

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: February 22, 2016

Auditor Information	
Auditor Name:	Shannon McReynolds, JMC Associates
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Telephone Number:	505-977-7607
Date of Facility Visit:	August 10-12, 2015
Facility Information	
Facility name:	Scott County Jail Facility (SCJF)
Facility physical address:	301 Fuller Street South, Shakopee MN 55379
Facility mailing address:	SAA
Facility telephone number:	952-496-8129
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:	Captain Douglas E. Schnurr
Number of staff assigned to the facility in the past 12 months:	
Designed facility capacity:	264
Current population of facility:	138
Facility security levels/inmate custody levels:	Minimum, Medium Maximum
Age range of population:	18 and above
Name of PREA Compliance Manager:	Sgt. Tom Busch
Title:	PREA Coordinator
Email address:	tbusch@co.scott.mn.us
Telephone number:	952-496-8129
Agency Information	
Name of Agency:	Scott County Sheriff's Office.
Governing authority or parent agency:	<i>(If applicable)</i>
Physical address:	301 Fuller Street South, Shakopee MN 55379
Mailing address:	<i>(If different from above)</i> SAA
Telephone number:	952-496-8300
Agency Chief Executive Officer	
Name	Kevin Studnicka
Title:	Sheriff
Email address:	kstudnicka@co.scott.mn.us
Telephone Number:	952-496-8300
Agency-Wide PREA Coordinator	
Name:	Sgt. Tom Busch
Title:	PREA Coordinator
Email address:	tbusch@co.scott.mn.us
Telephone Number:	952-496-8129

AUDIT FINDINGS

NARRATIVE: On February 22-23, 2016 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Scott County Jail in Shakopee, Minnesota. The facility point of contact was Sergeant Tom Busch, PREA Coordinator for the Scott County Jail. The pre-audit activities included a review of facility policy, and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Sgt. Busch supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all critical service areas, program areas, maintenance buildings, and administrative offices.

In addition to document reviews and facility inspection, 11 random staff members were interviewed, including senior management, case managers, medical staff, behavioral health staff, members of the sexual abuse fifteen inmates were interviewed as part of the audit, including those who self-identified as part of the LGBTI community at the facility, LEP inmates, and inmates who were screened as being at high risk for sexual victimization. Further, Kathryn Bisanz from the Sexual Violence Center, (a rape crisis center) and Jamie Stolee of the St. Francis Regional Medical Center were interviewed. The mission of the Scott County Jail is to protect people, property, and the rights of all with dignity, honor, courage and integrity. The Scott County also provides inmates with the opportunity to acquire skills needed for their eventual progression into less secure correctional environments. The facility has 264 beds and an average daily population of 135.

Unique features of the Scott County Jail include:

1. Single-bunk cells;
2. A relatively stable inmate population with an average length of stay of 154 days;
3. A 29 bed segregation unit for high risk inmates.

The facility reports that there have been 0 substantiated reports of sexual abuse made by inmates at the facility within the past 12 months. Criminal investigations are conducted by the Scott County Sheriff's Office.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Scott County Jail is comprised of one building of predominantly multiple occupancy cells. The building is equipped with video monitoring cameras to supplement rounds by security staff at the entrances to each building as well as in the corridors of each building. The physical plant also includes a food service facility, laundry facility, programming space, and administrative offices.

The Scott County Jail also has education and mental health programs available to inmates.

SUMMARY OF AUDIT FINDINGS:

Inmates who were interviewed all cooperated with the interview process and those who alleged victimization freely disclosed those allegations of sexual abuse. Most inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had received education on PREA through printed material. No inmates have been through the formal PREA screening process, which was confirmed by the Pre-Audit Questionnaire submitted by the facility. All inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they knew the various mechanisms for reporting sexual abuse.

Scott County Jail staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA. The Scott County Jail relies on the St. Francis Regional Medical Center to provide SANE exams and the Sexual Violence Center provides advocacy services to victims of sexual abuse. Jamie Stolee of St. Francis Medical Center indicated that their protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 4

Standard

Number here: 115.11, Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.11 has three elements that the facility must meet for a finding of "meets standard". The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. Policy #612.4 establishes the zero tolerance policy for all forms of sexual abuse and harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, screening staff and inmates, and providing a multi-route reporting mechanism. Thus the facility meets this element. The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. The Scott County Jail produced documentation showing Sgt. Tom Busch as the Agency's PREA coordinator, who reports directly to the Jail Administrator, Captain Doug Schnurr. Sgt. Busch reported in his interview that he has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element. The third element requires that each facility designate a PREA Compliance Manager with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. The Scott County Jail operates only one facility and the audit tool directs that in this case, this element is marked N/A. Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.12 Contracting with other entities for the confinement of Inmates.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard". The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. Sgt. Busch indicates that the Scott County Jail does not have a contract with any private facilities or other entities to house inmates, so the audit tool shows "N/A". Thus the facility meets with this element. The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, the Scott County Jail does not have any contracts with any private facilities or other entities to house inmates, and in that case, the audit tool instructs that the standard is "N/A". Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.13 Supervision and monitoring

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.13 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and take into consideration 11 conditions. The facility produced a staffing schedule. However, the plan did not specifically address each of the 11 conditions consistent with the facility's mission and population size. The tour of the facility confirmed that assigned staff and supervisors were actually at their assigned post. As Corrective Action, the facility developed a narrative with their staffing plan to address the eleven conditions. Thus the facility now meets this element of the standard

The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. Sgt. Busch reports that there have been no deviations from staffing plan and that staffing shortages are addressed through the use of overtime. Thus the facility meets this element.

The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determines, and document where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. As corrective action, the facility produced their first annual review of staffing. Thus the facility now meets this element of the standard.

The fourth element requires that the facility have a policy requiring supervisors to conduct and document unannounced rounds for all shifts and that staff are prohibited from alerting other staff that these supervisor rounds are occurring. Policy #518 has these requirements, and logs provided by the Scott County Jail show that unannounced supervisor rounds are occurring on each of the three shifts. In an interview with a supervisor, the supervisor indicated that she makes unannounced rounds on a random basis in order to prevent staff from alerting other staff that she is making those unannounced rounds. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.14 Youthful inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.14 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that youthful inmates will not be placed in a housing unit where they will have sight, sound, or physical contact with adult offenders through the use of shared day rooms, shower areas, or sleeping quarters. Policy #505 has language that is verbatim from the standard. Thus the facility meets this element.

The second element requires that outside of the housing unit sight and sound separation is maintained for your offenders or that there is direct supervision when youthful inmates have contact with adult offenders. Policy #505 has language that is verbatim from the standard. Thus the facility meets this element.

The third element requires that agencies make its best efforts to avoid placing inmates in isolation and do not deny youthful inmates daily large muscle exercise or legally required education services. Policy #505 prohibits placing youthful offenders in isolation and provides that they will have access to large muscle exercise. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.15 Limits to cross-gender viewing and searches.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.15 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy #516 has language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element.

The second element in the standard has a date parameter starting August 20, 2015 and it requires a prohibition on cross-gender pat searches of female inmates, absent exigent circumstances, and that female inmates will not have access to programs restricted in order to comply with this element. Policy #516.4 prohibits cross gender pat searches of female inmates and provides that female inmates will not be denied access to programs in order to comply with this provision. Thus the facility meets this element.

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. Policy #516.4 requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. The facility provided copies of written documentation of such searches. Thus the facility is determined to be meeting the intent of this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. Policy #204.5 prohibits cross-gender viewing and requires opposite gender staff to announce their presence when entering a housing unit. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. The tour of the facility also evidenced a the protocol for announcing a staff member of the opposite

gender in the unit, in that at the beginning of each shift, inmates are informed that staff of the opposite gender are working in the unit. Interviews with inmates confirm that at the beginning of each shift, they are informed that opposite gender staff are in the units. Thus the facility meets this element.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy #516.5 prohibits such searches. The interviews with the intake staff indicate that they do not perform such searches. The facility provided two reports of incidents in which searches of inmates who identified as transgendered, were asked who they felt most comfortable being searched by, and were subject to a modified search. Thus the facility meets this element.

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. Policy #516.13 mandates training on cross gender searches and searches of transgender and intersex inmates. Interviews of staff establish that staff have received this training. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.16 Inmates with disabilities and inmates who are limited English proficient.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.16 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. Policy #612.6.2 has this requirement. The facility also provided written materials available for hearing impaired inmates. However, no material was provided to show that those with developmental disabilities or who are sight impaired received information on preventing, detecting, and responding to sexual abuse. As corrective action, the facility has acquired material for inmates with developmental disabilities and who are sight impaired. Thus the facility now meets this element of the standard.

The second element of the standard requires that the agency shall take *reasonable* steps to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. The facility did not identify any inmates who were LEP, and interviews with the inmates did not result in any LEP inmates being identified. The facility has access to interpretive services through a phone service and interviews with staff indicated that some staff were bi-lingual. Thus the facility meets this element.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. Policy 613.4.1 reflects this requirement, and interviews with staff confirmed there are staff who serve as interpreters for inmates. Staff indicated in interviews that in the case of a sexual assault, they do not use other inmates to interpret for the victim. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.17** Hiring and promotion decisions.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.17 has eight elements that a facility must meet for a finding of "meets standard".

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates and who has engaged in certain prohibited behaviors. Policy #612.4 has language prohibiting the hiring or promotion of those who have engaged in those prohibited behaviors. The assistant facility administrator indicated in his interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. Thus the facility meets this element.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Policy #612.4 has language that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. In an interview, the assistant facility administrator confirmed that the facility considers incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. Thus the facility meets this element.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. Policy #612.4 requires such reviews, and a review of the documentation provided and of personnel documents indicated that criminal background checks are being conducted on new employees. The assistant facility administrator produced documentation that prior institutional employers are contacted to acquire information related to substantiated allegations of sexual abuse or any resignation. Thus the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. Policy #612.4 requires background checks on contractors. Thus the facility meets this element.

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. Policy #612.4 has language requiring background checks on employees at least every five years. Because the standards requiring the 5-year background check went into force only three years ago there has not been a sufficient passage of time to measure whether the 5-year background checks have been performed. Nevertheless, due to the policy statement, the facility is determined to be meeting the intent of this element.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. Policy #612.4 includes a policy statement that supports this requirement. Thus the facility meets this element of the standard.

The seventh element requires that material omissions or false information are grounds for termination. Policy #612.4 has a policy statement that material omissions or false information are grounds for termination. Thus the facility meets this element of the standard.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. Policy #612.4 did not have language supporting

this requirement. As corrective action, policy was amended to require that the agency provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. Thus the facility now meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.18 Upgrades to facilities and technologies.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.18 has two elements that a facility must meet for a finding of "meets standard". The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect inmates. The facility has not had a substantial expansion or modification since August 20, 2012. The audit tool directs that when there have been no substantial expansions or modifications, that this element is N/A. Thus the facility meets this element of the standard. The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. The facility has not enhanced its video monitoring capability. The audit tool directs that when there have been no installations or updating of video monitoring systems, that this element is N/A. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.21 Evidence protocol and forensic medical exams.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.21 has eight elements that a facility must meet for a finding of "meets standard". The first element requires the facility follow a uniform evidence protocol. Policy #613.4.1 contains the facility's evidence collection protocol. However, it does not require the bagging and sealing of evidence, along with the completion of a chain of evidence form. As corrective action, was amended to require the bagging and sealing of evidence, along with the completion of a chain of evidence form. Thus the facility now meets this element of the standard. The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Policy 613.5.3 has language that is

materially compliant with "A National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents. The interviews with Jamie Stolee and Kathryn Bisanz also confirmed that the protocol for gathering evidence is based on the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. Policy 613.5.3 requires that victims receive SANE exams at St. Francis Regional Medical Center and that exams are provided without cost. Jamie Stolee of St. Francis Regional Medical Center confirmed that SANE exams are provided without cost and that they receive and examine victims of sexual abuse from the Scott County Jail. Thus the facility meets this element.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. A telephonic interview with Kathryn Bisanz of the Sexual Violence Center confirmed that they provide victim advocates to victims from the facility in coordination with the SANE exams. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The documentation provided by the facility requires that the facility to allow the victim advocate to support the victim throughout the exam and investigation, and telephonic interviews with both Kathryn Bisanz and Jamie Stolee confirm that a victim advocate may accompany the victim through the exam process and investigatory process if the victim requests. In view of the policy requirement and the interview with Ms. Bisanz and Ms. Stolee, the facility is meeting the intent of this element.

The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. The policy was very general and needs to be enhanced. An interview with Ms. Stolee confirms that in the event of a sexual abuse investigation, the Scott County Sheriff's Office complies with elements a through e. An interview with Deputy Adam Pirri also confirmed that the Scott County Sheriff's Office complies with elements a through e. Thus, the facility is meeting the intent of this element.

The seventh element requires that outside state agencies or DOJ component that conduct investigations comply with all the elements of this standard. However, guidance from the PRC indicates that this element is to be counted as N/A.

The eighth element requires that those persons providing advocacy services be screened for appropriateness and received education concerning sexual assault and forensic exams. However, guidance from the PRC indicates that this element is to be counted as N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.22 Policies to ensure referrals for investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.22 has five elements that a facility must meet for a finding of “meets standard”. The first element requires that an administrative or criminal investigation be completed for all allegations. Policy #613.2 requires that an investigation be completed for all allegations of sexual abuse and sexual harassment. A review of investigation records shows that investigations are completed on all allegations. Based on the policy statement and review of investigation records, the facility meets this element. The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations and that the referral is documented, and that policy is on the website. Policy #613 addresses referrals for criminal investigations. However, the policy is not available on the facility website. The policy needs to be accessible on the Department website. The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. The Scott County Jail is operated by the Scott County Sheriff’s Office who conducts the investigations. Thus the facility meets this element. The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A. The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

RECOMMENDATIONS: Place the document on the website.

Standard

Number here: 115.31 Employee Training

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.31 has four elements that a facility must meet for a finding of “meets standard”. The first element requires that the agency train all employees on 10 different topics related to PREA. Policy #612.14 requires employees to receive training. Thus the facility meets this element. The second element requires that training is tailored to the gender of the inmates at the employee’s facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. The facility houses male and female inmates. The power point presentations used to train employees included gender-specific training points. Training logs were not provided. As corrective action, the facility provided documentation of training. Thus the facility now meets this element of the standard. The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. As corrective action, the facility provided documentation of training. Thus the facility now meets this element of the standard. The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. Policy #612.14 requires that

employees acknowledge that they understand the material being presented before being credited with having completed the course. As corrective action, the facility provided documentation of training. Thus the facility now meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.32 Volunteer and contractor training.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.32 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. The PREA policy on training supports this element. An interview with a contract mental health services provider confirmed that she had received training on PREA, The facility also provided a copy of the training material and signature block acknowledging that volunteers/contractors understand the training. Thus the facility meets this element.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and how to report sexual abuse. The facility provided a lesson material supporting this element of the standard. Thus the facility meets this element of the standard.

The third element requires that the facility maintain documentation confirming that contractors/volunteers understand the training they have received. The facility provided documentation confirming that contractors/volunteers understand the training they have received. Thus the facility meets this element of the standard

RECOMMENDATION: None.

Standard

Number here: 115.33 Inmate Education

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.33 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. Policy #612.6.2 requires that inmates receive and this information at intake and sign documentation acknowledging their understanding of it. Interviews with inmates confirmed that they are aware of the zero-tolerance policy and that they know how to report. As corrective action, the facility

produced records showing that inmates receive this information at intake. Thus the facility now meets this element of the standard.

The second element requires that within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video on their right to be free from sexual abuse and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Policy #612.6.2 requires that inmates receive comprehensive training within 30 days of intake. However, this training was not delivered in person or by video. As corrective action, the facility acquired and delivered video training for inmates. Thus the facility now meets this element of the standard.

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and receive training upon transfer to another facility to the extent that the policies and procedures of the new facility differ from the previous facility. Executive Policy #612.6.2 has this requirement. Interviews with a sample of inmates confirmed that they had received the training materials. However, materials for visually impaired inmates and for inmates who were developmentally disabled were not provided. As corrective action the facility acquired a DVD and written materials for LEP inmates, as well as written material for developmentally disabled inmates, thus the facility now meets this element of the standard.

The fourth element of the standard requires that the agency provide inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, or otherwise disabled. The material provided did not include materials for visually impaired inmates or inmates who are developmentally disabled. As corrective action the facility has made available written materials for LEP inmates, as well as written material for developmentally disabled inmates. Thus the facility now meets this element of the standard

The fifth element of the standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility did not produce any documents signed by inmates showing that they received the training. As corrective action the facility provided documentation that inmates have received the training. Thus the facility now meets this element of the standard.

The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. The facility produced documentation showing that this information was available to inmates. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.34 Specialized training: investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.34 has four elements that the facility must meet for a finding of "meets standard". The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. The facility produced a lesson plan, sign-in rosters, and training certificates. Thus the facility meets this element.

The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The lesson plan included all these topics. Thus the facility meets this element.

The third element requires that the facility maintain documentation that the investigators have completed the training. The facility provided a roster showing that the three investigators at the Scott County Jail have completed the training. Thus the facility meets this element.

The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to its agents and investigators. Under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.35 Specialized training: medical and mental health care

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.35 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. Policy #612.14.1 requires that medical and mental health staff receive such training. However, the facility did not provide any documentation that this training has taken place. An interview with the Nurse Ashley Storm indicated that the medical and mental health staff have received PREA-specific training, though it appears to not be comprehensive. As corrective action, facility provided the training and sent documentation of training. Thus the facility now meets this element of the standard

The second element requires that *if* medical staff conduct forensic exams, that they shall receive the training referenced in this standard. Forensic exams are performed at the local medical clinic by SANE nurses employed there. The audit tool indicates that if this is the case, the element is N/A.

The third element requires that the agency maintain documentation that medical and mental health staff received the training. The facility did not provide documentation that medical and mental health staff received the specialized training required by this standard. As corrective action the facility produced the documentation showing that medical and mental health staff received the specialized training.

The fourth element requires that medical and mental health staff also receive the training mandated for employees. As corrective action, the facility produced documentation that demonstrates that the medical and mental health staff at the Scott County Jail received this training.

RECOMMENDATIONS: None.

Standard**Number here: 115.41** Screening for risk of victimization and abusiveness.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.41 has nine elements that a facility must meet for a finding of "meets standard".

The first element requires that all inmates are screened during the intake process and upon transfer to another facility. Policy #612.6.1 has this requirement. Thus the facility meets this element.

The second element requires that the screening take place within 72 hours of arrival. The facility provided no documentation that inmates at the Scott County Jail have been through the 72-hour screening process. As corrective action, the facility began screening inmates at intake and provided documentation of the screening. Thus the facility now meets this element of the standard.

The third element requires that the assessments shall be conducted using an objective screening instrument. The facility did not provide any copies of its screening tool. As corrective action the facility developed a screening tool and provided documentation that they have begun screening inmates. Thus the facility now meets this element of the standard.

The fourth element requires that the screening consider 10 criteria for the risk of sexual victimization. The facility did not provide any copies of its screening tool. As corrective action the facility produced screening tools signed by inmates. Thus the facility now meets this element of the standard.

The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. The facility did not provide any copies of its screening tool. As corrective action the facility produced screening tools signed by inmates. Thus the facility now meets this element of the standard.

The sixth element requires that inmates are re-screened within 30 days. Policy #612.6.1 does not require re-screening within 30 days. As corrective action the facility amended policy to require re-screening within 30 days and produced documentation that the facility began screening inmates 30 days after intake. Thus the facility now meets this element of the standard.

The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. Policy #612.6.1 governing PREA Victim/Predator Screening did not have language that supports this element. As corrective action, policy was amended to require re-assessment of an inmate's risk level as warranted, requested or required by additional information. Thus the facility now meets this element of the standard.

The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. Policy #612.6.1 did not prohibit disciplining inmates for refusing to disclose or answer questions. No evidence was produced that inmates had been disciplined for refusing to answer or disclose, and no inmates indicated in their interviews that they had received such disciplinary action. As corrective action, policy was amended to prohibit the discipline of inmates who refuse to answer the questions. Thus the facility now meets this element of the standard.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. Policy #612.6.1 did not require that the screening tool and information is kept confidential in the inmate files, restricting access to areas where files are stored, and limiting authorized access to designated staff. As corrective action, policy was

amended to require that the screening tool and sensitive information is kept confidential, that access to storage areas is restricted, and that limits are placed on staff access. Thus the facility now meets this element of the standard.

RECOMMENDATIONS None.

Standard

Number here 115.42: Use of screening information.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.42 has seven elements that the facility must meet for a finding of "meets standard".

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Policy #612.6.1 does not include language that the information is to be used to inform housing and program decisions with regard to the inmates' safety. As corrective action, policy was amended to require that the information is to be used to inform housing and program decisions with regard to the inmates' safety. Thus the facility now meets this element of the standard.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. Policy #612.6.1 did not have this requirement. As corrective action, was amended to require individualized determinations to ensure the safety of each inmate.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered inmates in male or female facilities. The facility provided not policy statement to support this element. As corrective action, policy was amended to require that decisions are made on a case-by-case basis regarding the placement of transgendered inmates in male or female facilities.

The fourth element requires that placement and programming assignments for each transgender or intersex inmate be reassessed at least twice each year to review any threats to safety experienced by the inmate. The policy statement supported this element of the standard. The facility did not have any transgender inmates who had been at the facility long enough to require a scheduled review, so they could not provide any documentation that any reviews had occurred. In view of the policy statement, the facility is determined to be meeting this element of the standard.

The fifth element requires that a transgender or intersex inmate's views are given consideration. The facility did not provide any documentation of such reviews actually having happened. As corrective action the facility produced documentation requiring that inmates are given the opportunity to express their views concerning their own safety. Thus the facility now meets this element of the standard.

The sixth element requires that transgender and intersex inmates can shower separately from other inmates. A physical inspection of the shower facilities confirmed that each cell has a shower that can only be used by one inmate at a time, providing the ability for transgender and intersex inmates to shower separately from the rest of the inmate population. Thus the facility meets this element.

The seventh element requires that the agency does not place LGTBI inmates in dedicated facilities, wings, or units based solely on such identification or status. The Warden indicated in his interview that no such units exist in the facility. The facility indicated that though they have housed transgendered inmates in the past, there are currently no transgendered inmates housed in the facility that the auditor

could have interviewed. Interviews with the inmate population did not result in the identification of any transgendered inmates. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.43 Protective custody

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. No documentation was provided to support a finding of meets for this element of the standard. As corrective action, the facility amended policy to require an assessment of all alternative placements to involuntary segregation.

The second element requires that inmates placed in segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. No inmates were identified as being placed in segregation bases solely on their risk level. Policy was revised to require the documentation of opportunities that have been limited, the duration of the limitation, or the reason for the limitation. Thus the facility now meets this element of the standard.

The third element requires that inmates are only placed in segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. There was no documentation provided to support a finding of meets for this element of the policy. As corrective action, policy was revised to require that placement in involuntary segregation for protection is limited to 30 days until alternative placements can be identified. Thus the facility now meets this element of the standard.

The fourth element requires that if such an inmate is placed in segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. The facility did not produce a policy that requires documenting the basis for placement and the reason no alternative placement exists. As corrective action, the facility amended policy to require documenting the basis for placement and the reason no alternative placement exists. Thus the facility now meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. No documentation was provided to support this element of the standard. As corrective action, the facility amended policy to require 30-day reviews of placement in segregation. Thus the facility now meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.51** Inmates reporting

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.51 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency provide multiple ways for inmates to privately report sexual abuse and harassment, retaliation, or staff neglect. The inmates at the Scott County Jail have multiple ways to report sexual victimization, including a reporting hotline, telling any staff person, reporting it through the inmate kiosk system, reporting it to outside contacts, submitting a complaint, making a third party report, or calling local law enforcement. Thus the facility meets this element.

The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. No documentation was provided to support this element of the standard. As corrective action, the facility established a hotline to a private entity or office that is not part of the agency who will report it to agency officials. Thus the facility now meets this element of the standard.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Policy #612.7 requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third party reports will be accepted. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to the facility administrator's office. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.52** Exhaustion of administrative remedies.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.52 has six elements that a facility must meet for a finding of "meets standard".

The second element requires that the agency shall not impose a time limit on when an inmate may submit a grievance alleging sexual abuse and that an inmate is not required to first use an informal grievance process. Policy #612.7.1 does not impose a time limit and specifically state that an inmate is not required to first use an informal grievance process. Thus the facility meets this element.

The third element requires that an inmate may submit a grievance without submitting it to a staff member who is the subject of the complaint and that the grievance is not submitted to the staff member who is the subject of the complaint. Policy #612.7.1 specifically states that an inmate may submit a grievance without submitting it to a staff member who is the subject of the complaint and that the grievance is not submitted to the staff member who is the subject of the complaint. In interviews with inmates, they indicated that they did not have to submit the grievance to the staff member who is the subject of the complaint, and that the complaint would not be submitted to the staff member who is the subject of the complaint. Thus the facility meets this element.

The fourth element requires that the facility shall make a decision on the grievance within 90 days, that the 90 days does not include time used by inmates to prepare an appeal, that the facility can claim an extension of up to 70 days and shall notify the inmates in writing of the extension, and that if the inmates does not receive an answer to his grievance within the time limits, the inmates may consider the grievance to be denied. No documentation was provided to support a finding of meets for this element of the policy. As corrective action, policy was revised to allow the inmates to regard his grievance as denied if the facility does not meet the 90-day time limit. Thus the facility now meets this element of the standard.

The fifth element requires that third parties are allowed to assist inmates in filing requests for administrative remedies and can file such requests on behalf of inmates, and that if a third party files a request on behalf of an inmate, the facility may require that the inmates agree to have the request file for processing, and that if the inmates declines to have the request processed, it shall be documented in writing. Interviews with staff and inmates established that third party reports are received by the facility, and inmates are required to agree to a third party report on their behalf. Policy also included language requiring the facility to document an inmate's refusal to have a third party report processed on their behalf. Thus the facility meets this element.

The sixth element requires that the facility establish a procedure for filing an emergency grievance of imminent sexual abuse and that the procedure include immediate corrective action, initial response within 48 hours and a documented final response within five days. The grievance policy did not have a provision for emergency grievances. As corrective action, policy was revised to include an emergency grievance procedure to meet all the requirements of this element. Thus the facility now meets this element of the standard.

The seventh element requires that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse only when the facility demonstrates that the inmates filed the grievance in bad faith. Policy #612.7.1 has language that supports this element. Thus the facility meets this element

RECOMMENDATION: None.

Standard

Number here: 115.53 Inmates access to outside confidential support services.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.53 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall give inmates access to outside victim advocates by providing mailing addresses and telephone numbers of local, state, or national advocacy programs and that the facility shall enable reasonable communication in as confidential manner as possible. Policy #613.5.3 has language that supports this element. However, inmate interviews indicated that they did not receive this information. As corrective action, the facility posted contact information for the sexual violence center. Thus the facility now meets this element of the standard.

The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. No documentation was provided to support this element of the standard. As corrective action, documentation was provided showing that inmates are informed of the extent to which their communications will be monitored.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. Documentation of attempts to enter into MOUs was provided. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.54 Third-party reporting.

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

Auditor comments, including corrective actions needed if does not meet standard.

Standard 115.54 has one element that a facility must meet for a finding of "meets standard".

The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of an inmate. No documentation was provided to support a finding of meets for this standard. During interviews, inmates also indicated that they were informed about third-party reports. The Department's Webpage did not include information on making a third-party report.

RECOMMENDATION: The facility needs to put information on how to make a third-party report on its website.

Standard

Number here: 115.61 Staff and agency reporting duties

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.61 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Policy #612.7 requires staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. Policy 612.7 establishes this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. No documentation was provided to support a finding of meets for this element. Nurse Storm indicated that this is the practice at the facility, and as corrective action, policy was amended to require medical and mental health practitioners to report sexual abuse. Thus the facility now meets this element of the standard.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Policy #613.5 has this requirement. Thus the facility meets this element.

The fifth element requires that all third-party reports are reported to the designated investigators. Policy# 612.7 contains this requirement and interviews with investigators confirm that this is the practice at the facility. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.62 Agency protection duties

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard". The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. No documentation was provided in support of this standard. However, interviews with facility staff indicate that this is the established practice at the Scott County Jail and that the inmate is separated from the potential threat. As corrective action, policy was amended to required that when that an inmate is subject to a substantial risk of imminent sexual abuse, the facility takes immediate action to protect the inmates. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard**Number here: 115.63** Reporting to other confinement facilities.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Policy# 612.7.2 contains this requirement and the facility provided documentation of notifications, thus the facility meets this element.

The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation. Policy# 612.7.2 contains this requirement and the facility provided documentation that they had made notifications within 72 hours, thus the facility meets this element.

The third element requires that the agency shall document that it has provided such notification. Policy# 612.7.2 has this requirement and the facility provided documentation of such notifications. Thus the facility is meeting the intent of this element.

The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Policy# 612.7.2 contains this requirement. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.64 Staff** first responder duties.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.64 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. Both policy# 613.47.1 and the lesson plan for employees include the requirement to preserve the crime scene and to instruct the victim to take no actions that could destroy evidence. The staff training lesson plan confirms that staff are trained to do this. Interviews with inmates and staff show that this is the practice at the facility. Thus the facility meets this element.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. There was no policy statement to support this element. Interviews with non-custody employees confirm that this is the practice at this facility. As corrective action, policy was amended to

require that if a first responder is not a security staff member, the responded is required to request the victim not take any action that could destroy evidence and then notify security staff. Thus the facility now meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.65 Coordinated response.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.65 has one element that a facility must meet for a finding of "meets standard". This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The narrative in Policy #613 outlines the written institutional plan to coordinate actions in response to an incident of sexual abuse. Interviews with facility staff confirm that they are familiar with this plan. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard

Number here: 115.66 Preservation of ability to protect Inmates from contact with abusers.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.66 has two elements that a facility must meet for a finding of "meets standard". The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. In his interview, Sgt. Busch indicated that even though the Scott County Jail employees are represented by a collective bargaining unit, the collective bargaining agreement did not limit on the agency's ability to remove alleged staff abusers from contact with inmates. Thus the facility meets this element.

The audit tool marks the second element as non-applicable.

RECOMMENDATION: None

Standard**Number here 115.67** Agency protection against retaliation.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.67 has six elements that a facility must meet for a finding of "meets standard".

The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. Policy #612.8 protects inmates and staff from retaliation. Sgt. Busch is designated as the person who oversees the process of monitoring inmates for retaliation. In his interview Sgt. Busch indicated that he assigns staff to monitor for retaliation. Thus the facility meets this element.

The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. Policies 612.8 and 613.5.3 expressly prohibit retaliation and include instructions for the protection of those who fear retaliation, including housing changes and transfers to another facility. Captain Schnurr and Sgt. Busch outlined in their interviews the multiple measures used to protect inmates and staff who fear retaliation, including reassignment and monitoring. Interviews with staff and inmates confirm that they know what these steps are. Thus the facility meets this element.

The third element requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. Policy #612.8 includes language to support this element. Both Captain Schnurr and Sgt. Busch indicated that monitoring extends for at least 90 days. Thus the facility meets this element.

The fourth element requires that monitoring includes periodic status checks. Policy# 612.8 did not contain language that establishes periodic status checks. As corrective action, policy# 612.8 was revised to include periodic status checks. Thus the facility now meets this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Policy# 612.8 contains language that includes "other individuals". Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard**Number here: 115.68** Post-allegation protective custody.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.68 has one element that the facility must meet for a finding of "meets standard".

The standard requires that the use of segregation to house inmates who are alleged to have suffered sexual abuse shall be subject to the requirements of 115.43.

Standard 115.43 has five elements that a facility must meet for a finding of “meets standard”.

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. No documentation was provided to support a finding of meets for this element of the standard. As corrective action, the facility provided documentation requiring an assessment of all alternative placements to involuntary segregation. Thus the facility now meets this element of the standard.

The second element requires that inmates placed in segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. No documentation was provided to support a finding of meets for this element of the standard. As corrective action, policy was revised to require the documentation of opportunities that have been limited, the duration of the limitation, or the reason for the limitation. Thus the facility now meets this element of the standard.

The third element requires that inmates are only placed in segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. There was no documentation provided to support a finding of meets for this element of the policy. As corrective action, policy was revised to require that placement in involuntary segregation for protection is limited to 30 days until alternative placements can be identified. Thus the facility now meets this element of the standard.

The fourth element requires that if such an inmate is placed in segregation the facility shall document the basis for the facility’s concern for his safety and why no alternatives are available. The facility did not produce a policy that requires documenting the basis for placement and the reason no alternative placement exists. As corrective action, the facility amended policy to require documenting the basis for placement and the reason no alternative placement exists.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. No documentation was provided to support this element of the standard. As corrective action, the facility amended policy to require 30-day reviews of placement in segregation. Thus the facility now meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.71 Criminal and administrative agency investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.71 has twelve elements that a facility must meet for a finding of “meets standards”.

The first element requires that when an agency conducts its own investigations, it does so promptly. Policy #613.7 requires that investigations are initiated promptly for all allegations, including third-party and anonymous reports. A review of investigation documents confirms that allegations are promptly investigated. Thus the facility meets this element.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. The facility provided a copy of the lesson plan, a roster of training participants, and training certificates to support this element. Thus the facility meets this element.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. A review of the protocol did not include a review of prior complaints as required by this element of the standard. An interview with Deputy Adam Pirri of the Scott County Sheriff's Office indicated that the investigators collect evidence, conduct interviews, and review prior complaints. As corrective action, the protocol was revised to require that the investigator review prior complaints against the suspected perpetrator. Thus the facility now meets this element of the standard.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Policy #613.7 does not have any language to support this requirement. Deputy Pirri stated in his interview that if the evidence supports a criminal investigation, that interviews for administrative investigations are suspended. As corrective action, policy #613.7 was amended to require that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Thus the facility now meets this element of the standard.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. The policy did not have a statement on the determination of the credibility of a person. Deputy Pirri indicated that there is no requirement that a person submit to a truth-telling device as a condition of proceeding with the investigation. However, there was no policy statement to support this element. As corrective action, policy was revised to require a person's credibility is not determined by their status as an inmate or staff member and that no person is required to submit to a truth telling device as a condition for proceeding with the investigation. Thus the facility now meets this element of the standard.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Policies #612.5.1 and #613.5 have statements that meet this element of the standard. Thus the facility meets this element.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. Policy #612.5.1 did not have a policy statement to support this element. However, the facility provided copies of written investigation reports. As corrective action, policy #612.5 was revised to require a written report. Thus the facility now meets this element of the standard.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Deputy Pirri indicated in his interview that substantiated allegations of conduct that appear to be criminal are referred for prosecution. However, no documents were provided to support this element. As corrective action, policy #612.5 was amended to require that substantiated allegations that appear to be criminal are referred for prosecution. Thus the facility now meets this element of the standard.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. Policy #612.13 requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. However, the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Thus the facility is determined to be meeting the intent of this element.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. Policy #613.5.1 has a policy statement to support this element. Thus the facility meets this element of the standard.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, The facility is not held accountable for other State investigation components.

The twelfth element requires that when outside agencies investigate, the facility cooperates with outside investigators and remain informed of the progress of the investigations. The Scott County Sheriff's Office conducts internal investigations. Pursuant to the interpretive guidelines promulgated by DOJ, this element is to be marked N/A if an outside agency does not conduct administrative or criminal investigations.

RECOMMENDATIONS: None.

Standard

Number here: 115.72 Evidentiary standard for administrative investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.72 has one element that the facility must meet for a finding of 'substantial compliance'. The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. Policy 613.5.1 establishes preponderance of evidence as the standard of evidence in administrative investigations. Interviews with Sgt. Busch confirm that this is the standard of evidence used to make a finding of substantiated. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.73 Reporting to inmates.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.73 has six elements a facility must meet for a finding of "meets standard". The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. Policy# 613.7.1 has a policy statement to support this element, and a review of investigation documentation evidenced that inmates were informed of the outcomes of the investigations into their allegations. The facility also had

documents showing that inmates were informed of the outcome of the investigations. In interviews, inmates also indicated that they were informed of the outcome of investigations. Thus the facility meets this element.

The second element requires that if the agency did not conduct the investigation, it will request relevant information in order to inform the inmate. Pursuant to the interpretive guidelines promulgated by DOJ, this element is N/A if the agency is responsible for conducting administrative and criminal investigations. Thus the facility meets this element.

The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. Policy# 613.7.1 has a policy statement to support this element. Thus the facility meets this element.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. Policy# 613.7.1 has a policy statement to support this element. Thus the facility meets this element.

The fifth element requires that all such notifications are documented. Policy #613.7.1 has a policy statement to support this element. The facility produced supporting documentation for this element. Thus the facility meets this element.

The sixth element requires that an agency's obligation to report the above is terminated if the inmate is released from the agency's custody. No finding is required for this element.

RECOMMENDATION: None.

Standard

Number here: 115.76 Disciplinary sanctions for staff.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.76 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Policy# 612.9 has a policy statement to support this element. A review of investigation reports included supporting documentation for this element. Based on the policy statement and the available documentation, the facility is determined to have met the intent of this element.

The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. Policy# 612.9 includes this requirement. Based on the policy statement, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Policy# 612.9 reflects the requirements of this element. Based on the available policy documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. Policy# 612.9 has a policy statement to support this element. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.77 Corrective actions for contractors and volunteers.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Policy# 612.11 has a policy statement to support this element. Thus the facility is meeting the intent of this element.

The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies. Policy# 612.11 has a policy statement to support this element. Thus the facility is meeting the intent of this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.78 Disciplinary sanctions for Inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.78 has seven elements that a facility must meet for a finding of "meets standard".

The first element requires a formal disciplinary process for inmates who engage in sexual abuse. Policy# 612.10 has a policy statement requiring a formal disciplinary process used for inmates who engage in sexual abuse. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. Policy# 612.10 has a policy statement that supports this element. Thus the facility meets this element.

The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. Policy# 612.10 has a policy statement that supports this requirement. Thus the facility meets this element.

The fourth element requires that if the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming

or other benefits. Policy# 612.10 has a policy statement that contains this requirement, thus the facility meets this element.

The fifth element requires that inmates are sanctioned for contact with staff only if staff did not consent to it. Policy# 612.10 has a policy statement that meets this requirement. An interview with the Captain Schnurr confirmed that this is also the practice at this facility. Thus the facility meets this element.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. Both policy# 612.10 and the employee training material have a policy statement that supports this requirement. Thus the facility meets this element.

The seventh element requires that a facility may prohibit all sexual activity between inmates, but that non-coerced activity does not constitute sexual abuse. Policy# 612.10 has a policy statement that supports this requirement. Interviews with staff and inmates indicate that this is the practice at the Scott County Jail. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.81 Medical and mental health screenings; history of sexual abuse.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.81 has five elements that a facility must meet for a finding of "meets standard".

The first and third elements require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. There was no policy statement to support this requirement. As corrective action, policy was amended to require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Thus the facility now meets this element of the standard.

The second element requires that if intake screening indicates that a prison inmate has perpetrated sexual abuse, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within 14 days of the screening. The audit tool indicates that this element is N/A if the facility is not a prison.

The fourth element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Policy#613.4 includes language that supports this element of the standard. Thus the facility meets this element.

The fifth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. No documentation was provided to support a finding of meets for this element of the standard. However, Nurse Storm stated that the State Board of Nursing required her to report prior sexual victimization that did not occur in an institutional setting as a condition of her licensure. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.82 Access to emergency medical and mental health services.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.82 has four elements a facility must meet for a finding of "meets standard".

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with medical and mental health staff from the facility, the Sexual Violence Center, and the St. Francis Regional Medical Center indicate that inmates at the Scott County Jail have unimpeded and timely access to medical and mental health services as determined by their professional judgment. Thus the facility meets this element.

The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. There was no policy statement that meets this element. As corrective action, policy was amended to require that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. Thus the facility now meets this element of the standard.

The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. An interview with Nurse Ashley Storm confirms that this is the practice at the Scott County Jail. Interviews with Kathryn Bisanz of the Sexual Violence Center and Jamie Stolee of St. Francis regional Medical Center also confirmed that this is the practice in place. Thus the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. Policy# 613.5.3 has a policy statement to support this element and interviews with Ms. Storm, Ms. Bisanz, and Ms. Stolee confirmed that this is the practice at the Scott County Jail. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.83 has eight elements that the facility must meet for a finding of "meets standard".

The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. Policy# 613.5.3 has a

policy statement to support this element. In his interview, Ms. Storm also indicated that this is the practice at the Scott County Jail. Thus the facility meets this element.

The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for continued care following transfer, placement in, or release from custody. Policy# 613.5.3 has a policy statement to support this element. Interviews with Ms. Storm, Ms. Bisanz, and Ms. Stolee confirmed that evaluations, treatment, and referrals are made by the facility. Thus the facility meets this element.

The third element requires that the level of care provided is consistent with community levels of care. Policy# 613.5.3 did not have a policy statement to support this element. However, Nurse Storm in her interview indicated that the level of care provided is consistent with community levels of care. Thus the facility meets this element of the standard.

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. Policy# 613.5.3 has a statement that meets this element. Interviews with Ms. Bisanz and Ms. Stolee confirm that pregnancy tests are offered to victims. Thus the facility now meets this element.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Policy# 613.5.3 requires that victims receive such information. In their interviews, Kathryn Bisanz and Jamie Stolee also stated that victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Thus the facility meets this element.

The sixth element requires that victims are offered tests for STIs as medically appropriate. Policy# 613.5.3 has this requirement. Interviews with Ms. Bisanz and Ms. Stolee indicate that this is the practice. Thus the facility meets this element.

The seventh element requires that on-going treatment is provided without cost. Policy# 613.5.3 has this requirement. Interviews with inmates also indicate that this is the information they received at this facility. Thus the facility meets this element.

The eighth element requires that known inmate abusers have a mental health evaluation within 60 days of learning of such abuse history and are offered treatment. The audit tool indicates that this element is N/A if the facility is a jail. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.86 Sexual abuse incident reviews.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.86 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. Policy#

613.8 has a policy statement to support this element. A review of incident reviews evidence that this is the practice at the Scott County Jail. Thus the facility meets this element.

The second element requires that such reviews occur within 30 days of the conclusion of the investigation. Policy# 613.8 has a policy statement to support this element. Thus the facility meets this element.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. Policy# 613.8 has a policy statement to support this element. Thus the facility meets this element.

The fourth element requires the incident review team to include six specific requirements in the incident review. Policy# 613.8 has a policy statement to support this element. In the interview with the Incident Review Team, they indicated that they review the six specific requirements. Thus the facility meets this element.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Policy# 613.8 has a statement to support this element that is verbatim from the standard. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.87 Data Collection

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.87 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, and that it shall include at a minimum all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). Policy 612.12 requires the facility to collect data, but the facility did not provide the tool used to gather the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). As corrective action, the Scott County Jail adopted the SSV for gathering all the data necessary to answer all the questions. Thus the facility now meets this element of the standard.

The second element requires that the agency shall aggregate incident based data annually. Policy 612.12 has a verbatim statement to support this element. Thus the facility meets this element.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. No documents were provided to support this element. As corrective action, policy was amended to require that the agency maintain, review, and collect data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. Thus the facility now meets this element of the standard.

The fourth element requires that the agency collect information from every privately operated facility with which it contracts to hold inmates. The Scott County Jail does not contract with privately operated facilities, so this element is N/A.

The fifth element requires that the agency provides upon request all such data to the DOJ no later than June 30. The DOJ has not made this request and the instructions from the audit tool indicate that in the case where the DOJ has not made the request, this element is to be considered N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.88 Data review for corrective action.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.88 has four elements a facility must meet for a finding of "meets standard".

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. Policy #612.12 requires the facility to collect and review the data and make the required assessments. However, the facility has not yet produced an annual report. As corrective action, the facility needs to prepare a report identifying problem areas and the corrective action taken.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. The facility has not yet produced an annual report and Policy# 612.12 does not require the comparison of current data to that of the previous year. As corrective action, the facility needs to prepare a report comparing current data to data from the previous year.

The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website. Though Policy# 612.12 requires the report to be published on the agency's website, a review of the website shows that it is not available at this time.

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. Policy# 612.12 has a policy statement to support this element of the standard, thus the facility meets this element.

RECOMMENDATION: As corrective action, the facility needs to prepare a report identifying problem areas and the corrective action taken and compare current data to the data from the previous year.

Standard

Number here: 115.89 Data storage, publication, and destruction.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.89 has four elements that a facility must meet for a finding of "meets standard". The first element requires that the agency ensure that the data collected is securely retained. Policy# 612.12 requires that data is securely retained in a designated area with restricted access. Thus the facility meets this element.

The second element requires that the agency makes aggregated data available to the public at least annually through its website. The agency website did not include the aggregated data in an annual report. As corrective action, the agency needs to include all the aggregated data in its report.

The third element requires the agency to remove all personal identifiers before making the data publicly available. Policy# 612.13 requires that personal identifiers be removed from the report. Thus the facility meets this element.

The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to 2015, so the ten-year threshold has not yet been met. Having determined that the data goes back to at least 2015, the date when the facility began gathering data, the Scott County Jail meets the intent of this element.

RECOMMENDATION: As corrective action, the agency needs to prepare an annual report that includes all the aggregated data in its report.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

October 21, 2016
Date