regarding the zero tolerance policy and are aware of the potential ban from the facility.

Interview with line staff confirmed PREA Coordinator's statement that contractors are not allowed contact with inmates. Inmates will be moved or secured away from any area where a contractor may need to access.

Documentation:

Prison Rape Elimination Act Vendors, Volunteers, Agents acknowledgment sign off sheet of Zero Tolerance Standard

Policy: III-F-400-2

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.

The JCJF has established formal procedures and sanctions for inmate rule violations, these are documented in the Johnson County Jail Inmate Rule Book which is issued during booking.

A sexual abuse or harassment rule violation is considered a major violation and the disciplinary process is spelled out in a step by step process including time line, hearing, witness testimony and sanctions.

It is a violation of inmate rules to engage in sexual contact with another person.

The JCJF Policy states that for the purpose of disciplinary actions, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate an allegation.

Interview of Mental Health Staff confirmed they do offer counselling for victims. The counselling and sexual abuse contact information is also posted in the cellblocks and inmate rule book.

During interviews with staff, they confirmed that inmates will not be disciplined for allegations made under good faith.

During inmate interviews, no inmates reported any disciplinary sanctions related to good faith allegations.

Documentation: Johnson County Jail Inmate Rule Book
Inmate Postings

Policy: III-F-400-2

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.

During the booking process, inmates of the JCJF are asked the screening questions as part of classification. These questions include asking of any prior sexual victimization including within an institutional setting or community. The policy states staff will offer a follow up meeting with medical or mental health staff within 14 days.

Interviews with booking and medical / mental health staff confirmed the information is immediately given to medical / mental health for a follow up consultation session that would be held within 24 hours as this is how all medical / mental health reports are handled.

The interviews confirmed medical and mental health staff also are aware to inform the inmate of their duty to report. All medical records are kept separate from inmate booking files and the medical records are not accessible to line staff or anyone not involved with the medical / mental care of the inmates.

Documentation:

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.

Access to emergency medical and mental health services are made immediately to victims of sexual abuse at the JCJF. This is a part of the sexual assault response check list that begins the documentation process of the investigation. Medical and Mental Health will be notified immediately upon a report of a sexual abuse in the JCJF.

This notification to medical and mental health professionals will begin the follow up services, treatment and referrals for continued care of victims following their transfer to or placement in other facilities or their release from custody. These services include tests for sexually transmitted diseases, pregnancy tests and information of pregnancy related medical services.

Interviews with staff confirm they know the first responder process and use the Sexual Response Plan and Checklist to begin documentation.

Interview with PREA Investigator confirmed he is aware of the investigative process and the referrals to be made to medical and mental health upon the forensic examination.

Interview with medical and mental health staff revealed they have access to care and followup treatment for victims.

The treatment and services will be provided to the victim without financial cost.

Documentation:

- PREA postings in cell block
- MOU from Rape Victim Advocacy Program
- Sexual Assault Response Plan and Checklist

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.

Upon report of a sexual abuse victimization notification, follow up care and treatment will begin. Treatment and referrals for continued care of victims and following their transfer to or placement in other facilities or their release from custody. These services include tests for

sexually transmitted diseases, pregnancy tests and information of pregnancy related medical services.

Interview with medical and mental health staff revealed they have access to continued care and treatment of victims. They will contact these agencies for the victim for follow up care.

The treatment and services will be provided to the victim without financial cost.

The MOU from the Rape Victim Advocacy Program will provide the victim with continued support outside the facility.

Documentation:

- PREA postings in cell block
- MOU from Rape Victim Advocacy Program
- Inmate Rule Book

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.

Each PREA incident will be reviewed at the conclusion of the investigation by a committee consisting of supervisors, investigators, medical / mental health personnel and external partners.

This review team will consider any necessary changes needed to the policy that might prevent, detect or improve response to sexual abuse. It considers whether the victim's or perpetrator's race, ethnicity, sexual orientation, gang affiliation or other group dynamic played a role in the sexual abuse, examine the facility for any physical barriers that might enable such abuse, assess staffing patterns and training, prepare a report for the PREA Coordinator, compare previous year's data and corrective action plan and provide assesment of agency's progress.

Interview with PREA Coordinator confirmed this policy will be followed as written and a review team will be put together as needed to review all incidents.

Policy III-F-400-2

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 PREA Coordinator at Johnson County collects all data reference any PREA allegations and investigations. The Coordinator keeps this PREA Audit Report

data available for review and is available to the DOJ upon request.

The Muscatine County Jail does house overflow inmates for Johnson County. The MOU from Muscatine County states they will follow PREA Standards, they will also report and share any information of sexual abuse or harassment of Johnson County Inmates to the Jail Administrator.

Interview with PREA Coordinator confirms he is the caretaker of all PREA allegation reports and material for review. He also confirms an excellent working relationship and sharing of information and reports with Muscatine County for the exchange of data.

There has been no DOJ request at time of audit for PREA Data.

Documentation: Muscatine County MOU

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 incident review and annual review are both addressed in one policy for the JCJF. This individual incident review information is used immediately to make any necessary changes. Though an annual review will be completed, changes will be made upon completion of individual incidents.

The annual review will report it's findings in order to assess and improve staffing patterns and training for sexual abuse prevention, detections, policies and practice.

Interview with PREA Coordinator confirms the commitment of PREA Standards and training to use the annual review to make corrective actions as needed to continue the zero tolerance policy.

This information will be available on the Johnson County Website under PREA Information.

The agency may redact specific material from the reports if publication presents a clear threat to the safety and security of the facility, all personal information will be removed from publication. Nature of the material redacted must be indicated.

At the time of audit, there has been no annual review report posted on the web site though the individual incident report information is kept up to date.

Documentation: Johnson County Jail Website PREA information.

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 PREA Coordinator will keep all PREA records and data securely maintained for a period of ten years.

Annual reports will be made available to the public via the Johnson County Jail Web Site and will have all personal identifiers removed.

Interview with Capt. Deatsch confirms he will have a secure file containing PREA records and information in his locked office. This file will be accessible to the PREA Coordinator and PREA Compliance Manager. This was confirmed during the on site visit.

Documentation: Johnson County Jail Web Site

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

07-27-16

Auditor Signature

Date