

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 10-20-15

Auditor Information			
Auditor name: Kevin Boldt		Kevin Boldt LLC	
Address: PO Box 278 Gilbertville, Iowa			
Email: Kboldtllc@gmail.com			
Telephone number: 319-240-1022			
Date of facility visit: October 13 & 14, 2015			
Facility Information			
Facility name: Bremer County Jail			
Facility physical address: 111 4 th St NE Waverly, IA 50677			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 319-352-5400			
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: Dan Pickett			
Number of staff assigned to the facility in the last 12 months: 16			
Designed facility capacity: 79			
Current population of facility: 33			
Facility security levels/inmate custody levels: Medium / Maximum			
Age range of the population: 18-64			
Name of PREA Compliance Manager: Dave Hacker		Title: Assistant Jail Administrator	
Email address: dhacker@co.bremer.ia.us		Telephone number: 319-352-5400	
Agency Information			
Name of agency: Bremer County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 111 4 th St NE Waverly, IA 50677			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 319-352-5400			
Agency Chief Executive Officer			
Name: Dan Pickett		Title: Sheriff	
Email address: dpickett@co.bremer.ia.us		Telephone number: 319-352-5400	
Agency-Wide PREA Coordinator			
Name: Adam Spray		Title: Jail Administrator	
Email address: aspray@co.bremer.ia.us		Telephone number: 319-352-5400 Ext 4300	

AUDIT FINDINGS

NARRATIVE

The Bremer County Jail Administrator, Adam Spray, was in contact with Kevin Boldt LLC to perform the PREA Audit for the Bremer County Jail. JA Spray was sent the Pre-Audit Questionnaire and a posting for the audit date of October 13, 2015. JA Spray returned the completed questionnaire approximately 3 weeks in advance to the tour date.

I arrived early and waited in the Jail lobby. I observed information packets available to inmate's visitors about PREA, the Riverview Services Center and information about the Northwest Iowa Sexual Assault Response Team.

I first met with Sheriff Dan Pickett, Jail Administrator Adam Spray and Asst Jail Administrator Dave Hacker. I explained the audit process of tour and interviews with inmates and staff, they were eager to get started with the audit and cooperated fully with my requests of current staff roster, inmate lists, volunteer and contractor lists with contact information for interview purposes. A conference room was made available for staff, volunteer and contractor interviews.

I first interviewed Sheriff Dan Pickett. Sheriff Pickett has given JA Spray the authority and any time needed to bring the Bremer County Jail into compliance with the PREA Standards. Sheriff Pickett had been concerned about blind spots in the hallway of the jail and had cameras installed as part of the monitoring. There are no blind spots within the jail.

Sheriff Pickett was familiar with the policies and training that have been implemented for staff and is supportive of all the changes and training needed.

Sheriff Pickett advised there is no Union or Labor contracts with his employees that would preclude him from enforcing the PREA Standards but he has authority to enforce any sanction due to inappropriate behavior by his staff.

Upon speaking to Sheriff Pickett, he is fully aware of and supports the implementation of the PREA Standards.

An interview with Jail Administrator Adam Spray was conducted. JA Spray is the PREA Coordinator for Bremer County and has been the driving force of writing policy and being involved with needed changes. He has a very close relationship with the jail staff and they are all informed he can be contacted at any time if there is a problem he needs to be aware of. JA Spray conducts the background checks on contractors and volunteers. He keeps records of all PREA related information secured. JA Spray posts the work schedules for all staff and reviews staff requirements as needed. He is given any assistance needed by the Sheriff and other divisions within the Sheriff's Office. JA Spray has requested and received training for himself and all other staff as needed by Sheriff Pickett.

Asst Jail Administrator and PREA Manager Dave Hacker was the final administrative interview. Asst. JA Hacker has worked with JA Spray to write policy and has been the lead trainer for staff on PREA Standards. He is also very informed on all aspects of PREA and is given as much time as needed to perform these duties. Asst. JA Hacker is assigned to an overlapping shift so he can be involved with both evening and night shifts.

These three administrators have been working together to implement the PREA Standards for the Bremer County Jail and the interviews show their willingness to work together and reinforce the changes to the entire agency.

I was then given a tour of the facility and observed a very clean and orderly facility. The inmates were in the day rooms where they were watching TV or interacting with games or conversations. I was able to observe the day rooms and other areas of the facilities.

I observed the PREA postings, rule books, phone numbers and addresses to report. I obtained a phone entry code and made phone calls to the services posted. I was able to make contact with each entity with no phone charges.

The showers were available to all inmates to be used by themselves and not in view of any staff or inmates while undressed.

The monitors were viewed in the control room. There were 2 cameras monitoring the holding cells in intake that had been modified to prevent viewing of inmates using the toilets in a state of undress.

The control room has a PREA booklet with all PREA information including policy, contact information and 1st responder checklist for all staff.

Remainder of the tour will be outlined under the specific PREA Standards in this report.

The interviews with all staff and inmates were also positive. The staff has been well trained in the transition to PREA Standards and all know their responsibilities.

The 10 selected inmates were also very informed on PREA reporting and how to do this. They had been given information prior to being placed in housing and had seen the video once placed in their housing unit.

The inmates went on to say that if they had a question, they knew they could ask staff for a private conversation and it would be granted. They advised the staff took PREA very seriously and were very professional with their jobs.

There were no LGBTI or non- English speaking inmates to interview though material is available.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Bremer County Jail is located in the Bremer County Seat of Waverly Iowa. The building is combined Jail and Law Enforcement Center for the Bremer County Sheriff's Office, Waverly Police Department and County wide dispatch services.

The Jail is designed as a podular remote facility with a 1 Female pod, 2 Male pods and 1 Work Release that can be utilized as a Youthful Offender Pod if needed. There is one Solitary Cell used for segregation as needed. During the audit tour, there were no youthful inmates and one male housed in the Work Release pod.

The facility is designed to be operated by staff that has minimal direct contact with inmates. Inmates can be directed to programs, medical, visitation and exercise by control staff.

The pods all have common showers off the day rooms that have a ¾ door that is lock controlled by the jail staff in the control room.

There is a common exercise area that is utilized by all inmates.

There is a medical exam room that is used by a visiting Dr. This room resembles a typical Dr's office with an exam table, sink and medical supplies.

The Housing area of the Bremer County Jail can be viewed by Master Control Jail staff at all times both by monitors and direct sight.

The intake area consists of 2 holding cells and one padded segregation cell.

The Jail has recently installed 2 cameras in the hallways where there was limited viewing around blind corners.

The Bremer County Jail is designed to hold up to 79 inmates, average stay is 14 days. There were 1157 Inmates booked in during the last 12 months and on the day of audit, there were 33 inmates.

SUMMARY OF AUDIT FINDINGS

The Bremer County Jail Audit was completed on Wednesday October 14th, 2015.
I met with Sheriff Pickett and JA Spray for an exit meeting in the Sheriff's Office.

They were advised how impressive the knowledge and training of staff was and how the inmates also responded so well to the training and information given to them. They have a professional and informative staff who are operating the facility.

There were no concerns of any deficient standards and the final report would be written as soon as possible.

I thanked them for the opportunity to conduct the audit and complimented them on their hard work and commitment to implement the PREA Standards.

I found the facility is in compliance with all PREA Standards as listed.

Number of standards exceeded: 9

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Policy and training outlines the Zero Tolerance. This was reinforced by interviews with staff, inmates and volunteers along with postings and pamphlets given to all inmates. Violation by staff will be met by termination, violation by volunteers and contractors will end any relationship the facility has with these entities. Allegations with inmates will be investigated fully and immediate housing changes implemented.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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Bremer County does not contract with other agencies to house inmates.

Standard 115.13 Supervision and monitoring

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

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The jail installed 2 cameras in the last 6 months to assist monitoring in blind areas. These blind areas were by only a few square feet in a hallway that inmates would have limited access to.

The PREA Coordinator sets the staffing schedule for the jail staff and reviews this daily. If special circumstances exist and more staff may be needed, he is given assistance by other divisions.

In the last 12 months a staff medical emergency prevented the posted staffing schedule to be adhered to. An alternative solution was

implemented by using available staff from another division. Report was placed on file.

Standard 115.14 Youthful inmates

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

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There have been no youthful inmates housed in the last 3 years. The facility is designed and equipped to handle youthful inmates to keep them sight and sound separated while not infringing on activities.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy 3.27 VII does not allow for cross gender searches. Staff are scheduled so there are both male and female on duty at all times. The staff announce themselves to the pod when entering. All staff were aware they do not perform a pat down search to determine the gender of an inmate but instead to first interview them and if needed, medical will be contacted to determine their gender.

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

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

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

Information is posted for non-english or limited speaking inmates on how to report. Phones are programmed for Spanish speaking inmates.

Staff is familiar with how to contact interpreters for inmates. There is also bi-lingual staff that is available. Inmate interviews conducted showed the staff were willing to take the time to explain and cover topics inmates were not sure of.

Standard 115.17 Hiring and promotion decisions

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

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

Policy 3.27 IV covers hiring and promotions. No new employees will be hired if they have any Sexual Abuse or Harassment violation history, this is both criminal and civil. The administration will terminate employment of current staff if allegations are founded. Background checks are performed at least every 5 years with existing staff.

Standard 115.18 Upgrades to facilities and technologies

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

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

The Bremer County Jail has no plans for upgrades though they have installed 2 cameras to assist monitoring of inmate movements to prepare for PREA Compliance.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The Bremer County Jail has a letter of understanding from the Waverly Health Care Hospital stating they have SAFE or SANE staff available for forensic exams.
There Jail Policy 3.27 XXIX covers the requirements for training and the no cost obligation to the inmate.
There are several postings for information of victim advocates for inmates along with the information received from Waverly Health Care.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

3.27 XXVII ensures that all allegations are reported to the Jail Administrator and he will contact investigations. The staff have a PREA checklist that will accompany any allegation through the entire investigation. Investigations will be assigned.

Standard 115.31 Employee training

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

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

The agency has put together a very inclusive training program for all staff who may have contact with inmates. I viewed the training program which included all requirements from 115.31. The interviews with staff also reflected that staff has been well trained and understand their role to effectively implement the PREA Standards.
Interviews with inmates also reflected the fact that staff are well aware of their PREA Training and can and will answer questions to inmates.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with volunteers and contractors revealed they were all familiar with the Zero-tolerance policy of the facility. They also understood their relationship with the facility would be terminated if there were any violations. Records for training and signatures is on file with the JA.

Standard 115.33 Inmate education

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

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

Inmates are given information and a pamphlet explaining the PREA Standards. Interviews conducted revealed the inmates are all given information prior to being placed in housing as part of the intake procedures. They are then shown a PREA video within 30 days. Some inmates stated they have had the opportunity to see the video more than once as it has been played on the dayroom TV multiple times. The inmates sign a form stating they have been given PREA information during intake. A random sample of files were viewed and each file had a the signed documentation.

Standard 115.34 Specialized training: Investigations

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

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

The Bremer County Sheriff's Office Investigator is assigned to investigate PREA allegations. The Detective will work in conjunction with Waverly Health Care and their SAFE / SANE staff. The investigator has had several years experience of working sex crimes and has taken the module training for Investigations in confinement settings developed by the Moss Group and recommended by the PREA Resource Center.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Bremer County Jail contracts with Dr. Matt Sowle PAC. Dr. Sowle is required to meet this training standard as part of his continued education to practice medicine.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Bremer County Jail uses a computerized screening instrument (Shieldware) as part of the intake process. They ask the inmates these questions while out of earshot of other inmates. They use this information to assign housing units based on the inmates risk of victimization or offender. This information is available to security staff only.

Inmates are booked and placed in housing as soon as it is determined they will not be released by the court or citation. Intake booking, screening, education and move to housing is normally completed within 2 hours of entry to the facility.

Interviews with inmates also showed they were asked these specific questions upon entry to the jail and prior to housing placement.

Standard 115.42 Use of screening information

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

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The staff will place inmates in housing based on the information from the screening instrument. They will interview inmates if a question of placement arises and will ask the inmate where they would best feel safe. If there is any question on placement by the staff, they are given the opportunity to contact the Asst. JA or JA for final housing decision. This is all completed on a case by case basis.

The staff will remove inmates from any unsafe situation as soon as they are made aware of it. They are also well versed in watching how inmates conduct themselves and their demeanor to determine potential problems and housing changes.

Standard 115.43 Protective custody

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

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Inmates are not placed in involuntary segregation due to risk of victimization.. If there is a question on placement due to risk assessment, a supervisor will be on shift to make a housing decision. If the risk assessment shows possible victimization, the inmate can be held in the Work Release pod where they have no limitations on programs available. There have been no inmates placed in segregated status in the last 12 months for this reason.

Standard 115.51 Inmate reporting

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

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Based on interviews with staff and inmates, the inmates have multiple places to report. They are also aware of third party reporting and inmates advised they would mostly use family members for this purpose. The posted documentation in the pods also gives information on who to report to outside of the facility. The phone numbers were called using the inmate phones and all calls went through to these agencies.

Once the agency has information of a report, a checklist is started to begin documentation and investigation.

Standard 115.52 Exhaustion of administrative remedies

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

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Policy 3.27 XXVII Covers this standard.

One grievance was filed in the last 12 months from another facility. Once this was filed, an investigation was completed and determined to

be unfounded based on interviews and recorded video.
Report on file.

Standard 115.53 Inmate access to outside confidential support services

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

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There are postings with multiple support services available. Those services with toll free numbers and also local calls are not charged to the inmates. This auditor used inmate phones and was able to make toll free calls to all support agencies. The Waverly Health Care Facility has an MOU of providing services to the Bremer County Jail for these purposes. Riverview Center also has a MOU with the Bremer County Jail for support services.

Standard 115.54 Third-party reporting

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

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Postings within the pod, pamphlets given to inmates are readily accessible to inmates for reporting purposes. This information is also posted on the agency website. Pamphlets and information is available in the Jail lobby.

Standard 115.61 Staff and agency reporting duties

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

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Policy 3.27 XVII Covers reporting of all PREA incidents to administration for investigation. The PREA checklist is initiated upon the first report of allegations.

Standard 115.62 Agency protection duties

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

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

Staff takes immediate action of removal to a safe area or separation upon any allegation. There have been no allegations and no inmates have been moved. This was confirmed with staff interviews.

Standard 115.63 Reporting to other confinement facilities

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

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3.27 XXVII policy addresses the reporting to other facilities. There have been no reports to other facilities. There has been one report from another facility to Bremer County. This was fully investigated and determined unfounded.

Standard 115.64 Staff first responder duties

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

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The staff interviewed were all able to give an informed step by step account of what they would do to protect the victim, preserve evidence, seek medical attention and begin the process of the investigation. This was covered as part of their training and they were also aware of the PREA binder available to them that has the checklist available.

Standard 115.65 Coordinated response

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

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

This is part of policy and training of all security staff. Staff interviews reinforced the training and all are well aware of their responsibilities of safety, medical and investigations assistance.

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

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

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

There are no contracts or agreements that would conflict with this standard.

Standard 115.67 Agency protection against retaliation

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

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

Policy 3.27 XXXIII covers all aspects of this standard. JA Spray will monitor for any retaliation and this will be part of the investigation.

This will continue for at least 90 days of report of allegation.

Standard 115.68 Post-allegation protective custody

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

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

Inmates will not be placed in administrative segregated housing due to victimization or reporting. The JA will make a determination of housing assignment. They can be placed in protective custody until a suitable and safe housing environment can be located. There are no restrictions to programs during this time.

Standard 115.71 Criminal and administrative agency investigations

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

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

The Bremer County Jail specifies the in 3.27 XX, XXV and XXIX the process of the criminal and administrative investigations. The training of investigative staff and procedures, consultation with prosecuting attorney, evidence, documentation and all other procedures to thoroughly conduct the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Policy 3.27 V and interviews with JA and Asst. JA confirm this standard will be followed.

Standard 115.73 Reporting to inmates

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

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

Policy 3.27 XXXII addresses reporting to inmates. This would be conducted by the investigator upon completion of the case. During the interview the investigator confirmed his responsibilities to meeting this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

Agency administration shares the zero tolerance policy philosophy and will terminate employment of any founded allegation. They will also reveal the investigation facts to any prospective employer and contact the Iowa Law Enforcement Academy for decertification.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The Bremer County Jail Facility and administration will continue with the Zero tolerance policy to the effect of any volunteer or contractor will be removed and access rights terminated.

Standard 115.78 Disciplinary sanctions for inmates

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

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

The Bremer County Jail does not allow inmate on inmate sex or what may be considered consensual. All sexual encounters with inmates is determined to be non consensual. There are administrative sanctions spelled out in the inmate handbook and possible criminal sanctions based on investigation.

The agency does make therapy and counselling available to both victims and offenders.

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

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

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

The intake process begins the computerized risk screening where the determination of housing is made based on victimization or of offender status. The staff will advise the JA for confirmation of placement with medical and mental health support made available. Interviews with all staff confirmed this support would be made available immediately and scheduled as recommended.

Standard 115.82 Access to emergency medical and mental health services

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

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

emergency care or to see the Dr. during his jail visits if non emergency. There are also agencies inmates can contact by phone. All inmates are separated for their safety upon staff learning of any allegation.

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

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

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

Policy 3.27 XXIX meets this standard's requirements. The facility will follow recommendations of medical and mental care providers

Standard 115.86 Sexual abuse incident reviews

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

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

Policy 3.27 XXXI Each incident will be reviewed by Sheriff, Jail Administrator, Asst Jail Administrator, Medical and Mental Health practitioners and Investigators.

Standard 115.87 Data collection

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

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

The JA collects all PREA information and reports and will post this information on the Bremer County Jail web site. This information may be edited for safety, security and individual identity concerns.

Standard 115.88 Data review for corrective action

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

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

The agency reviews each incident and upon completion, makes recommendations to implement changes needed for further prevention. If these recommendations are not implemented, a report will be written to explain reasoning.

Standard 115.89 Data storage, publication, and destruction

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

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

The JA will post information on the Bremer County Website with all PREA reports and information as required. This information may be edited for safety and security concerns.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kevin Boldt

10-20-15

Auditor Signature

Date