

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

**Date of report:** August 25<sup>th</sup>, 2015

<b>Auditor Information</b>			
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<b>Telephone number:</b> 515-408-4448			
<b>Date of facility visit:</b> 8/25/15 and 8/26/15			
<b>Facility Information</b>			
<b>Facility name:</b> Polk County Jail			
<b>Facility physical address:</b> 1985 NE 51 <sup>st</sup> Place, Des Moines, IA 50313			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 515-323-5700			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Polk County Sheriff Bill McCarthy			
<b>Number of staff assigned to the facility in the last 12 months:</b> 301			
<b>Designed facility capacity:</b> 1120			
<b>Current population of facility:</b> 965			
<b>Facility security levels/inmate custody levels:</b> 9 Levels – 1=Highest Risk 9=Lowest Risk			
<b>Age range of the population:</b> Adult Inmates over 18 years old			
<b>Name of PREA Compliance Manager:</b> Travis Wielenga		<b>Title:</b> Sergeant	
<b>Email address:</b> travis.wielenga@polkcountyiowa.gov		<b>Telephone number:</b> 515-323-5495	
<b>Agency Information</b>			
<b>Name of agency:</b> Polk County Sheriff's Office			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Polk County Iowa			
<b>Physical address:</b> 1985 NE 51 <sup>st</sup> Place, Des Moines, IA 50313			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 515-573-5700			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bill McCarthy		<b>Title:</b> Sheriff	
<b>Email address:</b> bill.mccarthy@polkcountyiowa.gov		<b>Telephone number:</b> 515-323-5700	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Craig Rehor		<b>Title:</b> Lieutenant	
<b>Email address:</b> craig.rehor@polkcountyiowa.gov		<b>Telephone number:</b> 515-323-5407	

## **AUDIT FINDINGS**

### **NARRATIVE**

The on-site audit of the Polk County Jail was conducted on August 25<sup>th</sup> and 26<sup>th</sup>, 2015 by Certified PREA Auditor Jon Groteluschen in order to determine compliance with the Prison Rape Elimination Act. Certified PREA Auditor Jen Foltz assisted with the on site visit.

A brief introductory meeting was held where the PREA auditors introduced themselves to key facility staff and presented an overview of the site visit process. Auditors were then led on a facility tour. The tour revealed the process that inmates experience from the time they arrive at the facility through their classification process. Among the areas observed were the intake area and holding cells, the property areas, male and female living units, the segregation unit, health services, the kitchen and the control center.

Following the tour the remainder of the 2 day visit consisted of interviews with staff and inmates to assess understanding and compliance with PREA standards. Random inmates as well as inmates who had reported an incident and a limited English Proficient inmate. The makeup of the genders of the inmates interviews was proportionate to the gender profile of the facility. There were no transgender, intersex gay or lesbian inmates that were identified at the facility during the visit to interview. No inmates were in segregation status due to the risk of sexual victimization.

Staff that represented all shifts and various living units were interviewed. Staff with specialized functions who were interviewed included the Agency Head, Chief in charge of the day to day facility operations, The PREA Coordinator and the PREA Compliance Manager, medical and mental health staff, investigators, classification staff who screen for risk of victimization and abusiveness, staff who supervise the segregation unit, volunteer and contracted staff, first responders, staff charged with monitoring retaliation, intake staff and staff involved in incident review.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Polk County Jail has a design capacity of 1120. The current population was 965. The facility serves adult males and females over 18 years old. There is 1 single cell unit, 6 multi-occupancy cell unit and 12 dormitory style units. There are 301 staff who have contact with inmates employed and 453 currently authorized volunteers and contractors. The facility is clean and well maintained. There is extensive video monitoring with 330 cameras with DVR recording and the cameras are constantly monitored. 17874 inmates were admitted to the facility in a recent 12 month period. The average length of stay at the facility is 19 days. Of those inmates admitted in that period 2777 were at the facility longer than 30 days and 6759 inmates were in the facility for at least 72 hours.

## **SUMMARY OF AUDIT FINDINGS**

The facility is well maintained, clean and professionally staffed. It is apparent that staff have a good understanding of the elements of PREA and are dedicated to protecting inmates from sexual abuse and sexual harassment. Policy and procedure was reviewed and is in place to enforce all of the PREA standards. Interviews of inmates on the site visit demonstrated that the policies and procedures are practically applied. Rationale supporting compliance with each standard is supplied following this summary. The Polk County Jail is fully in compliance with the PREA standards.

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

### **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.**

Policy and General Orders reviewed. Interviews with PREA Compliance Manager and PREA Coordinator. Polk County Jail has written policy and orders defining sexual abuse and sexual harassment and establishing a zero tolerance policy with personnel in place to administer the PREA Standards.

### **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)

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The agency has not entered into any contracts for confinement of Polk County Jail inmates in the specified time frame, however fiscal policy requires that any contract entered into will include PREA compliance language.

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

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

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Staffing plan is maintained and reviewed annually per the standard. Policy requires that deviations from the staffing plan are justified and documented. Unannounced supervisory rounds are required by policy and interviews with staff confirmed they are performed randomly and without warning. There were no deviations from the staffing plan in the past 12 months.

### Standard 115.14 Youthful inmates

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

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This standard is not applicable. Polk County Jail does not house youthful inmates.

### 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)

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Policy states that cross gender pat searches or strip searches are not performed except in documented exigent circumstances. The facility had no instances in the past 12 months. The physical layout of the facility promotes very limited instances of cross gender viewing. Staffing patterns provided for same gender supervision in almost all circumstances. Opposite gender presence on the pods is rare however when it does occur the announcement is required by policy and consistent in practice evidenced by inmate interviews and clear announcements were witnessed during the audit visit. Staff are 100% trained.

### 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.**

Facility policy provides that inmates with disabilities or limited English proficiency are provided with PREA information. The facility utilizes staff to interpret when needed or Language Line. Spanish PREA notifications are conspicuously posted in the facility. An interview with a Spanish speaking resident demonstrated understanding of PREA.

### Standard 115.17 Hiring and promotion decisions

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

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Facility policy requires background checks on new employees and contractors and checks on current employees and contractors every 5 years. Policy prohibits hiring or promoting candidates with the history regarding sexual abuse and harassment defined by the PREA standards.

### 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)

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The facility has not been upgraded during the audit period. Policy mandates that inmate safety from sexual abuse will be considered in future upgrades. The facility currently has excellent video monitoring capability and is planning for technological upgrades. It is apparent to the auditor that PREA is considered in the planning that is currently happening.

### Standard 115.21 Evidence protocol and forensic medical examinations

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

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The Polk County Sheriff Office investigates incidents at the Polk County Jail. Evidence collection protocol is detailed specifically and completely in written procedure. The protocol is based on the U.S. Department of Justice's Office on Violence Against Women publication, PREA Audit Report

“A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents,” Forensic medical examinations are provided by SAFE/SANE providers at a local hospital.. Victim advocates are made available to victims.

### **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.**

Policy requires that all allegations are investigated. During the audit period all the allegations were investigated or were currently ongoing at the time of the audit. Thorough documentation of investigations was reviewed by the auditor.

### **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)

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Training was reviewed and covers the topics required in 115.13. Interviews of random staff revealed understanding of the elements of PREA. Both genders are housed at the Polk County Jail, however adequate staffing allows for no cross gender supervision.

### **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)

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Volunteer and contractor training was reviewed and adequate based on the level of service they provide. Interviews of volunteers and



contractors revealed understanding of the elements of PREA.

### **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 receive PREA information at intake and during their classification process. Information is provided to limited English Proficient and disabled. Interviews with inmates demonstrated an understanding of the elements of PREA and how to report incidents. Interview with limited English inmate revealed an understanding of PREA. PREA Information was posted conspicuously in the living units.

### **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)

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Policy does required that investigators are trained in conduction sexual abuse investigations in confinement settings. Interviews with investigators relvealed and understanding of the elements of investigations. Documentaton of training certification was provided.

### **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.**

Polk County Jail contracts for medical and mental health care with Corizon. Policy mandates that the contracted medical and mental health

staff are trained in the detection, response and reporting of sexual abuse and sexual harassment. Interviews with medical and mental health staff revealed understanding. Forensic medical exams are performed at a local contracting hospital.

#### **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.**

Policy requires that a screening for risk of victimization and abusiveness is performed within 72 hours of arrival at the facility and a reassessment is conducted within 30 days of arrival based upon additional, relevant information. An objective risk assessment tool has been developed. And is not in use. Policy does prohibit disciplining inmates for refusal to answer questions on the assessment. Interviews with random inmates revealed they recalled the assessment and the nature of the questions asked.

#### **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)

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Interviews with staff indicated knowledge of the use of the screening information. The score is available to make informed housing and programming decisions however the specific information on the screening tool is not available to staff. Interviews with staff indicated a knowledge of the use of the score. Individualized determinations on a case by case basis are made to ensure inmate safety. Transgender inmates views are given considerable consideration along with safety and security concerns to determine transgender housing assignments. The tool is newly developed and does not provide for maintaining documentation of the specific answers to the questions in the assessment that produces the score. This is not a corrective action but only a suggestion. Despite this flaw, the tool accomplishes the objective of assigning a score to inmates. For quality control and documentation to ensure that the correct score was arrived at the facility should remedy this issue.

#### **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)

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Policy is in place regarding involuntary segregation that meets the requirements of 115.43.

#### **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.**

Facility policy establishes procedures consistent with 115.51. There is a free hotline to call to report a PREA incident anonymously. Staff can also anonymously report with this method. The facility supplies a free call to the State Ombudsman for the purpose of third party reporting. Interviews with staff and inmates revealed understanding of reporting procedures.

#### **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)

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Policy establishes an avenue for inmate reporting of incidents through the grievance process. No restrictions are placed on PREA incident reporting through the grievance process consistent with 115.52.

#### **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.**

Policy outlines that the inmates are informed prior to giving access to outside support services the extent which communication is monitored and mandatory reporting rules. The facility utilizes Polk County’s own resource for victim advocacy. The resource utilized is within the same agency as the Polk County Jail.

#### **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)

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PREA reporting information is provided to the public on the Polk County Jail Website.

#### **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)

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Policy is in place that requires the elements of 115.61. Staff interviews revealed understanding of the standard.

#### **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)

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

Policy is in place that requires staff to immediately act to protect inmates from a substantial risk of imminent sexual abuse. Staff interviews revealed understanding of the requirement and an understanding of the meaning of “immediate”.

#### **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)

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Policy mandates that the agency is responsible to report allegations of sexual abuse that occurred at another facility to that facility. The policy requires that if the agency receives a report from another facility that sexual abuse occurred while at the Polk County Jail the allegation is investigated in accordance with PREA standards. In the past 12 months there has been 1 such report received.

#### **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)

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First responder policy and procedures are in place. The staff training on this subject is impressive. Proper procedures were followed in all the instances reported in the past 12 months.

#### **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)

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

The facility has a coordinated response plan..

#### **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.**

Policy is in place that preserves the ability of the facility to separate alleged staff abusers from inmates. The facility has not entered into a new collective bargaining agreement during the audit period.

#### **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)

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Policy is in place that establishes that inmates and staff should be protected against retaliation for reporting incidents. Interviews with investigative staff revealed that staff are assigned to follow up with inmates to monitor retaliation.

#### **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)

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Policy that enforces the elements of 115.68 was reviewed.

### **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)

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The facility has a policy in place which addresses criminal and administrative investigations. Allegations that appear to be criminal are investigated by the Polk County Sheriff and would be referred for criminal prosecution if appropriate.

### **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)

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Policy defines the evidentiary standard for administrative investigations is no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### **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)

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Policy is in place which mandates the 115.73 reporting standard. All incidents during the audit period were properly reported. The Polk PREA Audit Report

County Sherriff is responsible for conducting criminal investigations.

#### **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.**

Policy is in place which enforces the 115.76 Standard. There were no instance of staff violating sexual abuse or sexual harassment policies in the past 12 months.

#### **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.**

Facility policy enforces the elements of 115.77. There were no incidents involving volunteers or contractors ro review.

#### **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.**

Policy enforces the elements of 115.78. There were 4 administrative findings of inmante on inmate sexual abuse in the 12 months prior to the audit.



**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.**

Policy Review and interview with medical/mental health personnel demonstrates compliance with 115.81.

**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.**

Policy is in place that demonstrate compliance with 115.82. Interviews with staff supports that the facility is in compliance with 115.82.

**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.**

Policy is in place that demonstrates compliance with PREA Standard 115.83.

**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.**

Interviews with staff who are involved in incident review as well as review of facility policy demonstrates compliance with the incident review standard. Five incidents were reviewed during the audit period.

**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.**

Policy requires that the facility collect the data mandated by standard 115.87. The database system utilized to collect the data was reviewed.

**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.**

Policy is in place that supports data is collected and reviewed by staff for corrective action. Staff interviews revealed knowledge of how the data is applied to improve safety. The annual statistical report was presented and reviewed..

**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)

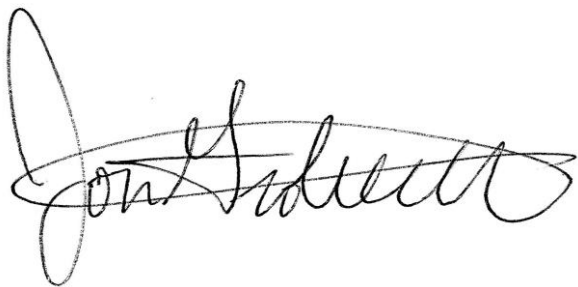
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Policy is in place that requires storage of the aggregated PREA data. The database that stores the data was reviewed. Policy also requires that the data be published on the agency website.

**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.



9/25/2015

Auditor Signature

Date