

# PREA Facility Audit Report: Final

Name of Facility: Winnebago County Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/21/2018

Date Final Report Submitted: 11/04/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Brenda Welch	Date of Signature: 11/04/2018

AUDITOR INFORMATION	
Auditor name:	Welch, Brenda
Address:	
Email:	brendawelch1@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	04/07/2018
End Date of On-Site Audit:	04/10/2017

FACILITY INFORMATION	
Facility name:	Winnebago County Jail
Facility physical address:	650 West State Street, Rockford, Illinois - 61102
Facility Phone	815-319-6074
Facility mailing address:	
The facility is:	<input checked="" type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Prison <input checked="" type="radio"/> Jail

Primary Contact			
Name:	Anthony Ponte	Title:	PREA Coordinator
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Warden/Superintendent			
Name:	Bob Redmond	Title:	Superintendent
Email Address:	redmondb@wcco-il.us	Telephone Number:	815-319-6711

Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
<b>Name:</b>	<b>Tim Owens</b>	<b>Title:</b>	<b>Captain</b>
<b>Email Address:</b>	<b>owenst@wcso-il.us</b>	<b>Telephone Number:</b>	<b>815-319-6709</b>

Facility Characteristics		
<b>Designed facility capacity:</b>	<b>1321</b>	
<b>Current population of facility:</b>	<b>798</b>	
<b>Age Range</b>	<b>Adults: 18-77</b>	<b>Youthful Residents:</b>
<b>Facility security level/inmate custody levels:</b>	<b>Minimum, Medium, Maximum</b>	
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	<b>170</b>	

AGENCY INFORMATION	
<b>Name of agency:</b>	<b>Winnebago County Sheriff's Office</b>
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	<b>650 West State Street, Rockford, Illinois - 61102</b>
<b>Mailing Address:</b>	
<b>Telephone number:</b>	<b>815-319-6000</b>

Agency Chief Executive Officer Information:			
<b>Name:</b>	<b>Gary Caruana</b>	<b>Title:</b>	<b>Sheriff</b>
<b>Email Address:</b>	<b>CaruanaG@WCSO-IL.US</b>	<b>Telephone Number:</b>	<b>815-319-6005</b>

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	<b>Anthony Ponte</b>	<b>Email Address:</b>	<b>pontea@wcso-il.us</b>

## AUDIT FINDINGS

### Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Winnebago county Sheriff's Department contracted with Brenda Welch, AU.S. Department of Justice Certified Auditor, to conduct a Prison Rape Elimination Act (PREA) Audit of the Winnebago County Jail. The purposes of this audit was to determine the Winnebago County Sheriff's Office level of compliance with the standards required by the Prison Rape Elimination Act of 2003. This is the first audit for the Winnebago County Jail.

The Auditor sent an Audit Notice via email to the facility's PREA Compliance Coordinator on January 23, 2018. The Audit Notice contained contact information for the Auditor and information on how inmates, staff and other interested individuals could confidentially contact the Auditor prior to the onsite portion of the audit. The PREA Coordinator had the notice translated into Spanish and posted the notice on all living areas, as well as public areas, including the lobby and visitation areas on February 1, 2018. Photographic evidence was submitted to the Auditor demonstrating the timely posting of the audit notices. Audit notices were present and observed at the time of the on-site audit. As of the date of this report, this Auditor received three letters to the PREA Audit P.O. Box listed on the audit notice. Two of the three letters contained information unrelated to PREA (one contained complaints against the arresting agency and the other contained other complaints about the jail.) The inmate who wrote the third letter was interviewed by the auditor. The inmate had been housed at the jail for numerous months and had valid complaints regarding the level of compliance of the Department's PREA program. The inmate acknowledged he had discussed these complaints with the PREA Coordinator who acknowledged the Department was working on the deficiencies. Two other inmates disclosed to the auditor they had written letters, however this auditor had not received the letters. Both inmates told the auditor the letters had been mailed several weeks prior to the onsite audit and had made a copy of the letter. The letters were obtained and reviewed while on site. One of the inmates complained about possible retaliation regarding a Non-PREA incident. The other letters contained information regarding a situation that occurred only several days prior to the audit, leading this auditor to conclude the letter had not been mailed as stated.

Approximately, four weeks prior to the on-site review of the facility, the PREA-Audit Questionnaire (PAQ) was uploaded onto the PREA On-Line Audit System. In the weeks leading up to the on-site evaluation, the Auditor performed a comprehensive review of the agency's policies, operational procedures, forms, training materials and other related supporting documentation submitted by the Department to demonstrate compliance with the standards. During and after this review, the Auditor had frequent contact with the PREA Coordinator via phone calls and emails and made additional requests for documentation. All requests for additional information and clarification were provided promptly and reviewed by the Auditor prior to the on-site portion of the auditor.

During the review of the material submitted by the facility, the Auditor identified several standards that appeared to be out of compliance based upon the provided documentation. The Auditor communicated with the facility through the PREA Coordinator regarding these concerns. During the review of the facility

policy, the Auditor made multiple recommendations for updates to the policy. The recommendations were accepted and the PREA Coordinator immediately began updating the policy to ensure compliance with the standards.

The Auditor reviewed the Winnebago County Sheriff's Department website. The website includes a link to access information on PREA, including the Department's zero tolerance policy, resources for counseling, reporting information (including third party and anonymous reporting, PREA Brochure in English and Spanish, the Department's Annual PREA Reports for 2015, 2016 and 2017 and the 2015 and 2016 DOJ Survey of Sexual Victimization. The Auditor recommended the facility add the agency's PREA Policy to the website and this was completed prior to the on-site audit.

The PREA on-site audit of the Winnebago County Jail in Rockford, Illinois was conducted on April 4-7, 2018 by Brenda Welch, a U.S. Department of Justice Certified PREA Auditor for Adult and Juvenile Facilities. Additional qualified staff (Monica Collier and Melinda Marcial) was retained by the Auditor to assist in interviewing inmates and staff. Ms. Collier and Ms. Marcial are U.S. Department of Justice Certified Juvenile Auditors and have provided support for this Auditor in other audits of Adult County Jails. Ms. Collier is an experienced investigator and has conducted hundreds of PREA investigations and Ms. Marcial is an experienced PREA Coordinator.

An entrance meeting was conducted with the Superintendent and PREA Coordinator on the morning of April 4, 2018.

It should be noted, a substantial amount of documents were requested prior to the onsite review. All standards regarding hiring and background checks included reviewing all new hires and promotions within the last year and random sampling of staff by position and length of time of the job. Interviews were conducted with on-site personnel and included staff on both shifts. The Auditor requested lists of inmates in relationship to targeted populations. As several of the inmates met the criteria for several targeted populations, all of the inmates included on the targeted lists were interviewed. The interview selection process for inmates included inclusion of male and female inmates housed in classification, segregation, general population, mental health and medical units and work release inmates. The segregation areas included disciplinary segregation, administrative segregation and maximum security inmates. The reasons for each inmate's placement on these units were explained to the auditors. All inmate files were reviewed of those inmates who affirmatively responded to the question regarding prior victimization in an institutional setting during the reporting period. All inmate files were reviewed of those inmates who affirmatively responded to the question regarding prior acts of sexual violence.

Immediately following the entrance meeting, the Auditors toured the facility escorted by Sgt. Ponte. The Auditors toured all areas of the facility, including all of the inmate housing areas, kitchen, laundry, medical, booking, sally port, warehouse, recreation and program areas. The remaining days were spent interviewing staff and inmates as well as observing operations, reviewing video and supporting documentation. Offender records and training records were also reviewed. The Superintendent and PREA Coordinator was advised of observations on a daily basis and a brief exit meeting was conducted at the end of day on April 6th, 2018, discussing corrective action and follow-up. The final day of the audit was spent compiling interview notes and obtaining additional supporting documentation from the PREA Coordinator.

The Auditors had full, unimpeded access to all areas of the Winnebago County Jail. Throughout the facility tour, the Auditors spoke informally with both offenders and staff. Some of the informal questions asked of the offenders included information available on the county issues tablets and kiosks, and

inmates were asked to demonstrate calls to the PREA hotline. Inmates had difficulty in making the calls as information regarding how to place the call was not provided in the Inmate Handbook or PREA brochures. The PREA Coordinator provided instruction to the inmates. Inmates were unable to access the PREA Hotline, however was able to access the PREA Coordinator's voice mail. Additional questions were asked regarding the PREA video and the various methods of reporting. The Auditor observed and made note of the video monitoring system, camera locations and areas recommended for increased video surveillance. In addition, the auditor observed the monitors in the housing control areas and main control. During the review of the physical plan, the Auditor observed the facility layout, staff supervision of offenders, interactions between staff and offenders, shower and toilet areas, and placement of PREA information. The Auditors noted that the inmate housing areas have shower areas that allow inmates to shower and change clothing separately and privately and all showers had shower doors. Video monitored rooms in the segregation, medical and mental health units were observed. Throughout the tour, the Auditor was observing for blind spots in the facility and the overall level of offender supervision. It should be noted, the Winnebago County Sheriff's Department recently experienced over 4 million dollars in budget cuts which has impacted the operations of the facility. Correctional Officers, program staff and personnel from all divisions of the Sheriff's Department received lay-off notices in October of 2017. In order to ensure the safety of inmates, inmates are routinely locked down or inmates are rotated in and out of their rooms.

The inmates and Jail administration acknowledge over 100 lawsuits have been filed regarding the present conditions of confinement due to staff shortages.

Formal personal interviews were conducted with facility staff, contractors, medical and mental health providers, volunteers and inmates. The Auditors were provided with attorney rooms to interview inmates. The Auditors were afforded options regarding interviewing inmates classified as maximum security or in segregation. The Auditors chose to interview inmates in these housing areas in attorney rooms portioned by glass in order to expedite the interview process. Staff, volunteers and contractors were interviewed in individual offices or classrooms. All staff and offenders were made available in a timely manner with delays only at shift change. No staff and one inmate refused to be interviewed. The inmate who refused to be interviewed had just returned from a court appearance. Overall, a total of 40 staff were interviewed, 3 contractors and 3 volunteers. The Auditors interviewed staff from both shifts (0600 to 1800 and 1800 to 0600). The Auditors were provided with daily rosters of each shift. Specialty staff interviewed included medical, volunteer, investigators (both criminal and administrative), intermediate level supervisors (Sergeants, Lieutenants, Captains), staff who perform risk assessments, intake staff and staff on the incident review team. Also interviewed were the Sheriff, Superintendent, Deputy Chief, training coordinator, and the PREA Coordinator. Numerous staff was interviewed regarding the Human Resource questions as the duties are delegated to several different administrative staff. All staff interviews were conducted using the established DOJ interview protocols and additional follow-up questions as deemed appropriate by the Auditors.

The Auditor had reviewed a random sampling of personnel documents prior to the onsite audit related to standards on hiring, promotions and background check compliance for deputies and contract staff.

The Auditor reviewed staff training records prior to the onsite audit and during the onsite audit to determine compliance with training standards. The Training Coordinator described the process for relaying mandated PREA information to new hires, as well as the procedure for annual refresher training. Recommendations were provided to the Training Coordinator regarding non-compliance determined by reviewing the lesson plans, training verification and interviews with staff.

The Auditors were provided a list of inmates by housing unit, lists of inmates who have reported sexual

harassment or abuse, lists of inmates who identified as gay, lesbian, bisexual, transgender or intersex, lists of inmates with limited English Proficiency, list of inmates who disclosed sexual victimization during the intake process and a list of inmates with disabilities. Multiple inmates from each group were identified to be interviewed and random inmates were selected to include females, inmates in protective custody, administrative or disciplinary segregation, mental health units, and a cross section of those inmates classified as minimum, medium and maximum security designations on different housing units. The total of 56 inmates were interviewed with the DOJ protocols and numerous other inmates were informally interviewed due to letters to the Auditor and randomly selected throughout the tour of the facility. Medical records were reviewed to confirm a follow up contact with medical or mental health was conducted on the inmates who were listed as responding positively to having been sexually victimized in the past. All of the inmates had been offered and had been seen by the mental health provider. One inmate stated she had never been asked the intake questions. Follow-up review of her records indicated the inmate was escorted directly to the medical unit upon admission and the interview questions had not been asked. The facility identified one transgender inmate; however the inmate had been released on the second day of the onsite review and was not able to be interviewed. The facility had also released an offender who alleged sexual abuse by another inmate a few days prior to the onsite review. There were no identified inmates who had been placed in segregated housing due to risk of sexual victimization or transgender or intersex inmates present to be interviewed during the onsite audit. The facility does not hold Youthful Offenders. Offender interviews were conducted using the established DOJ interview protocols.

Random offender case files were accessed electronically and manually to evaluate intake procedures, including screening and subsequent housing decisions and verify PREA education. It was noted, the current intake process provides inmates with a policy statement regarding zero tolerance to sexual harassment and abuse and identifies the locations to gain further information. Recommendations to provide inmates with specific methods of reporting during the intake process were provided while onsite. More comprehensive information is provided via a video played turned on during specific times during the week. Video was reviewed during one of these presentations. After the announcement was made to turn on all televisions, a few housing units did not comply. The PREA coordinator called the specific housing units and advised the officers to turn on the television. The video was reviewed prior to the on-site audit and did not provide information specific to the agency's policies and reporting procedures. The current practice does not allow for an exchange of information or the ability for inmates to ask questions or seek clarification, nor is the more comprehensive education documented. In addition, the intake and booking procedures were observed and intake screenings provide for privacy.

The Auditor verified the availability of SANE/SAFE services at both Swedish American Hospital and Saint Anthony's Hospital.

The Auditor requested reviewed all training records for staff, 20 inmate medical records, 20 randomly selected classification records, 10 volunteers training records, 15 contractors training and background records, 23 new staff hire training and personnel records including PREA disclosure forms for hiring and promotions. The Department does use an interview format as part of the employee performance evaluation process. The employee performance evaluation form was reviewed and did not contain the required PREA questions as part of the evaluation process. The evaluation form was updated to meet standards prior to the onsite review.

The PREA Coordinator and Auditor continued to communicate by phone and email during the post audit phase. A copy of the interim report was provided to the agency prior to submission. The Agency was afforded the opportunity to review the document for factual errors and provide additional documentation for the auditors review in the event of a discrepancy. The PREA Coordinator did provide clarity to some documentation and provided additional documentation for review prior to the interim report.

The Auditors were treated with great hospitality during the entirety of the onsite visit and were transparent regarding their opinions of “read and sign” training materials and on line training while on post. Interviews with staff indicated many staff did not retain the knowledge provided with on line training while on post or the “read and sign” training. The Superintendent was advised and acknowledged overtime would be required quality training.



## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Winnebago County is urban, suburban and rural in make-up and encompasses 520 square miles. Winnebago County is located in Northern Illinois, midway between Chicago and the Mississippi River. The Northern boundary of Winnebago County is also the boundary for Illinois and Wisconsin. There are 11 cities and villages in the county. Rockford is the third largest city in Illinois and the county seat.

The agency is organized into five bureaus: Administrative Services, Support Services, Uniform Services, Detective Bureau and Corrections. Each bureau has a Commander, Director or Superintendent who is appointed by the Sheriff and responsible for the coordination of all activities involving the specific bureau and reports to the Chief Deputy.

A new jail began construction in 2004 and opened in 2007. The facility has not made any substantial expansion to the existing structure however, video surveillance has been added to decrease the number of "blind spots" to enhance officer and inmate safety. The facility houses pre-trial, post-trial, sentenced and work release/periodic confinement inmates. The security levels include minimum, medium and maximum security. The rated capacity of the jail is 1324 (1024 male and 300 female). There is a total of 26 housing units, including 582 double cells and 160 single cells. There are approximately 175 full time employees (136 male and 39 female). The Superintendent has 1 Correctional Captain, 4 Correctional Lieutenants, 16 Correctional Sergeants and 149 Corrections Officers. The jail staff work 12 hour shifts.

The majority of the programs offered at the jail are faith-based and self-help groups and a pre-GED class. Due to budget cuts, the jail's program staff were laid off last year.

Medical, Mental Health and Food Services are provided by contractual staff.

The Winnebago County Jail is a four-story, one building structure, located at 650 West State Street, Rockford, IL 61102. The physical layout of the facility and the inmate composition of each living unit was noted.

At the time of the onsite review, the jail had approximately 60 inmate workers (primarily kitchen and janitorial services) and a pod tender and helper for each housing and classification units.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

Forty-five (45) standards were audited and after review of all the information obtained during the pre-audit and on-site review, the interim report reflected the WCSD met 25 of the standards. The WCSD prepared a corrective action plan, including the actions to be taken and the documentation required to demonstrate the standard had been institutionalized. Time frames for each task was identified. The auditor and PREA Coordinator were in contact throughout the corrective action period by phone and emails. The auditor reviewed each policy and supporting documentation to ensure the facility had met the standard. Upon completion of the corrective action period, the facility had demonstrated compliance with each standard and has demonstrated compliance in all of the PREA standards.

A detailed summary of the corrective action taken, and review of the supporting documentation is outlined below:

### Corrective Action

**115.13 (c) Corrective Action completed:** The PREA Coordinator, Sheriff, and Jail Superintendent completed a staffing plan containing all the required provisions of the standard on February 28, 2018. The staffing plan was outlined, and the additional cameras and monitoring equipment added the facility during the previous year was noted. The need for additional staffing and deployment of monitoring technology was addressed in the revised staffing plan. The staffing plan was signed by the Sheriff and the staffing plan was visible on the website on May 23, 2018. The WCSD is now in compliance with the standard.

**115.13 (d) Corrective Action Completed:** The PREA Coordinator issued Corrections Memo 18-05 on 2/2/2018. The memo increased the number of supervisory rounds (one Sergeant from each shift must complete an unannounced round in all areas of the facility each month for a total of 4 rounds per month and a combined total of 16 rounds per month. Supervisory rounds are required on different floors during different shifts to prevent a pattern of conducting rounds. Such rounds shall be documented via the electronic rounds system and logged in the unannounced log book. Lieutenants must complete one round per week for a total of 4 rounds per month between the four shifts. Captains shall conduct at least one unannounced round per month. Lieutenants and Captains shall document such rounds with the electronic rounds tracking system and document rounds in their respective log books. Electric rounds

tracking documents and video were reviewed during the on-site visit and confirmed the corrective action had been implemented.

**115.15 (d) Corrective Action Completed:** WCSD General Order 5-620.44 Camera cells outlined the policy for utilization of camera cells for medical, mental health and exigent circumstances. The Inmate handbook informs inmates of the potential for opposite sex observations incidental to routine cell checks via video monitoring and advises the inmates to utilize the clothing and bedding provided to ensure privacy while showering and performing bodily functions. A review of all inmates assigned to camera cells on October 9, 2018 indicated mental health or medical had clearly documented the need for increased supervision. The auditor has determined the WCSD is now in compliance with the standard.

**115.15 (f) Corrective Action Completed:** Training on conducting searches of transgender and intersex inmates was developed and the auditor received and reviewed supporting documentation for verification the training was received, and the staff member understood the training received.

**115.16 (a) Corrective Action Completed:** The WCSD entered into an agreement with the Voiance Language Line to provide services for the hearing and visually impaired. Supporting documentation of the use of Voiance for the hearing and visually impaired was reviewed. The WCSD implemented a new risk screening instrument which met all the requirements of the standard. The inmate signs the initial risk screening instrument indicating receipt of information regarding the agency's zero tolerance policy and ways to report sexual abuse and harassment. Supporting documentation was provided to the auditor indicating the use of the language line for inmates with limited English proficiency. In addition, documentation was provided for verification of WCSD staff, mental health and medical involvement in providing initial information to inmates with disabilities.

**115.16 (b) Corrective Action Completed:** tablets, assailable to all inmates. The WCSD changed their re- classification of inmate process from 60 days to 30 days from the date of booking. Supporting documentation was reviewed and the auditor verified all inmates have received more comprehensive education after booking. The inmate signs a statement stating they had reviewed and understood the PREA video and were provided with an opportunity to ask questions.

**115.17 (a) Corrective Action Completed:** The WCSD revised the promotional protocol as well as the contractor protocol and include the questions in the standard. All contractors shall be required to answer the questions for contractors. Supporting documentation was reviewed by the Auditor and found to be in compliance with the standard.

**115.17 (b) Corrective Action Completed:** The WCSD implemented a hiring process that considers incidents of prior sexual harassment prior to hiring any contractor or promoting any employees.

**117.17 (c) Corrective Action Completed:** The background investigation report format has been revised and a section regarding previous institutional employment was included. Specific questions related to the standard regarding sexual abuse and resignation pending an investigation of sexual abuse was included in the background checks. The WCSD provided the background investigation format to the Auditor for verification of compliance. The WCSD has not hired any new staff during the corrective action period. The determination of compliance was made by reviewing the revised forms to be utilized for new hires.

**115.17 (f) Corrective Action Completed:** The WCSD revised the performance evaluations to include the questions required by this standard. Supportive documentation, including ten (20) evaluations conducted

after the evaluations were amended were forwarded to the auditor and reviewed. the facility is in compliance with this standard.

**115.22 (e) Corrective Action Completed:** The WCSD handbook was updated and now provides inmates with the information required by the standard.

**115.32 (a) Corrective Action Completed:** The PREA Coordinator provided training verification of the one contractor and one volunteer who had not received the agency's PREA Training.

**115.32(b) Corrective Action Completed:** The PREA Coordinator provided training verification of the one contractor and one volunteer who had not received the agency's PREA Training.

**115.32 (c) Corrective Action Completed:** The training verification form was revised to read: "My signature below indicates that I understand the training that I have received, and/or I have read and understand the directives / materials that I have received. Any questions concerning training/materials I did not understand or had questions on were answered by the appropriate person prior to me signing below. The above written directives are the property of the Winnebago County Sheriff's Department." The PREA Coordinator was provided with an updated alpha list of all contractors and volunteers to the Auditor for the random selection of the contractors and volunteers, all were found to have met the standard.

**115.33 (a) Corrective Action Completed:** The WCSD revised the Inmate acknowledgement at intake to include all available methods of reporting PREA related allegations. The facility is now in compliance.

**115.33 (b) Corrective Action Completed:** The WCSD developed a plan to provide education including the agency's policies and procedures for reporting and responding to allegations of sexual abuse and sexual harassment within 30 days of intake as prescribed by the standard. . A WCSD video was produced and provided closed captioned. The WCSD revised their classification process and the more intensive education is provided during the classification process (usually 2-3 days after booking). The video is presented to the inmates and the inmates signs a statement affirming the video has been viewed and the inmate understood the contents of the PREA video. In addition, the inmate affirms that any questions regarding PREA were answered by the appropriate person prior to the inmate signing the form. One classification form from each living unit was randomly selected for review by the auditor and were found to be in compliance with the standard.

**115.33(c) Corrective Action Completed:** Verification of education for all inmates previously identified as not receiving the inmate education was provided to the auditor for review. The facility meets with requirements of the standard.

**115.33 (d) Corrective Action Completed:** General Order 5-613.6 PREA is written in accordance with this standard. PREA information (brochure and video) are available in English and Spanish. The WCSD produced a new PREA video which is Winnebago County specific and provides closed-captions. The PREA video is also available on the kiosks and inmate tablets. Individual instruction is available when required.

**115.33 (e) Corrective Action Completed:** The WCSD implemented a comprehensive PREA educational plan for inmates within 30 days of intake including a sign-off sheet acknowledging the inmate's participation in these educational sessions.

**115.34 (a) Corrective Action Completed:** The WCSD has identified employees to conduct investigations and have received specialized training for sexual abuse investigations in an institutional setting. All the identified Deputies have received the advanced NIC training on Sexual Abuse Investigations in an Institutional Setting.

**115. 35 (a) Corrective Action Completed:** All health care and mental health staff have received the required training as directed in the General Order. Training materials and verification of training was forwarded to the Auditor and the facility is in compliance with this standard.

**115.35 (c) Corrective Completed:** The WCSD maintains a current list of all part time and full time medical and mental health staff and has implemented a training program for medical and mental health staff and document such training has been provided. Specialized training shall be identified, and documentation is now maintained by the WCSD.

**115.35 (d) Corrective Action Completed:** All part time and full time medical and mental health staff have completed the training required for contractors pursuant to PREA standards. Verification of training was reviewed by the Auditor.

**115. 41 (d) Corrective Action Completed:** The screening instrument was revised and the PREA risk screening questions are phrased in such a manner to illicit the response intended by the standard (sex offenses convictions against a child or adult).

**115.41 (f) Corrective Action Completed:** The Classification policy has been revised to incorporate the time frames established in the standard. All reclassification information for inmates in the facility for 30 days on October 9, 2018 were reviewed and found to be in compliance with the standard.

**115.51 (b) Corrective Action Completed:** The WCSD has entered into an agreement with Path, Inc (211). The external number is communicated through the Inmate Handbook and PREA Brochure. The handbook states the number is confidential and not recorded. And states the inmate may report anonymously. The external number has been implemented.

**115.51 (c) Corrective Action completed:** A refresher training has been provided to all staff, volunteers and contractors regarding their obligation to report allegations promptly and document any verbal reports. Training verification has been provided. The facility is now in compliance with the standard.

**115.52 (f) Corrective Action Completed:** The Inmate Handbook and inmate education materials (including video) have been updated to include the emergency grievance reporting process for inmates.

**115.53 (a) Corrective Action Completed:** The inmate handbook, PREA brochure and PREA poster has been updated to include information regarding victim advocacy, phone numbers and addresses. Information regarding confidentiality in communicating with the victim advocacy agency is provided in the updated inmate handbook, PREA Brochure and PREA video.

**115.53 (b) Corrective Action Completed:** The inmate handbook has been updated and now informs inmates of the extent to which communication will be monitored and the extent to which reports of abuse will be forwards to authorities in accordance with mandatory reporting laws.

**115.61 (c) Corrective Action Completed:** The WCSD medical and mental health provided an updated

protocol and form for informing inmates of the required reporting duties as well as to the information requiring informed consent at the initiation of services. The PREA Coordinator provided verification of inmate advisement on the one PREA allegation that was reported after the protocol was established.

**115.63 (a) Corrective Action completed:** The WCSO developed a protocol which includes written confirmation of notification to the head of any facility where a PREA allegation occurred from the Superintendent's office. The PREA Coordinator provided documentation of a confirmation from the Sheriff to the Sheriff of the jurisdiction where the allegation occurred after the new protocol was developed. The auditor has determined the facility is in compliance with the standard.

**115.65 (a) Corrective Action Completed:** The WCSO revised the institutional response plan to include the duties and responsibilities of mental health. In addition, a form was created for health care staff to report PREA allegations. Supporting documentation of all mental health and medical staff receiving training on the protocol and form was forwarded and reviewed by the auditor.

**115.71 (a) Corrective Action Completed:** Identified staff received specialized training on conducting sexual abuse investigations in confinement settings. In addition, identified staff also completed the advanced NIC specialized training for sexual abuse investigations in an institutional setting. Verification of training was forwarded to the auditor for verification of compliance with the standard.

**115.71(b) Corrective Action Completed:** The WCSO implemented a practice that includes only staff demonstrating previous experience in investigations and completing specialized training will be assigned PREA investigations.

**115.71 (c) Corrective Action Completed:** Two criminal investigators were identified to conduct all staff related and potential criminal investigations and received comprehensive training. Two investigations were reviewed by the auditor and found to not meet all the requirements of the standards. The PREA Coordinator developed a check list for the identified investigations and supervisory staff to ensure all the requirements are met. No allegations of abuse have been received after the checklist was developed. The auditor is confident the agency has a system in place to ensure investigations met the requirement of the standard.

**115.71 (d) Corrective Action Completed:** Comprehensive training including the PREA Advanced Investigations Course by the NIC was provided to the assigned investigators. No allegations requiring a criminal investigator has been disclosed subsequent to the training. The auditor confirms a system is in place to meet this standard.

**115.71 (e) Corrective Action Completed:** The identified investigators have received comprehensive training including the NIC Advanced PREA Investigator Training. The auditor confirms staff have benefited from advanced training and have received the information required by the standard. A check list for investigators has been developed for the investigator and supervisory staff to utilize when completing the investigative summary to ensure all the provisions for a PREA investigation is included in the case report.

**115.71(f) Corrective Action Completed:** The identified investigators have received comprehensive training including the NIC Advanced PREA Investigator Training. The auditor confirms staff have benefited from advanced training and have received the information required by the standard. A check list for investigators has been developed for the investigator and supervisory staff to utilize when completing the investigative summary to ensure all the provisions for a PREA investigation is included in the case report.

**115.71 (g) Corrective Action Completed:** The identified investigators have received comprehensive training including the NIC Advanced PREA Investigator Training. The auditor confirms staff have benefited from advanced training and have received the information required by the standard. A check list for investigators has been developed for the investigator and supervisory staff to utilize when completing the investigative summary to ensure all the provisions for a PREA investigation is included in the case report.

**115.71(a) Corrective Action Completed:** All investigators and supervisors authorized to determine PREA findings received refresher training regarding the standard of proof required for PREA investigations. It is recommended all administrative investigations include a statement regarding the evidence failing or meeting the standard of "preponderance of the evidence". A checklist has been developed to ensure the standard of "preponderance of the evidence" is clearly identified in the finding.

**115.73 (a) Corrective Action Completed:** The PREA Coordinator is now responsible for communication with inmates regarding the outcome of investigations. Two letters were forwarded from recent investigation confirming the practice has been institutionalized. The facility is now in compliance with this standard.

**115.78(c) Corrective Action Completed:** Policies and procedures regarding inmate discipline for sexual abuse now include a mechanism to consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Staff conducting disciplinary hearings has been trained on the revised or new policies.

**115.81 (a) Corrective Action Completed:** The WCSO updated the risk screening instrument to include a question about past victimization outside of an institutional setting. A review of medical records from a list of inmates who reported any previous sexual victimization on the revised screening instrument was conducted during the onsite review. All medical records indicated the follow up referral to mental health was made and the inmate had been seen by medical staff. The Auditor has determined the facility now meets the standard.

**115.81 (c) Corrective Action Completed:** The WCSO updated the risk screening instrument to include a question about past victimization outside of an institutional setting. A review of medical records from a list of inmates who reported any previous sexual victimization on the revised screening instrument was conducted during the onsite review. All medical records indicated the follow up referral to mental health was made and the inmate had been seen by medical staff. The Auditor has determined the facility now meets the standard.

**115.81 (e) Corrective Action Completed:** Protocol has been developed relative to informed consent, including the development of a form for inmate signature to confirm informed consent. Confirmation of all medical and mental health staff training on the protocol and form was received by the auditor. In addition, an informed consent form utilized on a disclosure was forwarded to the auditor for review.

**115.82 (a) Corrective Action Completed:** The PREA Coordinator revised the PREA Response Plan to clarify the responsibility of medical and mental health practitioners to determine the scope and nature of inmates' timely, unimpeded access to emergency medical treatment and crisis intervention services. The auditor received a copy of the training plan for review and supporting documentation that all facility staff, medical and mental health staff had received the training on the revised PREA Response Plan.

**115.87 (a) Corrective Action Completed:** The WCSD revised the sexual abuse incident report and provided information regarding all allegations during the reporting period. The facility is now in compliance with the standard.

**115.87 (b) Corrective Action Completed:** The WCSD revised the sexual abuse incident report and included a standardized instrument and a set of definitions. The data is inclusive of all the requirements of the standard.

**115.87 (c) Corrective Action Completed:** WCSD revised the incident-based report and the form now includes data required in the standard.

**115.88 (a) Corrective Action Completed:** The WCSD revised the annual report and included all the required information. The facility is now in compliance with the standard.

**115.88 (b) Corrective Action completed:** The WCSD revised the annual report and now meets the requirements of the standard.

**115.88 (c) Corrective Action Completed:** The WCSD revised the annual report to include an analysis of the individual incident reports related to all the categories identified in the Department of Justice Survey of Sexual Abuse and submit to the auditor for review. The report has been approved by the Sheriff and posted on the agency's website.

## **Standards**

### **Auditor Overall Determination Definitions**

- **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 actions)

### **Auditor Discussion Instructions**

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.



115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>           WCSD General Order #5-613.6 PREA            WCSD Organizational Chart            WCSD Corrections Organizational Chart            WCSD PREA Organizational Chart            WCSD PAQ            Interview with the PREA Coordinator            Interview with the Superintendent            Interview with the Deputy Chief            Interview with random staff (all staff present during on site audit were interviewed)            Random conversations with inmates during tour of the facility and interviews            Memorandum from Superintendent dated 4/23/2018         </p> <p>Findings (by Subsection)</p> <p>115.11 (a) WCSD General Order #5-613.6 Policy Statement clearly states the Department has a zero tolerance policy towards all forms of sexual abuse or assault, sexual harassment, or any type of sexual misconduct of detainees/inmates, either by staff or other detainees/inmates. WCSD General Order #5-613.6 outlines the agency's approach to preventing, detecting and responding to sexual abuse and harassment. The policy also includes the definitions of prohibited behaviors regarding sexual abuse and harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>115.11 (b) The WCSD Organizational Chart, The WCSD Corrections Organization Chart and the PREA Coordinator Organizational Chart were reviewed. The PREA Coordinator, Deputy Chief and Sheriff were interviewed. The present PREA Coordinator was appointed in January 2018, and indicated he has sufficient time to conduct the PREA Coordinator role. The PREA Coordinator is an Administrative Sergeant with several duties, including PREA Coordinator. For all non-PREA related duties, he reports through the chain of command (Administrative Lieutenant, Captain, Superintendent). For PREA related duties, he reports directly to the Superintendent. Many of the PREA Coordinator's other duties overlap with the PREA Coordinator duties (i.e. updating Inmate Handbook, revise and update policies and procedures and records retention. Interviews with random staff indicated the reporting structure for the PREA Coordinator was unclear. The Superintendent distributed an internal memo on April 23, 2018, clarifying the reporting structure for PREA related activities. The PREA Coordinator has the authority to draft policy for the Sheriff; authority to make decisions regarding PREA training and give direction to Deputies as well as Corrections Supervisors in PREA related matters.</p>

	<p><b>115.11 (c) Not applicable</b></p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p><b>Federal Contract executed on 12-16-2016</b>  <b>WCSD PAQ</b>  Interview with the Superintendent  Interview with the Sheriff  Interview with the PREA-Coordinator</p> <p><b>Findings (by Subsection)</b></p> <p><b>115.12 (a) Interviews with the Sheriff, Superintendent, and PEA-Coordinator indicated the WCSD does not contract with other agencies for the confinement of their inmates. The WCSD federal contract was reviewed (executed on Dec 16, 2016) and requires the WCSD to "abide by all relevant PREA regulations" and post PREA posters or brochures in the housing units.</b></p> <p><b>115.12 (b) N/A</b></p> <p>After reviewing all available information, the Auditor determined the facility meets the requirements of the standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSA PAQ WCSD Staffing Plan, October 21, 2016 WCSD Staffing Plan, February 28, 2018 Average Daily Population Spreadsheet Deviation letter (annual review) dated January 10, 2018. Annual Staffing Plan Review February 28, 2018 All documented deviations of the staffing plan from November 1, 2017 through January 31, 2018 General Order 5-620.33 Officer and Staff Communication Interview with the PREA Coordinator Interview with the Superintendent Interviews with staff Interviews with inmates Observations during on-site review Electronic Rounds Tracker PREA Unannounced Rounds Video of Supervisory and higher level administrative Unannounced Rounds Review of Random shift rosters Review of investigative reports</p> <p>Findings (by Subsection):</p> <p>115.13 (a) The facility has developed a staffing plan incorporating all eleven requirements of the standard. The staffing plan was finalized on October 1, 2016 prior to the 2017 Illinois Department of Corrections (IDOC) Inspection Report. The 2017 IDOC report indicated safety checks routinely exceeded the 30 minute interval required by Section 701.130 of the Illinois Jail Standards. The IDOC report noted that staff shortages due to budget cuts had resulted in detainees being secured in detention rooms for longer periods of time. It further noted the jail population has increased by 20% since the jail opened in 2007 and the staffing has been reduced by 22 % during the same time period. Supervisory staffing has been reduced by 13 percent during the same time period. The staffing plan noted several issues had been identified as potential threats to the facility and had been rectified. Due to staffing shortages, lock-downs are included in the staffing plan in order to provide for the safety and security of inmates.</p> <p>The staffing plan was updated on February 28, 2018. The plan considered the following:</p> <p>1. The plan utilized the National Institute of Corrections staffing analysis Workbook for Jails and the US Department of Justice, Prison Staffing Analysis Training Manual as guides to</p>

assist in the process of constructing the plan. Line officers, supervisory, administrative, and command staff participated in identifying the various components and supplying information for each section of the planning process. The staffing plan is based on the premise all housing units are available and open.

2. There were no judicial findings of any inadequacies in the agency's staffing or supervision by any court.

3. There were no inadequacies noted from any Federal investigative agencies.

4. The inadequate detainees due to staffing levels from the 2017 IDOC audit was noted.

5. All components of the physical plant were considered. Installation of 27 additional cameras to increase video surveillance was noted. Additional Monitors to some of the second floor units were installed. Search procedures were addressed as well as the addition of three metal portable detectors. Washers and dryers had been removed from the housing units in order to gain increased visibility of inmate activity. Operational policies regarding restricted locations were addressed.

6. The composition of the inmate population was discussed, detailing housing classification system.

7. The number and placement of supervisory staff was included in the staffing plan with an emphasis placed on supervisors and Shift Captain's responsibility to conduct irregular, unannounced rounds to identify and deter staff sexual misconduct.

8. Institutional programming and location of same was addressed in the staffing plan.

9. Illinois Jail Standards were reviewed and areas of non-compliance was noted.

10. The number of PREA allegations each year since 2012 was noted. A determination that the number of staff were not a factor in the allegations was noted.

11. The staffing plan included other factors such as electronic rounds trackers assigned to individual officers, policies while transporting opposite gender offenders, and a review of staffing plan deviation documentation.

During the on-site review tour of the facility, the auditors noted additional areas where additional video technology would be beneficial and recommended the PREA Coordinator review the recommendation at the next annual staffing plan review. The staffing plan provides for adequate supervision of inmates, however due to approximately \$4 million dollar budget cuts, offenders are routinely subjected to lock downs. Administrative interviews indicated there have been over 100 law suits from inmates regarding the number of lock-downs of various housing units. Reviews of investigative reports indicate staff are vigilant and are accessible to offenders when they are out of their cells as inmates have approached correctional officers with information regarding suspicious activity between inmates and correctional officers have observed and reported suspicious sexual activity.

**115.13 (b) Deviation from the staffing plan occur on every shift. Random rosters from various shifts were reviewed on site and the deviations from the staffing plan indicated a lack of staffing for the deviations.**

**115.13 (c) The staffing plan was finalized on October 1, 2016 and there is no documentation available that indicates an annual review was conducted. A January 10th, 2018 memo outlines the routine deviations and minimum staffing required.**

**Corrective Action Completed: The PREA Coordinator, Sheriff, and Jail Superintendent completed a staffing plan containing all of the required provisions of the standard on February 28, 2018. The staffing plan was outlined and the additional cameras and monitoring equipment added to the facility during the previous year was noted. The need for additional staffing and deployment of monitoring technology was addressed in the revised staffing plan. The staffing plan was signed by the Sheriff and the staffing plan was visible on the website on May 23, 2018. The WCSD is now in compliance with the standard.**

**115.13 (d) WCSD General Order 5-620.33 states shift commanders (or other command-level staff) will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment, on a routine basis, for night shifts as well as day shifts. The General Order prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such rounds are related to the legitimate operational functions of the facility. Unannounced Monitoring logs were reviewed for March 2017, April 2017, In addition, the round tracking electronic rounds for the same period. Supervisory staff conducted one round per month and there were no documented rounds by upper-level or administrative staff. The practice of one supervisory round per month and no upper-level or administrative rounds for two months does not meet the standard.**

**Corrective Action Required: The WCSD shall increase the number of supervisory rounds and implement a schedule for higher-level staff to conduct unannounced rounds.**

**Corrective Action Completed: The PREA Coordinator issued Corrections Memo 18-05 on 2/2/2018. The memo increased the number of supervisory rounds (one Sergeant from each shift must complete an unannounced round in all areas of the facility each month for a total of 4 rounds per month and a combined total of 16 rounds per month. Supervisory rounds are required on different floors during different shifts to prevent a pattern of conducting rounds. Such rounds shall be documented via the electronic rounds system and logged in the unannounced log book. Lieutenants must complete one round per week for a total of 4 rounds per month between the four shifts. Captains shall conduct at least one unannounced round per month. Lieutenants and Captains shall document such rounds with the electronic rounds tracking system and document rounds in their respective log books. Electronic rounds tracking documents and video were reviewed during the on-site visit and confirmed the corrective action had been implemented.**

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Interview with PREA Coordinator  Interview with the Sheriff  Review of the age upon admission report for the last year  Interviews with random staff</p> <p><b>Findings (by Subsection)</b></p> <p>115.14 (a) A review of inmate intake records, indicated three youthful offenders arrived at the facility during the reporting period. When the intake officer noted the age of the youthful offender, the transporting officers removed the offender from the building. The longest period of time noted in the jail management system was seventeen minutes until release. The three youthful offenders were never housed in a unit. Interviews with staff indicate youthful inmates are not housed at the facility. No youthful inmates were observed during the on-site audit.</p> <p>115.14 (b) The agency does not house youthful offenders.</p> <p>115.14 (c) The agency does not house youthful offenders.</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="252 168 877 201"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="252 241 507 275"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1396 443">In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p data-bbox="252 495 901 1041"> <b>WCSD Completed PAQ</b>  <b>WCSD General Order 5-640.9 Searches</b>  <b>WCSD General Order 5-612.10 Suicide Watch</b>  <b>WCSD General Order 5-612.6 Mentally Ill inmates</b>  <b>Memo to file dated Feb, 2, 2017</b>  <b>WCSD General Order 5-630-13 Personal Hygiene</b>  <b>Lesson Plan for Searches</b>  <b>Review of Training Records</b>  <b>Interviews with medical staff</b>  <b>Interviews with random inmates</b>  <b>Interviews with random staff</b>  <b>Video footage of inmates returning from court and work release assignments</b>  <b>Random shift rosters</b> </p> <p data-bbox="252 1064 590 1097"><b>Findings (by subsection):</b></p> <p data-bbox="252 1149 1476 1825"> <b>115.15 (a) WCSD General Order 5-640.9 G mandates strip searches shall be conducted by a staff member of the same gender as the person being searched. There is no provision for cross-gender strip searches in exigent circumstances. WCSD General Order 5-640.9 G 7 prohibits body cavity searches (other than the mouth) without a duly executed search warrant and conducted either by or under the supervision of a licensed physician. The General Order requires cross-gender body cavity searches (except the mouth) to be documented explaining the exigent circumstances that required the search. There has been no cross-gender strip or cross-gender visual cavity searches during the reporting period, therefore there were no interviews conducted with non-medical staff involved in cross-gender strip or visual cavity searches. Interviews with medical staff indicated there have been no requests for strip searches or body cavity searches. Interviews with supervisory staff indicated an inmate would be transported to a local hospital for a body cavity search. Video footage was reviewed of females returning from court and males returning from work release. Video footage was consistent with reports from staff that cross gender strip searches are not conducted. Random shift rosters were reviewed and was consistent with random staff and supervisor interviews which indicated at least one female officer or supervisor is always on duty.</b> </p> <p data-bbox="252 1877 1444 2123"> <b>115.15 (b) WCSD General Order 5-640.9 F prohibits cross-gender pat-down searches of female inmates. When exigent circumstances exist to conduct a cross-gender pat-down search of a female, the exigent circumstances must be documented. The Jail information system is used to document such searches. A female's access to regularly available programming or other, out of cell opportunities shall not be restricted in order to comply with this provision of the standard There were no cross-gender pat-down searches of</b> </p>

females reported during the reporting period. Interviews with random female inmates and random staff confirm the policy is practice.

115.15 (c) WCSD General Order 5-640.9 prohibits cross-gender strip and body cavity searches. There are no provisions for exigent circumstances. A memo to the file (dated February 2, 2017) from an administrator of the facility further confirms the agency does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The General Order requires cross-gender pat-down searches of females to be documented.

115.15 (d) WCSD General Order #5-630.13 allows inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. The General Order also requires staff of the opposite gender to announce their presence when entering an inmate housing unit. During the tour of the facility, it was noted showers on each living unit had doors which allowed the inmates to shower and change clothes without being observed. There were 11 cells with cameras located in Housing Unit 2A (female medical and mental health); 5 cells with cameras in Housing Unit 2C (male segregation); 3 camera cells in Housing Unit 2E (female/male overflow) and 15 camera cells in Housing Unit 2G (male mental health). These inmates are temporarily housed in the camera cells due to medical and mental health concerns. The main control area is staffed with one person, therefore viewing of the opposite sex can and does occur. There were 23 inmates housed in camera cells during the on-site review. The records and supporting documentation was requested on all 23 inmates. The housing summaries of the 23 inmates reflected 29 camera cell events during the reporting period. Mental health or medical records supporting the exigent circumstances were verified on 18 of the events. Of the eleven remaining events, the records were not provided on seven events and security authorized four events.

Random interviews with staff indicate opposite viewing does occur in these camera cells while conducting periodic status checks while officers are not on the housing unit. Random interviews with inmates resulted in two inmates of thirty-nine inmates answering the question stating they were observed naked one time each. The circumstances described by the inmates would be considered exigent circumstances.

General Order 5-612.10 Medical and 5-612.6 Mentally Ill Inmates were reviewed for procedures for medical and mental health staff to authorize the need for camera cells.

All random staff interviewed indicated they rarely work on housing units of the opposite sex and when supervising inmates for short time periods on opposite sex housing units they announce their presence. Thirty-nine randomly selected inmate interviews resulted with twenty-two (22) inmates stating staff of the opposite sex do announce their presence when entering the housing unit; nine (9) inmates indicating staff of the opposite sex do not announce their presence when entering the living unit; three (3) inmates stated staff started to announce their presence about the time the notice of the PREA Audit was posted and five declined to answer the question.

**Corrective Action Required:** The WBCS shall develop a policy and procedure for Supervisory/Administrative staff to authorize the use of camera cells and document the exigent circumstances for the decision. In addition, the procedure should identify review



periods to determine the continued need for camera cell housing.

**Corrective Action Completed:** WCSSD General Order 5-620.44 Camera cells outlined the policy for utilization of camera cells for medical, mental health and exigent circumstances. The Inmate handbook informs inmates of the potential for opposite sex observations incidental to routine cell checks via video monitoring and advises the inmates to utilize the clothing and bedding provided to ensure privacy while showering and performing bodily functions. A review of all inmates assigned to camera cells on October 9, 2018 indicated mental health or medical had clearly documented the need for increased supervision.

**115.15 (e) WCSSD General Order 5-640.9 Searches** prohibits any person to be subject to a strip search to determine genital status or as a means for gender identification. The General Order does not state how the gender will be determined. Fourteen random staff were interviewed with ten (10) responding with an awareness of the policy and four responded that they were not aware of the policy. There have been no strip searches to determine genital status or as a means for gender identification during the reporting period.

**115.15 (f) WCSSD PREA Lesson plan and instructional content page regarding searches and General Order 5-640.9 Searches** policy were reviewed by the auditor. The General Order requires all corrections security staff to be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The instructional content page contained information regarding the cross-gender search of a female consistent with this standard and includes a demonstration of cross gender searching techniques is a part of the training plan. All random staff interviewed indicated they had received training in cross gender searches and searches of transgender and intersex inmates. Training materials and training verification on conducting searches of transgender and intersex inmates was not provided by the training coordinator. Training materials for a recent training on the rights of transgender and intersex inmates was reviewed and did not contain information regarding searches of transgender and intersex inmates.

**Corrective Action Completed:** Training on conducting searches of transgender and intersex inmates was developed and the auditor received and reviewed supporting documentation for verification the training was received and the staff member understood the training received.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p> <b>WCSD Completed PAQ</b>  <b>General Order 5-613.6 PREA</b>  <b>Memorandum # 2017-039 New Vendor for Telephonic Interpretation Services</b>  <b>Memorandum # 2009-005 Communication service for the Sight and Hearing Impaired</b>  <b>General Order 5-355.3 Limited English Proficiency Assistance Plan</b>  <b>General Order 5-612.13 Hearing Impaired Inmates</b>  <b>Voiance Telephonic Interpretation Services Contract</b>  <b>PREA Jail Poster</b>  <b>PREA Brochure (English)</b>  <b>PREA Brochure (Spanish)</b>  <b>Interview with Sheriff</b>  <b>Interviews with Inmates with Disabilities</b>  <b>Interviews with LEP inmates</b>  <b>Random Interviews with staff</b>  <b>Inmate interpreters, readers, or other types of assistance log</b> </p> <p><b>Findings (by Subsection):</b></p> <p>115.16 (a) WCSD General Order 5-613.6 PREA contains all of the requirements for this standard. The WCSD PREA Poster, PREA Brochure in Spanish and English and the Voiance Telephonic Interpretation Services Contract was reviewed. The Contract provides translation services for over 300 languages. The service provides for telephone and video translation. Memorandum Number 2017-039 provides staff with the instructions on how to utilize the service. The WCSD provided billing statements from the Language line for one call during February 2018 for verification of usage. The translation log was reviewed and did not provide information as to the reason for the use of a translator. The inmate's names on the translation log were compared with information in the jail management system. There was no information of a need for translation services or limited English speaking for many of the inmates listed on the log. Several medical staff indicated they had used the language line however could not provide documentation of same. General Order Number 5-355.3 Limited English Proficiency Plan (effective date 11/01/2017) states staff translators maybe used under exigent circumstances however, once the exigent circumstances have passed, all personnel are expected to secure an interpreter for translation. The general order requires notification to the public via signage at each entry point into the building with information regarding interpreter's availability free of charge. The Sheriff's Department has appointed an LEP Coordinator to coordinate and implement all aspects of the department's services to LEP individuals. The agency does not have an operational plan for to communicate PREA information with the sight impaired (Service listed is no longer operational). TDD lines are available to communicate with the Deaf or hearing impaired. Staff indicated one on one communication would occur in event</p>

inmates were cognitively disabled or unable to read. Mental Health staff would be contacted to assist in communicating with the severely mentally ill. The agency does not have written materials in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision, however alternative methods to participate are available. Interviews with five Limited English Proficiency (LEP) inmates resulted in two of the five inmates indicating they were provided information regarding sexual abuse and sexual harassment that they were able to understand, one of the five inmates referenced the Spanish version of the PREA video and only one of the inmates indicated a person had talked to them in their language about their rights in the facility. Four disabled inmates were interviewed (two with injuries requiring a wheelchair, one with a glass eye and one low functioning inmate). One half of these inmates (2) indicated they received information about sexual abuse and sexual harassment, and one of them stated someone assisted them in understanding their rights in the facility.

Although the WCCSD has a plan to ensure all inmates have an equal opportunity to participate in and benefit from all aspects of the agency's PREA policy, it should be noted, the more comprehensive education mandated to be provided within 30 days is not documented and does not contain the agency's policies and procedures.

**Correction Action Completed:** The WCCSD entered into an agreement with the Voiance Language Line to provide services for the hearing and visually impaired. Supporting documentation of the use of Voiance for the hearing and visually impaired was reviewed. The WCCSD implemented a new risk screening instrument which met all of the requirements of the standard. The inmate signs the initial risk screening instrument indicating receipt of information regarding the agency's zero tolerance policy and ways to report sexual abuse and harassment. Supporting documentation was provided to the auditor indicating the use of the language line for inmates with limited English proficiency. In addition, documentation was provided for verification of WCCSD staff, mental health and medical involvement in providing initial information to inmates with disabilities.

115.16 (b) The WCCSD has a plan in place, however participation in the agency's PREA Program could not be verified by interviews or review of documentation. There was no documentation of more comprehensive education for any of the identified special populations. The WCCSD has a current contract with Voiance Telephonic Services which provides services in over 300 languages and video for sign language. The WCCSD has established policies and procedures for language translations services. Translation logs were reviewed and did not adequately describe the method or reason for translation services. Random names were selected from the translation logs and compared with electronic file materials. There was no indication of limited English proficiency or the need for translation services. One cognitively impaired inmate and one nurse did describe efforts from correctional staff in providing information as a result of a sexual abuse allegation which was observed by staff.

**Corrective Action Completed:** Upgrading the language line services to include video and more detailed documentation of the use of the language line was included in the correction action plan and completed within the time frames established. The inmate brochure and handbook was also updated and is now available on the kiosks and tablets, assailable to all inmates. The

WCSD changed their re-classification of inmate process from 60 days to 30 days from the date of booking. Supporting documentation was reviewed and the auditor verified all inmates have received more comprehensive education after booking. The inmate signs a statement stating they had reviewed and understood the PREA video and were provided with an opportunity to ask questions.

115.16 (c) WCSD General Order 5-613.6 prohibits staff to rely on detainee/inmate interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's/inmate's safety, the performance of first response duties, or an investigation. Documentation (logs) were reviewed for January, 2018 and in all instances, inmate assistance was due to non-PREA activities. Interviews with inmates did not result in any disclosures of the use of inmate interpreters, inmate readers or other types of inmate assistants. Interviews with all random selected staff indicated the language line is used when staff translators are unavailable.

After reviewing all of the available information and documentation, the Auditor determines this standard has been met.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Review of 23 applicant per-employment questions  General Order 5-613.6 PREA  General Order 3.032.1 Selection of Personnel  Blank Questionnaire for Present or Former Employers  Blank Contractor-Volunteer Application  Applicant Interview Questions for References  Blank Applicant Questions  Interview with PREA Coordinator  Review of criminal records checks of 23 new hires  Review of criminal records checks of 13 contractors  Review of personnel files for all correctional officers hired in the last year  Review of personnel files for all promotions in the last year  Review of contractor files for PREA related questions  Review of criminal records checks for all WCSD staff</p> <p><b>Findings (by Subsection):</b></p> <p><b>115.17 (a)</b> General Order 5-613.6 prohibits the agency from hiring or promoting anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates in accordance with the standard. Twenty-three new correctional officer pre-interview questionnaires were reviewed for compliance, two were non-compliant with the standard due to an older application form that was utilized. All of the old forms have been destroyed. The WCSD does not have a practice in place to capture the required information in the promotional process.</p> <p><b>Corrective Action Completed:</b> The WCSD revised the promotional protocol as well as the contractor protocol and include the questions in the standard. All contractors shall be required to answer the questions for contractors. Supporting documentation was reviewed by the Auditor and found to be in compliance with the standard</p> <p><b>115.17 (b)</b> All of the twenty-three employees hired during the reporting period were asked questions about prior accusations of sexual harassment. One employee had been accused of sexual harassment in a prior position and the investigator addressed the allegation in detail when considering moving the applicant forward in the hiring process. The PREA Coordinator was interviewed and the WCSD does not have a system in place for asking contractors or promotional candidates questions regarding prior sexual harassment.</p> <p><b>Corrective Action Completed:</b> The WCSD implemented a hiring process that considers</p>

incidents of prior sexual harassment prior to hiring any contractor or promoting any employees.

117.17 (C) All twenty three new hires criminal records checks were reviewed and found to be compliant. Fifteen applications and background investigations were reviewed. Of the fifteen applicants, two had prior institutional work experience. The facility was contacted and interviewed regarding both employees; however specific questions regarding sexual abuse or resignation during a pending investigation of an allegation of sexual abuse was not asked. The response from the institutional employer was positive for both employees. It should be noted; a Sheriff's Department Deputy had been assigned to conduct all background investigations prior to October 2017. These background investigations were reviewed and found to be thorough and detailed. This employee was laid off due to budget cuts in October 2017 and subsequently background investigators have been assigned to various Detectives. It is recommended a format for background investigations of correctional employees and contractors is developed and designated staff are trained to conduct the background investigations

**Corrective Action Completed:** The background investigation report format has been revised and a section regarding previous institutional employment was included. Specific questions related to the standard regarding sexual abuse and resignation pending an investigation of sexual abuse was included in the background checks. The WCSD provided the background investigation format to the Auditor for verification of compliance. The WCSD has not hired any new staff during the corrective action period. The determination of compliance was made by reviewing the revised forms to be utilized for new hires.

115.17 (d) The WCSD provided a list of thirty-five contractors. Fifteen of the contractors (medical and kitchen) were considered to may have contact with inmates. Thirteen medical and kitchen staff criminal background checks were reviewed and found to be in compliance with the standard.

115.17 (e) Criminal records checks for all current employees and contractors were provided for review.

115.17 (f) The agency disclosed the questions regarding sexual misconduct described in paragraph (a) of this standard were directly asked during the application process however are not directly asked in the initial written application or in interviews for promotions. The WCSD employee appraisal process does include a self-evaluation. The evaluation does not include questions required in this standard. General Order 3.032.1 Selection of Personnel imposes a continuing affirmative duty to disclose any such conduct. General Order 5-613.6 PREA imposes a continuing affirmative duty to disclose such conduct. The employee signs a statement during the application process that they are aware of the affirmative duty to report any such misconduct.

**Corrective Action Completed:** The WCSD revised the performance evaluations to include the questions required by this standard. Supportive documentation, including ten (20) evaluations conducted after the evaluations were amended were forwarded to the auditor for review. The auditor finds the WCSD is in compliance with this standard.

115.17 (g) General Order 5-613.6 informs staff that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

115.17 (h) General Order 3.032.1 Selection of Personnel and General Order 5-613.6 authorizes the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work. The Deputy Chief overseeing personnel was interviewed and stated any department requesting information regarding an employee seeking employment would be invited to review the employee's personnel records.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>Work orders for camera adjustments, camera replacements with wider lenses and new camera installations WCSD Completed PAQ</p> <p>Findings (by Subsection)</p> <p>115.18 (a) The WCSD has not acquired a new facility and has no current plans to expand or modify the existing facility.</p> <p>115.18 (b) Work orders were reviewed and fourteen (14) new cameras providing wider lens; seven (7) new cameras were installed in the kitchen, laundry room and Pod 2A to alleviate blind spots. Interviews with the Superintendent and PREA Coordinator indicated locations have been identified for additional video monitoring when funds become available.</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Interview with Charge Nurse-Mercy Health Hospital  Interview with Charge Nurse-Swedish American Hospital  Interview with Charge Nurse-Saint Anthony Medical Center  Interview with Sheriff  Interviews with random staff  Interview with PREA Coordinator  General Order 5-442.9 Sexual Assault/Abuse Investigations  General Order 5-083.1 Crime Scene Processing and Evidence Collection  General Order 5-613.6 PREA  Memorandum of Understanding dated September 12, 2016  Illinois Public Act 100-0515 (HB 270)  Guidance from PREA Resource Center</p> <p><b>Findings (by Subsection):</b></p> <p>115.21 (a) General Order 5-442.9 Sexual Assault/Abuse Investigations, General Order 5-083.1 Crime Scene Processing and Evidence Collection and General Order 5-613-6 PREA outlines a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Interviews with the Deputy Chief, Superintendent, and PREA Coordinator confirmed corrections staff are responsible to conduct administrative investigations and WCSD Detectives are responsible for allegations criminal in nature., including those related to violations of the PREA. Interviews with random staff provided responses that they were unaware of the agency's protocol for obtaining usable physical evidence of an inmate alleges sexual abuse, to "bag and tag", "wasn't sure would ask a Supervisor" and responses that crime scene technician would have that responsibility. Most of the staff interviewed knew the WCSD investigative unit was responsible for conducting criminal investigations including sexual abuse.</p> <p>115.21 (b) The Winnebago County Sheriff's Department does not conduct forensic medical exams. Local hospitals with SANE trained nurses are the preferred providers. The two hospitals listed as primary resources for the collection of forensic evidence were contacted by the auditor and stated the Illinois State Police Protocol was utilized to conduct such examinations.</p> <p>115.21 (c) General Order 5-613.6 PREA directs staff to transport the alleged victim to a medical facility for post sexual assault treatment per best medical practices including a forensic medical examination offered without financial cost to the victim. Two local hospitals</p>



(Swedish American Hospital) and Saint Anthony Medical Center were contacted by the auditor and have SANE staff on duty. Both hospitals indicated if a SANE nurse was not available, another nurse would conduct the exam in accordance with the hospital protocol. It should be noted the nurse conducting the exam may not have been trained to conduct sexual assault examinations.

115.21 (d) The WCSD has an MOU with the Rockford Sexual Assault Counseling, INC for victim advocacy. The MOU agrees to provide victim advocacy for all inmates at the jail.

115.22 (e) General Order 5-613.6 outlines a procedure consistent with the standard (as requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with the Rockford Sexual Assault Counseling, INC. (RSAC) provides for all of the listed services with the exception of supporting the victim through investigatory interviews. The RSAC was contacted by the Auditor and the counselor indicated their services would include supporting the victim through investigatory interviews. The Auditor was unable to find any inmate education detailing the support available during investigative interviews. Interviews with two criminal investigators indicated they were not aware victim advocates should be made available upon inmate request.

Corrective Action completed: The WCSD updated the inmate handbook and the inmate is now informed of victim advocacy services during the forensic exam and investigatory process upon request.

115.22 (f)(g) (h) Not applicable. The WCSD is responsible for the investigation of sexual abuse.

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Interview-Sheriff  Interviews with Investigators  Review of all PREA allegation complaints and investigations for the reporting period</p> <p>Findings (by Subsection):</p> <p>115.22 (a) General Order 5-613.6 requires an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment. All of the PREA allegations were reviewed during the reporting period. Twenty one (21) of the twenty-three (23) allegations were referred for administrative investigation and two were referred for a criminal investigation.</p> <p>115.22 (b) General Order 5-613.6 which mandates allegations of sexual abuse and sexual harassment are investigated is posted on the Winnebago County Sheriff's Office website.</p> <p>115.22 (c., d, e) Not Applicable</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Training Records for NIC Training (Your role: Responding to Sexual Abuse)  Training records for NIC Training (Communicating Effectively with LGBTI offenders)  Randomly selected staff training records  PREA refresher training records  Interviews with Random Staff</p> <p>Findings (by Subsection):</p> <p>115.31 (a) The PREA training spreadsheet was reviewed and 20 individual training records were reviewed. The training spreadsheet indicated all staff (patrol and corrections) were trained in all of the requirements of the standard in 2016. The National Institute of Corrections, "Your Role: Responding to Sexual Abuse", the National Institute of Corrections, "Communicating Effectively and Professionally with LGBTI Offenders", and the agency's Training on General Order 5-613.6 were used and the content meets the requirements of this standard. Ten correctional officers were recently re-hired after five months on lay-off status. The employees were afforded two weeks of refresher training which included an 8-hour PREA presentation based on lesson plans from the Moss Group. Training records prior to lay-off (within one year) were provided and verified training on the agency policy.</p> <p>115.31 (b) The WCSD houses both male and female inmates. The PREA Coordinator and the training coordinator provided verification of training in cross gender searches. As some training has been delivered regarding gender differences, it is recommended staff regularly assigned to female units as well as supervisory and investigative staff receive specialized training with communicating effectively with the female population.</p> <p>115.31 (c) The agency did not provide documentation of employees training one year of the effective date of the PREA standards; however the agency provided training to all staff in 2016 (providing corrective action). Refresher training on the updated PREA General Order was conducted in February of 2018. Verification of training was reviewed for all employees who had not received the initial training in the previous year.</p> <p>115.31 (d) The NIC courses provided to employees verify the information understand the training they received through tests and scores at the conclusion of the training. The employee signs a statement indicating receipt of training materials and their obligation to read same. The agency does not consistently document, through employee signature or electronic verification that the employee understands the training they have received.</p>

**Corrective action required:** Affirmative responses to questions after training is the most effective method of verification of the training received. However, if the agency decides to continue the use of verification of understanding affirmations, the verification of understanding training received form shall be revised and clearly indicate the policy or training provided has been completed by the employee prior to signing the document. Any read and sign training should include a mechanism for asking questions if any part of the training has not been understood.

**Corrective Action completed:** The WCSD revised the verification of training form to "My signature below indicates that I understand the training that I have received and/or I have read and understand the directives / materials that I have received. Any questions concerning training/materials I did not understand or had questions on were answered by the appropriate person prior to me signing below. The above written directives are the property of the Winnebago County Sheriff's Department."

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ          PREA Slideshow for volunteers and contractors          General Order 5-613.6 PREA          Review of training records of contractors and volunteers          PREA PowerPoint presentation for non-Corrections staff          Interviews with contractors and staff</p> <p>Findings (by Subsection):</p> <p>115.32 (a) General Order 5-613.6 requires all staff, volunteers and contractors who have contact with inmates to be trained on their responsibilities regarding the prevention, detection, and response procedures for sexual abuse and sexual harassment. Three volunteers and nine contractors were interviewed during the onsite review. All of the volunteers and contractors interviewed stated they had received training on the agency's PREA Policy. The Auditor reviewed training records of 16 randomly selected contracted staff resulting in verification of 15 contractors receiving the agency's PREA training. One of the recently hired part-time medical contractors had not yet received the required training. Training records of 15 randomly selected volunteers were reviewed and resulted in verification of 14 volunteers receiving the agency's PREA Training.</p> <p>Corrective Action Completed: The PREA Coordinator provided training verification of the one contractor and one volunteer who had not received the agency's PREA Training.</p> <p>Finding: The facility is now in compliance</p> <p>115.32 (b) The PREA PowerPoint presentation for volunteers and contractors was reviewed. The agency's zero tolerance policy regarding sexual harassment and sexual abuse is clear and the reporting instructions include reporting through the chain of command and in the event the alleged violator of policy is within the chain of command, reporting shall be directly to the Superintendent. Three volunteers and nine contractors were interviewed during the onsite review. All of the volunteers and contractors interviewed stated they had received the PowerPoint training for volunteers and contractors. The Auditor reviewed training records of 16 randomly selected contracted staff resulting in verification of 15 contractors receiving the agency's PREA training. One of the recently hired part-time medical contractors had not yet received the required training. Training records of 15 randomly selected volunteers were reviewed and resulted in verification of 14 volunteers receiving the agency's PREA Training.</p> <p>Corrective Action Completed: The PREA Coordinator provided training verification of the one contractor and one volunteer who had not received the agency's PREA Training.</p>

**Finding: The facility is now in compliance.**

**115.32 (c) The agency has not demonstrated volunteer and contractor understanding of the training they have received. The training verification form allows for a signature stating they acknowledge it is their obligation to read and understand which does not meet the standard.**

**Corrective Action Required: The training form will be revised to clearly reflect the training has been completed and understanding of same. As General Order 5-613.6 PREA has been recently revised, verification of training for 25% of the current volunteers and contractors shall be forwarded to the Auditor to determine compliance. The PREA Coordinator shall forward an updated alpha list of all contractors and volunteers to the Auditor for the random selection of the contractors and volunteers.**

**Corrective Action Completed: The training verification form was revised to read: "My signature below indicates that I understand the training that I have received and/or I have read and understand the directives / materials that I have received. Any questions concerning training/materials I did not understand or had questions on were answered by the appropriate person prior to me signing below. The above written directives are the property of the Winnebago County Sheriff's Department." The PREA Coordinator forwarded an updated alpha list of all contractors and volunteers to the Auditor and provided supporting documentation that all volunteers and contractors received the training and signed statements verifying understanding of the training.**

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Inmate Booking Receipt  General Order 5-613.6 PREA  PREA video  WCSD Handbook  Tour of facility (noting information on kiosks and PREA posters)  Interviews with intake staff  Interviews with random inmates</p> <p>Findings (by Subsection)</p> <p>115.33 (a) WCSD General Order 5-613.6 PREA requires all detainees/inmates to be notified of the facility's zero-tolerance policy for all forms of sexual abuse and sexual harassment. They shall receive the information guide that provides information regarding sexual abuse and sexual harassment and be required to sign a receipt for this information. The WCSD Intake Inmate Receipt form was reviewed. The receipt clearly states the Winnebago County Jail has a "Zero Tolerance" policy regarding sexual assault, sexual abuse or sexual harassment/misconduct and the inmate signs the form. The receipt does not inform inmates of the reporting procedures, instead it states the information is available on the kiosks on the living units. The standard requires the inmate to be informed how to report incidents or suspicions of sexual abuse or sexual harassment. Thirty-nine inmates were interviewed and 64% of the inmates stated they did not receive information regarding the agency's zero tolerance policy and reporting procedures for same.</p> <p>Corrective Action completed: The inmate acknowledgement form was revised to include the agency's zero tolerance policy and details all of the methods of reporting PREA related allegations.</p> <p>115.33 (b) The standard requires within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The WCSD shows a video three times a week. The video was reviewed and does the requirements of the informing the inmates of their rights, however does not include the agency's policies and procedures for reporting such information. In addition, the WCSD does not have a process to identify those inmates who have watched the video within 30 days. It should be noted the video is not closed captioned. The WCSD Inmate Handbook was reviewed. The inmate handbook states inmates may report PREA allegations to any staff</p>

member, contractor, volunteer, formal and informal written documents, grievances and anonymous complaints or by third parties. The inmate handbook does not list the internal PREA hotline number or the external reporting number. Intake staff were interviewed and verified the process observed by the Auditors. Thirty-nine inmates were interviewed and 65% of the inmates indicated they had not received education either in person or through video after the intake process.

**Corrective Action Completed:** The WSCD revised their classification process and the more intensive education is provided during the classification process (usually 2-3 days after booking). The video is presented to the inmates and the inmates signs a statement affirming the video has been viewed and the inmate understood the contents of the PREA video. In addition, the inmate affirms that any questions regarding PREA were answered by the appropriate person prior to the inmate signing the form. One classification form from each living unit was randomly selected for review by the auditor and were found to be in compliance with the standard.

**115.33 (c)** The WSCD does not have an internal process for documenting individual comprehensive education, including the agency's reporting procedures. The PREA video was identified as the method of education and as the video does not meet standard 114.33 a. Inmates held over 30 days have not been provided with the required education.

**Corrective Action Completed:** Verification of education for all inmates previously identified as not receiving the inmate education was provided to the auditor for review. The facility meets with requirements of the standard.

**115.33 (d)** General Order 5-613.6 PREA is written in accordance with this standard. PREA information (brochure and video) are available in English and Spanish. Information outlining the inmate education for those inmates who are deaf, visually impaired, cognitively impaired or those who have limited reading skills was not provided to the Auditor. The agency asks the inmate if they are able to read and understand the inmate handbook during the booking process. This question was designed to provide a "red flag" for those inmates who may require additional assistance with PREA educational requirements. Although the general Order is in compliance with the standard, the PREA video is the only education provided to the inmates and does not include the agency's policies and procedures.

**Corrective Action Completed:** A Winnebago County PREA video was produced (and is closed captioned). The new video explains the agency's policies and procedures in accordance with the standard.



**115.33 (e) The WCSD does not maintain documentation of inmate participation in these educational sessions.**

**Corrective Action Completed: The WCSD implemented a comprehensive PREA educational plan for inmates within 30 days of intake including a sign-off sheet acknowledging the inmates participation in these educational sessions. Documentation of one inmate per housing unit was reviewed and found to be in compliance with the standard.**

**115.33 f) The Auditors confirmed the WCSD has kiosks in every living unit with the inmate handbook, PREA brochure available on the kiosk. In addition, PREA brochures are located throughout the facility.**

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD PAQ  General Order 5-613.6 PREA  Review of Training Documentation  Interviews with Investigators  Interview with PREA Coordinator  Interview with the Deputy Chief of Investigations  Findings (by Subsection)</p> <p>115.34 (a) The WCSD policy is written in accordance with the standard. The WCSD Corrections Investigators conduct administrative investigations and the WCSD Detective Unit investigated allegations which appear criminal in nature. A review of the training records indicate thirty-nine staff (corrections, law enforcement, supervisory and administrative staff) have received the National Institute of Corrections on line Specialized Training for Investigators in an Institutional Setting. Two staff have participated in the NIC Advanced Training for Investigations in an Institutional Setting. Two criminal investigators who had conducted criminal investigations within the last year were interviewed. One of the two investigators had conducted two investigations and had not received any specialized training. One Corrections Investigator was interviewed and indicated he had received the NIC on line training however could not recall the information contained in the training course. It should be noted formal and informal interviews noted on line training was conducted while on post. The training records indicate sixteen of the employees started the course 2 to 4 times in the same day.</p> <p><b>Corrective Action Completed:</b> The WCSD has identified employees to conduct investigations who have received specialized training for sexual abuse investigations in an institutional setting. All of the identified Deputies have received the advanced NIC training on Sexual Abuse Investigations in an Institutional Setting.</p> <p>115.34 (b) The NIC Training for Sexual Abuse Investigations in an Institutional Setting includes all of the requirements of this standard.</p> <p>115.34 (c) The Auditor reviewed the training files and verified documentation of training where applicable.</p> <p>115.34 (d) Not applicable.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Interviews with medical and mental health staff  Medical and mental health staff training records</p> <p>Findings (by Subsection)</p> <p>115. 35 (a) General Order 5-613.6 requires all full time and part time medical and mental health providers to have specialized training in the four areas specified by this standard. A training spreadsheet was provided indicating 32 medical and mental health staff had been trained on the General Order and power point presentation. Certificates were provided for 13 health care staff for the NIC Medical Care for Sexual Assault Victims in a Confinement Setting and certificates for 9 health care staff for the NIC Course, Your Role and Responsibilities in Responding to Sexual Abuse was provided. Three of the health care staff were interviewed and indicated they had received no training.</p> <p>Corrective Action Completed: All health care and mental health staff have received the required training as directed in the General Order. Training materials and verification of training was forwarded to the Auditor and the facility is in compliance with this standard.</p> <p>115.35 (b) N/A The WCSD medical staff do not conduct forensic examinations</p> <p>115.35 (c) The WCSD training department has not maintained documentation of the training provided by Advanced Correctional Health Care (PREA Training Acknowledgement Form). The WCSD does not maintain a roster of current medical and mental health providers to ensure training has been conducted in accordance with the standard. The WCSD training department did have verification of PREA training (March of 2018) provided by medical staff. The WCSD training coordinator did not have knowledge regarding the training retirements for medical staff.</p> <p>Corrective Action Completed: The WCSD training department has not maintained documentation of the training provided by Advanced Correctional Health Care (PREA Training Acknowledgement Form). The WCSD does not maintain a roster of current medical and mental health providers to ensure training has been conducted in accordance with the standard. The WCSD training department did have verification of PREA training (March of 2018) provided by medical staff. The WCSD training coordinator did not have knowledge regarding the training retirements for medical staff.</p>

**115.35 (d) This standard requires Medical and Mental Health care practitioners to receive the training mandated for contractors under 115.32. A spreadsheet indicating 28 medical staff had received the training mandated for contractors was received. Three of the health care staff indicated they had not received the training. Medical and mental health staff had signed an acknowledgement form indicating they have been trained or provided the materials are responsible for reading and understanding. The Auditor bases a finding of not meeting standard is due to the form's lack of acknowledgement of training actually received combined with staff indicating they had not been trained by the WCSD. The acknowledgement form has been changed to reflect a statement indicating they have read or been trained.**

**Corrective Action Completed: All part time and full time medical and mental health staff have completed the training required for contractors pursuant to PREA standards. Verification of training was reviewed by the Auditor.**

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ General Order 5-640.8 Classification Classification Form dated 6/16 Classification Form dated 2/18 Interviews with staff responsible for risk screening Interviews with random inmates Review of Inmate screening forms (21) Interview with PREA Coordinator</p> <p>Summary of Findings (by Subsection)</p> <p>115.41 (a) General Order 5-613.6 requires all detainees to be screened as part of the booking process, but not to exceed 72 hours, for potential risk of sexual victimization or sexually abusive behavior. Three intake staff were interviewed and indicated risk for sexual victimization or sexually abusive toward other inmates is accessed during the booking process. A review of 35 inmate files indicated all were accessed during the booking process. Interviews with 39 inmates resulted in 11 inmates stating they remembered being asked the risk screening questions and 28 inmates stating they did not remember being asked the risk screening questions. The files of the 28 inmates indicating they did not remember being asked the risk screening questions resulted in one inmate who did not participate in the screening process, one inmate who checked the "no" box regarding being informed about PREA information and four intake sheets where one or more of the PREA questions were marked in the "yes" and "no" boxes with the reviewer unable to make a determination as to the risk of the inmate.</p> <p>A review of the classification forms indicated intake officers do not consistently provide an explanation when required on the PREA questions; do not consistently notify a Supervisor when required on the PREA questions. A review of the alert section on the Jail management system of those inmates who answered affirmative responses indicated the reason for the alert and the response to the alert (PREA cell, single cell, etc.). Considering all of the available information, the Auditor determines the facility does meet the standard.</p> <p>The WCSD only operates one facility; therefore, they are not required to reassess upon transfer.</p> <p>Recommendations: During the on-site visit, the PREA Coordinator had obtained a screening instrument that is considered an objective screening instrument. The Auditor reviewed the instrument and made recommendations to the scoring. It is recommended the alert clearly identifies the inmate as being at risk for victimization or at risk of offending. As the PREA</p>

questions are intermingled in the booking process, it is highly recommended WCSO implement a separate screening instrument for PREA.

115.41 (b) General Order 5-613.6 requires all detainees to be screen as part of the booking process, but not to exceed 72 hours, for potential risk of sexual victimization or sexually abusive behavior. Three intake staff were interviewed and indicated risk for sexual victimization or sexually abusive toward other inmates is assessed during the booking process. A review of 35 inmate files indicated all were assessed during the booking process. Interviews with 39 inmates resulted in 11 inmates stating they remembered being asked the risk screening questions and 28 inmates stating they did not remember being asked the risk screening questions. The files of the 28 inmates indicating they did not remember being asked the risk screening questions resulted in only one inmate who did not participate in the screening process. This inmate was escorted to the medical unit upon admission and there is no indication the risk screening was conducted. The Auditor concludes this was an isolated incident subject to extraordinary circumstances and the policy to conduct risk assessments during the booking process has been institutionalized into practice.

115.41 (c) The classification documentation was reviewed by the auditor and the risk screening is incorporated into the booking (intake) procedures. A review of the classification forms indicated intake officers do not consistently provide an explanation when required on the PREA questions and do not consistently notify a Supervisor when required on the PREA questions. The Supervisor does enter information regarding the inmate's risk and accommodations provided in the Jail Management System. Considering all of the available information, the Auditor determines the screening tool currently in use to meet the minimum expectations for an objective screening instrument.

Recommendations: During the on-site visit, the PREA Coordinator had obtained a screening instrument that is considered an objective screening instrument. The Auditor reviewed the instrument and made recommendations to the scoring. It is recommended the alert clearly identifies the inmate as being at risk for victimization or at risk of offending. As the PREA questions are intermingled in the booking process, it is highly recommended WCSO implement a separate screening instrument for PREA.

115. 41 (d) The WCSO risk instrument was reviewed and includes the following:

1. Whether the inmate has a mental, physical or developmental disability (Question #6 Do you have any mental, physical, or developmental disabilities?)
2. The age of the inmate (entered as booking information)
3. The physical build of the inmate (weight and height entered into booking information)
4. Whether the inmate has been previously incarcerated. (Question #16, #17 Have you ever been to Jail in Winnebago or any other county? Where and why? Have you ever been sentenced to the DOC in IL or any other state? Where and why?)
5. Whether the inmate's criminal history is exclusively nonviolent (Question #18 asks about major disciplinary tickets, #19 asks if the inmate has ever fought with a corrections officer).
6. Whether the inmate has prior convictions for sex offenses against an adult or child (Question #15 Have you ever been charged with a sex crime?)
7. Whether the inmate believes he/she is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (Question #8 asks about perception however does not

affirmatively ask if the inmate is gay, lesbian, bisexual, transgender, intersex or gender conforming.

8. Whether the inmate has experienced previous sexual victimization in a correctional facility (The standard requires "experienced sexual victimization")

9. Whether the inmate feels that they are currently in danger of being physically or sexually assaulted. (The standard requires the inmate's own perception of vulnerability)

The WCSD does not detain inmates solely for civil immigration purposes;

The risk screening does not include the following:

1. Whether the inmate's criminal history is exclusively non-violent. The booking process was observed during the on-site review and the criminal history is pre-populated when an inmate has been previously housed at the facility. The booking officer reviews this information

2. Whether the inmate has any prior convictions for sex offenses against an adult or child (The question does not illicit an answer regarding 1) convictions and 2) if the victim was an adult or child). A review of the booking documentation indicated this information is not consistently documented in the comments section.

3. Whether the inmate is gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. This standard requires a direct question. This question has been revised to request an affirmative response as to gender identification.

4. Whether the inmate has previously experienced sexual victimization in any setting. The booking questions has been revised to include this statement.

5. The inmates own perception of vulnerability (The question asks if the inmate is "currently in danger". The question does not illicit a response of whether the inmate feels he could be subject to sexual abuse or harassment while in the jail. The form was revised and now elicits the intended response.

Three intake staff were interviewed and identified the questions that would require a Supervisor to be contacted if the inmate answered affirmatively.

Corrective Action Completed: The screening instrument was revised and the PREA risk screening questions are phrased in such a manner to illicit the response intended by the standard (sex offenses convictions against a child or adult).

115.41 (e) The initial screening considers previous acts of prior sexual abuse (Question #13). The initial screening transfers any prior history of the inmate into the classification documents for the intake officer to view prior convictions of violence against others and prior institutional violence or sexual abuse. Interviews with three intake officers indicated the three required elements are considered in assessing the inmates risk of being sexually abusive. The Auditor reviewed the classification documents and prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse was noted, there were no affirmative risk identified on the booking sheet. Additional documentation was provided and verified supervisors enter the information in the computer.

115.41 (f) General Order 5-613.6 PREA and General Order 5-640.8 Classification were reviewed and found to contain conflicting information regarding the dates of the reassessments. The PREA Coordinator confirmed reassessments were conducted within 60

days. No supporting documentation was received verifying 30-day assessments. The staff person identified to conduct the assessments was interviewed during the onsite visit. The Jail Management System re-classification process was observed. The current process does not confirm if any additional information was received and does not allow for a determination of risk of sexual victimization or risk of sexual abusiveness to others.

**Corrective Action Completed:** The Classification policy has been revised to incorporate the time frames established in the standard. All reclassification information for inmates in the facility for 30 days on October 9, 2018 were reviewed and found to be in compliance with the standard.

**115.41 (g)** General Order 5-613.6 requires the inmates risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the detainees/inmate's risk of sexual victimization or abusiveness. There have been no reported referrals, requests, incident of sexual abuse (substantiated) or receipt of additional information noted during the reporting period.

**115.41 (h)** General Order 5-613.6 prohibits disciplinary action for refusing to answer (or for not disclosing complete information related to the screening form) to answer questions regarding questions related to the following:

1. Whether or not the inmate has a mental, physical, or developmental disability;
2. Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
3. Whether or not the inmate has previously experienced sexual victimization; and
4. The inmates own perception of vulnerability.

It should be noted #2, #3 and #4 above are not adequately addressed in the screening process. The screening questions have been revised and addresses #2, #3. There was no disciplinary action noted for failure to answer any of the questions. The booking officers were interviewed and verified inmates have not been disciplined for refusal to answer the questions.

**115.51(i)** The agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The PREA Coordinator was interviewed as well as staff responsible for risk screening. Staff assigned to booking, classification and supervisory staff have access to the risk screening instrument.



115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-640-8 Classification  Interview with PREA Coordinator  Interviews with staff responsible for risk screening</p> <p>Findings (by Subsection):</p> <p>115.41 (a) General Order 5-640-8 Classification requires the use of the information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Supervisory staff, staff assigned to risk screening and the Classification Lieutenant were interviewed by the Auditors. After the initial housing assignment, any inmate requests for housing reassignments, inmate work assignments and program assignments are submitted via request form on the inmate kiosks. Supervisory staff then contact the classification officer for housing reassignment consideration. and or the Classification Lieutenant for work or program assignments. Designated staff then review the inmate's charges, classification questions, any alerts or identified "keep separate from" to approve or deny the request.</p> <p>115.41 (b) General Order 5-640.8 Classification requires individualized determinations about how to ensure the safety of each inmate. Staff responsible for risk screening, supervisory staff, and the Classification Lieutenant were interviewed by the Auditors. Staff responsible for risk screening stated the determination for housing based on the risk screening instrument is made by supervisory staff. Supervisory staff and the Classification Lieutenant confirm individual determinations are made regarding how to ensure the safety of each inmate. Determinations may include alerts to keep identified inmates separate from others, placement in identified cells on each housing unit nearest to the correctional officer station within the housing unit in order to provide close supervision of the inmate and determinations of security assignment.</p> <p>115.42 (c) General Order 5-640-8 Classification requires a case by case determination on whether to assign a transgender or intersex inmate to a housing unit for male or female inmates and in making other programming decisions considering whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security issues. Interviews with the PREA Coordinator confirmed the housing assignment of a transgender or intersex inmate is made on a cases to case determination in accordance with the standard. There were no transgender or intersex inmates housed at the facility during the onsite review.</p>

**115.42 (d) General Order 5-640-8 Classification requires placement and program assignments for transgender or intersex inmates to be reassessed at least twice a year to review any threats to safety experienced by the inmate. The PREA Coordinator was interviewed and stated if a transgender or intersex inmate was housed at the facility for more than six months, a reassessment would be conducted. The Auditors reviewed the jail inmate system for two identified transgender inmates and neither inmate had been housed at the jail for a period longer than six months.**

**115.41 (e) General Order 5-640-8 Classification requires a transgender or intersex inmate's own views with respect to his or her own safety to be afforded serious consideration in housing and program decisions. The PREA Coordinator and Classification Lieutenant were interviewed and confirmed any transgender or intersex inmate's own views in respect to his or her own safety would be taken into consideration when reviewing housing and program activities. There were no transgender or intersex inmates housed at the jail during the onsite review.**

**115.41 (f) General Order 5-640-8 Classification requires transgender and intersex inmates to be given the opportunity to shower separately from other inmates. The auditors toured every living unit of the facility and all inmates are provided with an opportunity to shower separately from other inmates. There were no transgender or intersex inmates housed at the jail during the onsite review.**

**115.41 (g) General Order 5-640-8 Classification states the agency shall not place lesbian, gay, bisexual, transgender, intersex inmates in dedicated units or wings solely on the basis of such identification or status, unless such placement has been established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such inmates. The PREA Coordinator was interviewed and confirmed there are no dedicated units or wings solely on the basis of the listed identifications. Seven inmates identifying as gay, lesbian or bisexual were interviewed and all confirmed they have never been housed in an area designated for gay, lesbian or bisexuals. The Auditors observed gay, lesbian and bisexual inmates housed on living units with heterosexual inmates.**

**After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.**

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-640.8 Classification  Interview with the Warden or designee??  Interview with staff who supervise segregated housing  Interviews with inmates in segregated housing for risk of sexual victimization or allege to have suffered abuse???</p> <p>Findings (by Subsection)</p> <p>115.43 (a) General Order 5-640.8 Classification prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PREA Coordinator and Superintendent were interviewed and stated involuntary segregated housing has not been utilized as a means of separating inmates who are at risk of sexual victimization from inmates at risk of sexually abusing others. Inmates who are considered at risk of sexually abusing others may be classified as maximum security requiring single bunk housing assignments and alerts to keep separate from inmates likely to be sexually abusive to others. The WCSD has 20 housing units and ample room to separate inmates at risk for sexual victimization from inmates at risk for sexually abusing others. There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing during the last 12 months.</p> <p>115.43 (b) General Order 5-640.8 Classification mandates inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing during the last 12 months. The PREA Coordinator and Classification Lieutenant were interviewed and confirmed same.</p> <p>115.43 (c) General Order 5-640.8 Classification requires inmates to be involuntary segregated only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed beyond a period of 30 days. The PREA Coordinator and Classification Lieutenant were interviewed and were aware of their responsibilities with regard to this standard including the need for a review every 30 days. There have been no instances that required action with regard to this standard.</p>

**115.43 (d) General Order 5-640.8 Classification mandates the facility to document the basis for the facilities concern for the inmate's safety and the reason why no alternative means of separation could be arranged in the event involuntary segregation is required. The PREA Coordinator and Classification Lieutenant were interviewed and were aware of their responsibilities with regard to this standard, including the documentation required. There have been no instances that required action with regard to this standard.**

**115.43 (e) General Order 5-640.8 Classification requires each inmate a review to determine whether there is a continuing need for separation from the general population every 30 days. The PREA Coordinator and Classification Lieutenant were interviewed and were aware of their responsibilities with regard to this standard. There have been no instances that required action with regard to this standard.**

**After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.**

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Inmate Handbook  Inmate brochure  General Order 5-613.5 PREA  Kiosks in the facility  PREA Posters  Random Interviews with inmates  Random interview with staff  Review of investigations  Site Review</p> <p>Findings (by subsection):</p> <p>115.51 (a) The Inmate handbook (located on inmate kiosks) informs inmates how to privately report reports of sexual abuse, sexual harassment, fear of retaliation and staff's neglect or violation of responsibilities that may have contributed to such incidents internally by allowing reports to be taken by any staff member, volunteer, or contractor; and allows for reports to be taken by grievance or other informal or formal documentation. It should be noted the handbook does not inform the inmate of the PREA hotline number. The PREA Brochure (located on inmate kiosks) informs inmates they may report sexual harassment and sexual abuse, however there is no information on reporting retaliation for reporting same or staff actions or neglect that may have contributed to the incident. The PREA brochure does include the PREA hotline number. The inmates are not informed the PREA hotline number is monitored by the agency. A review of all investigations during the reporting period, indicated reports had been taken by medical staff, mental health staff and the Chaplain. The PREA Brochure provides an internal hotline number and provides the number of the PREA Coordinator. Thirty- nine random Inmates were interviewed and 26 inmates identified one of more methods to communicate sexual abuse or harassment and 12 inmates indicated they would not tell anyone. Reasons for not telling anyone included they were not a snitch, they would take care of it themselves, they wouldn't let it happen to them and some did not provide a reason. One inmate indicated she could not tell anyone as she had not been let out of her cell for over two weeks. Medical records indicated she had contact with medical 1-3 times a day for medication administration and had been out of her cell daily during the four-week period she was housed at the jail. Fourteen random staff were interviewed and cited numerous ways to report PREA allegations.</p> <p>115.51 (b) The Inmate brochure lists The Rockford Sexual Assault Counseling Inc. as an external reporting agency. A review of the MOU did not include acceptance of PREA allegations. A call was placed to the Rockford Sexual Assault Counseling and it was</p>

determined the agency would counsel the inmate on how to report an allegation if the inmate requested it but would not report the allegation to the WCSD. Efforts to enter into an agreement which met the standard with the rape crisis counseling center was not possible due to the confidentiality requirements mandated by legislation. The WCSD does not detain inmates solely for civil immigration purposes.

**Corrective Action Completed:** The WCSD has entered into an agreement with Path, Inc (211). The external number is communicated through the Inmate Handbook and PREA Brochure. The handbook states the number is confidential and not recorded. And states the inmate may report anonymously. The external number has been implemented.

115.51 (c) General Order 5-613.6 PREA requires staff to accept reports made verbally, anonymously, and from third parties and shall promptly document any verbal reports. A review of investigative reports indicate staff have not always reported allegations to supervisory staff nor documented promptly. Fourteen random staff were interviewed and the answer to the question regarding how soon they would report a sexual abuse or sexual harassment allegation varied from within hours, right away, call a supervisor to see what they would prefer and as soon as the inmate was safe. All fourteen staff were aware allegations could be made verbally, in writing anonymously and from third parties. Thirty-nine inmates were interviewed and 24 were aware of staff reporting requirements; 25 responded they were not aware they could make reports of sexual abuse or sexual harassment either in person or in writing. Several of these inmates acknowledged they had not read any PREA information or seen the video. The Auditor interviewed medical and food service staff and only one was aware of how they would document such a report.

**Corrective Action Completed:** A refresher training was provided to all staff, volunteers and contractors regarding their obligation to report allegations promptly and document any verbal reports. The PREA Coordinator provided supporting documentation confirming all staff, volunteers and contractors had received this training. The auditor determined the facility is in compliance with the standard.

115.51 (d) A review of General Order 5-613.6 PREA does not outline a method for staff to privately report sexual abuse and sexual harassment of inmates. Fourteen random staff were interviewed and all could identify at least one way to privately report sexual abuse and sexual harassment of inmates.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  WCSD Inmate Handbook  Review of investigations</p> <p>Findings (by subsection):</p> <p>115.52 (a) The agency is not exempt from this standard,</p> <p>115.52 (b) The Auditor reviewed General Order 5-613.6 and the Inmate Handbook. Both documents outline a procedure that meets all four provisions in this standard.</p> <p>115.52 (c) General Order 5-613.6 PREA allows the inmates to submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance will not be referred to a staff member who is the subject of the complaint. The inmate handbook states the inmates may report allegations to anyone they trust. A review of investigative reports indicates inmates have reported allegations to a variety of staff including contractors and volunteers, and there have been no grievances has been referred to the subject of the complaint.</p> <p>115.52 (d) General Order 5-613.6 PREA requires the agency to issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The agency may claim an extension of up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The agency is required to notify the inmate in writing of any such extension and provide a date by which a decision will be made. WCSD has two pending sexual abuse cases, however neither of these were initiated by a grievance. There have been no allegations in the reporting period which required such notification. There were no inmates housed at the facility at the time of the onsite review who had made an allegation of sexual abuse.</p> <p>115.52 (e) General Order 5-613.6 allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and also permits filing requests in behalf on inmates. The General Order does require an alleged victim to agree to have the request filed on his or her behalf and requires the alleged victim to personally pursue any subsequent steps in the administrative remedy process as a condition of processing the request. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. In reviewing all of the investigations for the reporting period, there have been no grievances files by a third party in an inmates behalf.</p>

**115.52 (f) General Order 5-613.6 establishes an emergency procedure for the filing a grievance alleging that the inmate is subject to a substantial risk on imminent sexual abuse. The General Order is in compliance with the standard. The inmate handbook was reviewed and there is no indication that inmates have been informed about emergency grievances alleging that an inmate is subject to a substantial risk of imminent sexual abuse. There have been no emergency grievances alleging a substantial risk of imminent sexual abuse during the reporting period.**

**Corrective Action Completed: The Inmate Handbook and inmate education materials (including video) has been updated to include the emergency grievance reporting process for inmates.**

**115.52 (g) General Order 5.613.6 allows an inmate to be disciplined for filing a grievance related to alleged sexual abuse only when the agency has demonstrated the inmate filed the grievance in bad faith. There was one investigation during the reporting period which was concluded with the inmate making a false allegation; however no discipline was imposed.**



115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ General Order 5-613.6 PREA Interviews with random Inmates</p> <p>Findings (by subsection):</p> <p>115.53 (a) General Order 5-613.6 PREA requires the agency to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where, available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The general order requires staff with reasonable communication between inmates and these organizations and agencies in as confidential manner as possible. The Inmate brochure states support services are available and lists the name of the agency providing the services however does not provide the address. The inmate handbook does not provide information about victim advocacy. Inmates are not informed as to confidentiality with advocacy agencies. Thirty-nine inmates were interviewed and all but one inmate stated they were aware of services available outside of the facility for dealing with sexual abuse if needed. Two inmates were interviewed informally indicated they were receiving services from victim advocacy inside the jail for abuse reported outside of the facility. Both inmates stated the victim advocate had advised them that the jail had refused to allow them entry into the facility several months ago. Jail administration was asked about any denials of victim advocates to access inmates at the jail and was advised the person responsible for clearance into the facility had left the Sheriff's Department and the records were not accessible. This challenge was resolved within weeks and the victim advocates were advised of their clearance status.</p> <p>Corrective Action Completed; The inmate handbook, PREA brochure and PREA poster has been updated to include information regarding victim advocacy, phone numbers and addresses. Information regarding confidentiality in communicating with the victim advocacy agency is provided in the updated inmate handbook, PREA Brochure and PREA video.</p> <p>115.53 (b) The inmate handbook, PREA video and PREA brochure were reviewed by the Auditor. WCSD has not provided inmates of the extent that communications will be monitored and to the extent to which reports of abuse will be forward to authorities in accordance with mandatory reporting laws. Random inmates were interviewed and the majority of the inmates indicated they were aware of victim advocacy services, stated the phone number was located on the PREA brochure, didn't know if the mailing address was available, didn't think the call</p>

	<p>monitored.</p> <p><b>Corrective Action Completed:</b> The inmate handbook has been updated and now informs inmates of the extent to which communication will be monitored and the extent to which reports of abuse will be forwards to authorities in accordance with mandatory reporting laws.</p> <p><b>115.53(c)</b> The WCSD has entered into an agreement with the Rockford Sexual Assault Counseling Inc. to provide confidential emotional support services related to sexual abuse. The MOU was provided to the auditor for review.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p><b>Winnebago County Sheriff's Department Website</b>  <b>WCSD Completed PAQ</b></p> <p><b>Findings:</b></p> <p><b>115.54 (a)</b> The Winnebago County Sheriff's Department website includes multiple ways for third-party reporting of sexual abuse and sexual harassment on behalf of an inmate. The website includes the internal hotline number but does not include the external reporting number. It is recommended the website include the identification of the external reporting entity, phone number and address when identified.</p> <p>After reviewing the facility website, the Auditor determined the facility meets the requirements of the standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Interviews with Random Staff  Review of all investigative reports  PREA Medical and Mental Health Notification Form  General Order 5-613.6 PREA</p> <p>Findings (by Subsection)</p> <p>115.61 (a) General Order 5-613.6 PREA requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff were interviewed and all could articulate the expectations of the standard. Interviews with health care staff and a review of the investigative reports indicated a lack of awareness of all aspects of this standard.</p> <p>Recommendation: All contractual and health care staff shall receive refresher training on first responder duties.</p> <p>115.61 (b) General Order 5-613.6 PREA requires information concerning the identity of a detainee/inmate victim reporting a sexual assault, and the facts of the report itself, to be limited to those who have a need-to-know in order to make decisions concerning the victim's welfare, and for law enforcement/investigative purposes. Random staff were interviewed and all could articulate the standard.</p> <p>115.61 (c) The PREA Medical and Mental Health Notification Form was reviewed. The form does not inform inmates of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against inmates or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The form does not indicate the limitations of confidentiality (sexual abuse reporting outside of a facility) and only states sexual abuse and sexual harassment will be reported. Interviews with medical and mental health staff indicated a lack of awareness of the obligation to report PREA incidents that occurred in a facility outside of the facility. In addition, the limits of confidentiality are not explained at the initiation of services. The contracted medical provider confirmed medical protocols do not include the provisions of this standard,</p> <p>Corrective Action Completed: The WCSD medical and mental health provided an updated</p>

protocol and form for informing inmates of the required reporting duties as well as to the information requiring informed consent at the initiation of services. The PREA Coordinator provided verification of inmate advisement on the one PREA allegation that was reported after the protocol was established.

115.61 (d) The WCSD does not hold youthful offenders and there is no mandatory reporting laws for vulnerable adults applicable to county jails.

116.61 (e) The Superintendent was interviewed and confirmed all PREA allegations are referred for administrative or criminal investigations. Are view of investigative reports confirmed same.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p><b>WCSD Completed PAQ</b>  <b>Interview with the Sheriff</b>  <b>Interview with the Superintendent</b>  <b>Interviews with random staff</b>  <b>General Order 5-613.6 PREA</b></p> <p><b>Findings (by Subsection):</b></p> <p><b>115.62 (a) General Order 5-613.9 PREA requires after receiving an emergency grievance alleging a detainee/inmate is subject to a substantial risk of imminent sexual abuse, the Corrections division shall Immediately forward the grievance ( or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediately corrective action may be taken. Interviews with random staff resulted in a variety of answers including separate the parties, remove the victim from the immediate risk, notify supervisor, alert medical staff, write a report and secure the scene. All of the staff indicated they would immediately take action. Approximately two weeks prior to the onsite review, a correctional officer observed suspicious behavior and immediately separated the inmates and notified supervisory staff. Upon review of video footage, an investigation was immediately initiated. Interviews with the Sheriff and Superintendent indicated staff are expected to respond immediately to any threat sexual abuse by separating the parties and notification to the supervisor.</b></p> <p><b>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</b></p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Interview with Sheriff  Interview with Superintendent</p> <p><b>Findings (by Subsection):</b></p> <p>115.63 (a) General Order 5-613.6 PREA meets the requirement in the standard. There was one allegation of inmate on inmate sexual abuse occurring in another facility during the reporting period. A WCSD Captain reported the incident to a Captain at the receiving facility. The Superintendent was interviewed and indicated the report to the receiving facility was made before he was notified of the disclosure. The Superintendent acknowledged the Captain had insured the allegation was reported and noted confirmation of the investigation and outcome of the investigation from the receiving facility. Methods of communicating from the respective heads of the facility was discussed.</p> <p><b>Corrective Action Completed:</b> The WCSD developed a protocol which includes written confirmation of notification to the head of any facility where a PREA allegation occurred from the Superintendent's office. The PREA Coordinator provided documentation of a confirmation from the Sheriff to the Sheriff of the jurisdiction where the allegation occurred after the new protocol was developed. The auditor has determined the facility is in compliance with the standard.</p> <p>116.63 (b) General Order 5-613.6 PREA meets the requirement in the standard. There was one allegation of abuse that alleged to have occurred in another facility. the allegation was reported to the facility the same day of the allegation.</p> <p>116.63 (c) General Order 5-613.6 PREA meets the requirement in the standard. Documentation regarding notification to the other county was reviewed.</p> <p>115.63 (d) General Order 5-613.6 PREA meets the requirement in the standard. The WCSD documented the other county's response that the incident had been reported several years ago, had been investigated and the allegations were substantiated. The Sheriff and Superintendent were interviewed and were well versed on the standard.</p>

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order # 613.6 PREA  Interviews with Security staff and non-security staff first responders  Interviews with random staff</p> <p><b>Findings (by Subsection):</b></p> <p>115.64 (a) General Order 613.6 PREA includes first responders to perform all of the requirements in the standard. There were two allegations of sexual abuse during the reporting period. In reviewing the investigative report from Incident #1, the report does not describe any actions to separate the alleged abusers from the victim, preserve and protect the alleged crime scene or take actions to prevent the victim from destroying physical evidence. It should be noted the alleged perpetrators were off duty at the time the incident was reported. In reviewing Incident #2, a suspicious incident was reported and staff was removed from the facility. The alleged victim (inmate) did not make the allegation until weeks later, negating the need for the first responder protocol. Interviews with random staff and non-security staff first responders indicated recent training had been provided.</p> <p>115.64 (b) All available documentation was reviewed from the two allegations of sexual abuse. In Incident #1, the allegation was made approximately 6 hours after the alleged incident by non-security staff. The report written by the first responder does not indicate any actions taken other than reporting to corrections supervisory staff. In reviewing the investigative report for Incident #2, it is noted although suspicious activity detected and actions were immediately taken to separate the staff from offender for a breach of security, the PREA allegation was not disclosed for several weeks negating the need to follow the protocol in place. Interviews with non-security first responders and random staff indicated they received training within weeks of the onsite review and were aware of their obligations.</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p><b>WCSD Completed PAQ</b>  <b>General Order 5-613.6 PREA</b>  <b>Interview with the Superintendent, PREA Coordinator and Health Care Staff</b></p> <p><b>Findings (by Subsection):</b></p> <p><b>115.65 (a) WCSD General Order 5-613.6 includes an institutional plan to coordinate actions taken in response to an incident of sexual abuse. The response plan includes the roles and responsibilities of the first responders, medical staff, investigators and facility leadership. The response plan does not include mental health.</b></p> <p><b>Corrective Action Completed: The WCSD revised the institutional response plan to include the duties and responsibilities of mental health. In addition, a form was created for health care staff to report PREA allegations. Supporting documentation of all mental health and medical staff receiving training on the protocol and form was forwarded and reviewed by the auditor.</b></p>



<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  2009 FOP Lodge No 50 Contract  2013 AFSCME Local 473 Contract  2013 FOP Lodge 50 Contract  2017 AFSCME Local 473 Contract  Interview with the Sheriff</p> <p><b>Findings (by Subsection):</b></p> <p>115.66 (a and b) The collective bargaining union contracts were reviewed and found to have no limitations to the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interviews with the Sheriff confirms an awareness of the agency's responsibility regarding this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Review of all sexual abuse investigations during the reporting period (2)  Interview with Sheriff  Interview with Superintendent  Interview with staff designated to monitor retaliation of staff and inmates</p> <p>Findings (by Subsection):</p> <p>115.67 (a) General Order 5-613.6 PREA requires the agency to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The policy states the Corrections Superintendent or designee is charged with monitoring of retaliation of staff and inmates. Superintendent Redmond is the staff retaliation monitoring contact and has appointed Captain Owens as the secondary staff monitoring contact. Superintendent Redmond has designated Lt. Egler as the staff member to monitor offender retaliation and has appointed Sgt. Ponte as the secondary staff member to monitor offender retaliation.</p> <p>115.67 (b) The WCSD employs multiple protection measures, including but not limited to housing changes, removal of alleged staff or inmate's abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Sheriff, Superintendent and staff responsible for monitoring indicate awareness of monitoring responsibilities. Several inmates have reported allegations of retaliation; however, the allegations of retaliation were not reported until after the inmate had received notification of the unfounded finding of the investigation or the investigation was not PREA related. Inmates alleging retaliation were interviewed by the Auditor and in each case, the alleged act of retaliation was precipitated by actions responding to the inmate's failure to follow the facilities rules.</p> <p>115.67 (c) A letter indicating there was no monitoring activities conducted during the reporting period was included in the pre-audit documentation, the auditor found two allegations of sexual abuse that was investigated. One of the investigations was determined to be unfounded on the same day of the allegation. The inmate alleging the abuses in the second allegation was released from the facility negating the need for monitoring. Interviews with staff responsible to monitor staff and staff responsible to monitor inmates were conducted and were able to articulate monitoring duties. It should be noted the PREA Coordinator recently implemented a comprehensive monitoring form.</p>

115.67 (d) General Order 5-613.6 PREA includes provisions for status checks. There have been no allegations which required monitoring activities including periodic status checks within the reporting period. Staff responsible for monitoring were interviewed and were able of their responsibility to include status checks with the monitoring tasks.

115.67 (e) There was no evidence that any individual who cooperated with a sexual abuse investigation expressed fear of retaliation. The Sheriff and Superintendent were interviewed and confirmed same.

After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.

115.68	<b>Post-allegation protective custody</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Interview with Superintendent  Interviews with staff assigned to supervised segregated housing</p> <p>Findings (by Subsection):</p> <p>115.68 (a) General Order 5-613.6 PREA clearly articulates all of the requirements of 115.43. Interviews with the Superintendent, PREA Coordinator and staff supervising inmates in segregation units were interviewed and all confirmed inmates alleging sexual abuse have not been placed in protective custody. Records of inmates in protective custody at the time of the onsite review indicated none of the inmates were in protective custody for an allegation or risk of sexual victimization.</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<div data-bbox="248 165 879 199" data-label="Text"> <p><b>Auditor Overall Determination: Meets Standard</b></p> </div> <div data-bbox="248 244 509 277" data-label="Text"> <p><b>Auditor Discussion</b></p> </div> <div data-bbox="248 322 1396 441" data-label="Text"> <p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> </div> <div data-bbox="248 495 1158 784" data-label="List-Group"> <ul style="list-style-type: none"> <li>WCSD Completed PAQ</li> <li>General Order 5-613.6 PREA</li> <li>General Order 5-052.1 Administrative Investigations</li> <li>General Order 5-442.1 Criminal Investigations</li> <li>General Order Bulletin #099-1801 Sexual Assault Incident Procedures</li> <li>Review of all twenty-three PREA allegations within the last year</li> <li>Interviews with investigators</li> </ul> </div> <div data-bbox="248 880 596 913" data-label="Text"> <p><b>Findings (by Subsection):</b></p> </div> <div data-bbox="248 965 1476 1812" data-label="Text"> <p>115.71 (a) General Order 5-613.6 PREA requires investigations into allegations of sexual abuse and sexual harassment be promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. There were no reports from third party or anonymous sources during the reporting period. All the investigations during the reporting period were reviewed. A review of all investigations during the reporting period indicated investigations were not conducted in accordance with PREA standards. All of the investigations were reviewed and a spreadsheet detailing the requirements for a thorough and objective investigation was reviewed and detailed on each investigation. Investigation did not always include interviews with alleged suspects, witnesses, credibility statements, rights were not afforded to staff in accordance with acceptable practices and credibility assessments were not always included. There were unfounded findings that were not supported by the evidence presented and could arguably be determined to be unsubstantiated with the evidence presented in the report. There was no evidence to support suspected perpetrators were interviewed in one of the investigations (pending). There was no evidence that witnesses were interviewed regarding the allegations in one of the investigations. There was no evidence that prior complaints and reports involving the suspected perpetrator was reviewed on nine of the sexual abuse and sexual harassment investigations. Investigators were interviewed and responses reflected a lack of awareness of all of the provisions of the standard. Criminal investigators indicated a need for immediate referral based on the nature of the allegation (criminal vs administrative).</p> </div> <div data-bbox="248 1863 1476 2065" data-label="Text"> <p><b>Corrective Action Completed:</b> Identified staff received specialized training on conducting sexual abuse investigations in confinement settings. In addition, identified staff also completed the advanced NIC specialized training for sexual abuse investigations in an institutional setting. Verification of training was forwarded to the auditor for verification of compliance with the standard.</p> </div> <div data-bbox="248 2119 1436 2152" data-label="Text"> <p>115.71 b) All PREA investigations during the reporting period were reviewed. In addition,</p> </div>

investigators (administrative and criminal) were interviewed. Interviews with one criminal investigator who has conducted two investigations indicated the investigator has not received training in accordance with the standard.

**Corrective Action Completed:** The WCSD implemented a practice that includes only staff demonstrating previous experience in investigations and completing specialized training will be assigned PREA investigations.

115.71 (c) A review of all 23 PREA allegations within the last year was reviewed. There is no evidence to support physical evidence (including DNA) was gathered or preserved during one of the allegations. A review of all investigations during the reporting period indicated investigations were not conducted in accordance with PREA standards. All of the investigations were reviewed and a spreadsheet detailing the requirements for a thorough and objective investigation was reviewed and detailed on each investigation. Investigation did not always include interviews with alleged suspects, witnesses, credibility statements, rights were not afforded to staff in accordance with acceptable practices and credibility assessments were not always included. There were unfounded findings that were not supported by the evidence presented and could arguably be determined to be unsubstantiated with the evidence presented in the report. There was no evidence to support suspected perpetrators were interviewed in one of the investigations (pending). There was no evidence that witnesses were interviewed regarding the allegations in one of the investigations. There was no evidence that prior complaints and reports involving the suspected perpetrator was reviewed on nine of the sexual abuse and sexual harassment investigations. Investigators were interviewed and responses reflected a lack of awareness of all of the provisions of the standard. Criminal investigators indicated a need for immediate referral based on the nature of the allegation (criminal vs administrative).

**Corrective Action Completed:** Two criminal investigators were identified to conduct all staff related and potential criminal investigations and received comprehensive training. Two investigations were reviewed by the auditor and found to not meet all of the requirements of the standards. The PREA Coordinator developed a check list for the identified investigations and supervisory staff to ensure all of the requirements are met. No allegations of abuse has been received after the checklist was developed. The auditor is confident the agency has a system in place to ensure investigations met the requirement of the standard.

115.71 (d) Two criminal investigators were interviewed and one indicated consultation with prosecutors would occur after the investigation was completed and the other investigator had a pending investigation and had consulted with the prosecutors several times.

**Corrective Action Completed:** Comprehensive training including the PREA Advanced Investigations Course by the NIC was provided to the assigned investigators. No allegations requiring a criminal investigator has been disclosed subsequent to the training. The auditor confirms a system is in place to meet this standard.

115.71 (e) Investigative reports were reviewed and the credibility of the victim, suspect and witnesses were not routinely assessed in the investigative reports. It is the agency's policy not to utilize polygraph tests for an alleged victim in a sexual assault investigation. There was no reference to a polygraph examination in any of the investigations reviewed. Interviews were

conducted with investigators and indicated not all investigators were aware that inmates alleging sexual abuse should not be required to take a polygraph or other truth-telling device as a condition for proceeding with an investigation. It should be noted polygraph examinations require supervisory approval.

**Corrective Action Completed:** The identified investigators have received comprehensive training including the NIC Advanced PREA Investigator Training. The auditor confirms staff have benefited from advanced training and have received the information required by the standard.

**115.71 (f)** Investigative reports were reviewed and there was evidence to support supervisory personnel identifying staff's actions or inaction with contributed to the allegation or impeded the investigation on several investigations. Complete investigative reports summarizing the process of the investigation, interviews, reports, video are not routinely conducted.

**Corrective Action Completed:** The identified investigators have received comprehensive training including the NIC Advanced PREA Investigator Training. The auditor confirms staff have benefited from advanced training and have received the information required by the standard. A check list for investigators has been developed for the investigator and supervisory staff to utilize when completing the investigative summary to ensure all of the provisions for a PREA investigation is included in the case report.

**115.71 (g)** There was two allegations of criminal conduct. This auditor was not provided with any comprehensive report containing a thorough description of physical, testimonial and documentary evidence.

**Corrective Action Completed:** The identified investigators have received comprehensive training including the NIC Advanced PREA Investigator Training. The auditor confirms staff have benefited from advanced training and have received the information required by the standard. A check list for investigators has been developed for the investigator and supervisory staff to utilize when completing the investigative summary to ensure all of the provisions for a PREA investigation is included in the case report.

**115.71 (h)** All of the PREA allegations for the reporting period were reviewed, There were no substantiated allegations of conducted that appeared to be criminal after the investigation. It should be noted there is one pending allegation and the prosecutor has been involved in the investigative process.

**115.71 (i)** The PREA Coordinator was interviewed and investigative reports have been retained since 9-2-2005. A copy of the 9-2-2005 investigation was provided to the auditor. WCSSD General Order 5-613.6 requires the agency to retain all written reports in accordance with the standard.

**115.71 (J) Investigative reports were reviewed and investigators with open cases were interviewed. Cases have remained open and active upon the departure of the alleged abuser or victim and the agency has not terminated an investigation as the result of a staff member's termination or inmates departure from the facility.**

**115.71 K) Not applicable**

**115.71 L) Not applicable**

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="252 168 877 201"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="252 241 507 275"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1396 443">In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p data-bbox="252 495 558 528"><b>WCSD Completed PAQ</b></p> <p data-bbox="252 537 630 571"><b>General Order 5-613.6 PREA</b></p> <p data-bbox="252 580 970 613"><b>Review of all investigations during the reporting period.</b></p> <p data-bbox="252 622 635 656"><b>Interviews with investigators</b></p> <p data-bbox="252 707 595 741"><b>Findings (by Subsection):</b></p> <p data-bbox="252 837 1476 1473">115.71(a) General Order 5-613.6 PREA requires the agency to impose the standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. Investigative staff was interviewed and investigations were reviewed. Some investigators determine findings while Supervisory staff make findings based upon review of the investigation in other cases. All investigations include a cover page with a determination of the findings. Some cover page findings are inconsistent with the finding in the investigative report. In addition, there is no indication of the staff member making the determination (cover page) when the investigation does not include a supervisory memo or finding in the body of the report. Several investigators did not articulate the standard of preponderance of the evidence during interviews with the auditors. In reviewing the completed investigations, some investigations could be disputed (unsubstantiated vs unfounded) on the basis on the information contained in the investigative report. It should be noted there were no investigative reports reviewed by the Auditor that indicated a sustained allegation could have been a finding based on the evidence in the report.</p> <p data-bbox="252 1525 1471 1771"><b>Corrective Action Completed:</b> All investigators and supervisors authorized to determine PREA findings received refresher training regarding the standard of proof required for PREA investigations. It is recommended all administrative investigations include a statement regarding the evidence failing or meeting the standard of "preponderance of the evidence". A checklist has been developed to ensure the standard of "preponderance of the evidence" is clearly identified in the finding.</p>



<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Review of investigations during the reporting period  Interviews with the Superintendent and investigators  Review of inmate letters subsequent to the onsite review</p> <p><b>Findings (by Subsection):</b></p> <p><b>115.73 (a)</b> General Order 5-613.6 requires a Sgt or above to notify the inmate of the results of a sexual misconduct investigation. The WCSD policy appears to exceed this standard by requiring notification of all sexual misconduct investigations (would include sexual harassment). A review of all investigations does not support the policy being implemented into practice as eleven (11) investigations would have required notification to the inmate in accordance with policy. In reviewing the two sexual abuse investigations, there was no indication that either inmate was notified of the findings. There were no inmates who reported sexual abuse housed at the facility during the on-site review. Interviews with the Superintendent and investigative staff reflected a knowledge of the facility policy.</p> <p><b>Corrective Action Completed:</b> The PREA Coordinator is now responsible for communication with inmates regarding the Outcome of investigations. Two letters were forwarded from recent investigation confirming the practice has been institutionalized. The facility is now in compliance with this standard.</p> <p><b>115.73 (b)</b> Not applicable.</p> <p><b>115.73 (c)</b> General Order 5-613.6 requires the notification to the inmate as outlined in the standard. There have been no unsubstantiated or substantiated findings of sexual abuse in the reporting period. There were no inmates who reported a sexual abuse housed at the facility during the onsite review.</p> <p><b>115.73 (d)</b> General Order 5-613.6 requires the notification to the inmate as outlined in the standard. There have been no unsubstantiated or substantiated findings of sexual abuse in the reporting period. There were no inmates who reported a sexual abuse housed at the facility during the onsite review.</p> <p><b>115.73 (e)</b> There have been no substantiated or unsubstantiated reports of sexual abuse in the reporting period. There have been no unsubstantiated or substantiated findings of sexual abuse in the reporting period. There were no inmates who reported a sexual abuse housed at</p>

the facility during the onsite review.

**115.74 (f) General Order 5-513.6 states the agency's obligation to report under this standard shall terminate if the inmate is released from the facility. There have been no unsubstantiated or substantiated findings of sexual abuse in the reporting period.**

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  General Order 5-052.1 Administrative Investigations  General Order 5.442.1 Criminal Investigations  General Order  Interviews with Investigators  Review of all sexual abuse/harassment investigations in the last year  Interview with the Sheriff and Superintendent  Interview with PREA Coordinator</p> <p><b>Findings (by Subsection):</b></p> <p><b>115.76 (a)</b> General Order 5-613.6 PREA states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p><b>115.76(b)</b> General Order 5-613.6 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There had been no substantiated allegations of staff sexual abuse in the last year.</p> <p><b>115.76 (c)</b> WCSD policies do not address the standard. Interviews with the Sheriff and Superintendent indicate in the event disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment would be commensurate with the nature and circumstances of the acts committed, the staff's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There have been no substantiated allegations of staff sexual misconduct in the last year.</p> <p><b>115.76 (d)</b> General Order 5-613.6 mandates a prompt, thorough, objective and fair investigation to be conducted by WCSD (unless the Sheriff or Deputy Chief determines that such investigation will be conducted by an outside agency) for every incident or allegation of sexual misconduct. All sexual abuse allegations were referred to criminal investigators during the reporting period.</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Interview with the Superintendent  Review of investigative reports  Email dated July 2, 2017 regarding contractor banned from the facility</p> <p><b>Findings (by Subsection):</b></p> <p>115.77 (a) General Order 5-613.6 states staff, contractors, or volunteers suspected of perpetrating sexual abuse or assault shall be removed from all duties pending the outcome of an investigation. Relevant licensing bodies will be notified, when applicable, if contractors or volunteers are found culpable of sexual assault or sexual abuse. There had been no substantiated allegations of sexual abuse or harassment of a contractor or volunteer within the last 12 months. There has been one allegation of sexual abuse by a contractor. The contractor was immediately relieved of their duties and the allegation was referred to detectives for investigation. The investigation has not been completed.</p> <p>115.77 (b) The Superintendent and PREA Coordinator were interviewed in regards to "no contact with inmate" orders or permanent prohibitions on entry into the facility. There was one contractor barred from the facility due to suspicious activity which later resulted in a PREA investigations. An email dated July 2, 2017 to Supervisory staff indicated the contractor's ID and access card had been taken and the individual was banned from the building.</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Interview with the Superintendent  Review of all investigations during the reporting period  Interviews with mental health  Inmate Handbook</p> <p>Findings (by Subsection):</p> <p>115.78 (a) General Order 5-613.6 PREA states all perpetrators of sexual misconduct shall be disciplined and referred for criminal prosecution as appropriate. The inmate handbook states all inmates alleged to have committed a minor or major rule violation shall be given a disciplinary hearing. Inmate sexual abuse is listed as a major rule violation. General Order 5-620.29 Rules and Regulations for Inmates explains the process for inmate disciplinary hearings. General Order 5-620.29 states any rule violation that could result in a loss of privileges will be afforded a disciplinary hearing. There have been no substantiated allegations of inmate sexual abuse in the reporting period.</p> <p>115.78 (b) The Inmate Handbook states discipline will be determined in accordance to the disciplinary sanctions schedule, however a disciplinary sanctions schedule could not be located. There is one person designated to conduct inmate disciplinary hearings. There are no formal guidelines for inmate disciplinary sanctions for sexual abuse. There has been no substantiated inmate on inmate sexual abuse substantiated allegations during the reporting period.</p> <p>Corrective Action Completed: The WCSD developed a protocol for disciplinary hearings for sexual abuse violations. The Inmate Handbook has been updated to reflect the disciplinary guidelines. Disciplinary hearings are held by two identified staff ensuring consistency in the disciplinary process.</p> <p>115.78 (c) The PREA Coordinator confirmed the disciplinary process does not consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. It is noted the WCSD does not have a policy regarding the inmate disciplinary process and relies on information in the Inmate Handbook and General Order 5-613.6 PREA as reference material.</p> <p>Corrective Action Completed: Policies and procedures regarding inmate discipline for sexual abuse now include a mechanism to consider whether an inmate's mental disabilities or mental</p>

illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Staff conducting disciplinary hearings has been trained on the revised or new policies.

115.78 (d) Interviews with the PREA Coordinator confirmed the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse,

115.78 (e) General Order 5-613.6 allows for the discipline of an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such conduct. There have been no sustained allegations of sexual misconduct of staff within the last year.

115.78 (f) General Order 5-613.6 states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

115.78 (g) The WCSD prohibits all sexual activity between inmates and disciplines inmates for such activity. Staff shall not assume when encountering two detainees/inmates engaged in sexual activity that one or both have committed sexual abuse. Staff responsible for conducting inmate disciplinary hearings and the PREA Coordinator was interviewed, consensual sexual acts between inmates are not considered sexual abuse.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Medical Referral Form (Blank)  Review of all medical records from a list of inmates who answered they had been a victim of sexual abuse within the facility  Interviews with inmates who disclosed sexual victimization during screening  Interviews with staff responsible for risk screening  Interviews with medical and mental health staff  Review of staff training lesson plans</p> <p><b>Findings (by Subsection):</b></p> <p>115.81 (a) All relevant policies were reviewed and there is no requirement for the risk screening instrument to inquire about previous victimization. General Order 5-613.6 PREA does include a provision for the inmate to be screened for risk of victimization during booking and a follow-up with health care at the time of the 14-day physical or when additional information becomes available. The WCSD screening instrument did not include a question regarding past sexual victimization outside an institutional setting. The information necessary to make a referral to medical for a follow up meeting for those who experienced sexual victimization outside an institutional setting was not available. A review of records of all inmates who reported sexual victimization within an institution as identified on the risk screening instrument was conducted and all inmates who reported sexual abuse within an institution had been referred and was seen by the mental health professional. Inmates who disclosed sexual victimization were interviewed and verified a meeting with the mental health provider. Inmates expressed a desire for more comprehensive counseling for sexual abuse that was encountered outside of an institutional setting. Mental Health staff was interviewed and stated referrals are made through the PREA Coordinator for victim support. The PREA Coordinator indicated such referrals are made by health care staff. Recent training provided to correctional and health care staff was reviewed and indicated healthcare staff was responsible to provide information to outside services as directed by jail administration. While more comprehensive counseling for sexual abuse that occurred outside the facility is not addressed in the PREA standards, it is recommended a formal process is outlined for referrals for support for sexual victimization that occurred outside an institutional setting.</p> <p><b>Finding:</b> Corrective action has been completed and the facility now meets the standard</p> <p><b>Corrective Action Completed:</b> The WCSD updated the risk screening instrument to include a question about past victimization outside of an institutional setting.  A review of medical records from a list of inmates who reported any previous sexual victimization on the revised screening instrument was conducted during the onsite review. All</p>

medical records indicated the follow up referral to mental health was made and the inmate had been seen by medical staff. The Auditor has determined the facility now meets the standard.

**115.81 (b) Not applicable**

**115.81 (c)** All relevant policies were reviewed and there is no requirement for the risk screening instrument to inquire about previous victimization. General Order 5-613.6 PREA does include a provision for the inmate to be screened for risk of victimization during booking and a follow-up with health care at the time of the 14-day physical or when additional information becomes available. The WCSD screening instrument did not include a question regarding past sexual victimization outside an institutional setting. The information necessary to make a referral to medical for a follow up meeting for those who experienced sexual victimization outside an institutional setting was not available. A review of records of all inmates who reported sexual victimization within an institution as identified on the risk screening instrument was conducted and all inmates who reported sexual abuse within an institution had been referred and was seen by the mental health professional. Inmates who disclosed sexual victimization were interviewed and verified a meeting with the mental health provider. Inmates expressed a desire for more comprehensive counseling for sexual abuse that was encountered outside of an institutional setting. Mental Health staff was interviewed and stated referrals are made through the PREA Coordinator for victim support. The PREA Coordinator indicated such referrals are made by health care staff. Recent training provided to correctional and health care staff was reviewed and indicated healthcare staff was responsible to provide information to outside services as directed by jail administration. While more comprehensive counseling for sexual abuse that occurred outside the facility is not addressed in the PREA standards, it is recommended a formal process is outlined for referrals for support for sexual victimization that occurred outside an institutional setting.

**Finding:** Corrective Action has been completed. The facility now meets the standard.

**Corrective Action Completed:** The WCSD updated the risk screening instrument to include a question about past victimization outside of an institutional setting.

A review of medical records from a list of inmates who reported any previous sexual victimization on the revised screening instrument was conducted during the onsite review. All medical records indicated the follow up referral to mental health was made and the inmate had been seen by medical staff. The Auditor has determined the facility now meets the standard.

**115.81 (d)** The risk assessment is conducted by correctional staff during the booking process. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to booking and supervisory staff as well as health care practitioners. Interviews with the PREA Coordinator, medical and mental health staff and informal interviews with staff during the onsite review indicated correctional officers on posts outside of the booking area do not have access to the risk screening information. Security alerts are available regarding housing, bed, work, education and program assignments and only classification staff and supervisory personnel have the responsibility for those assignments.

**115.81 (e)** Interviews with medical and mental health practitioners indicated a lack of



awareness regarding what information required informed consent. All relevant medical and mental health forms were reviewed and found to have no information regarding informed consent. Interviews with health care staff indicated there was no medical or mental health established protocols regarding informed consent. It should be noted health care staff did have an informed consent form.

**Corrective Action Completed:** Protocol has been developed relative to informed consent, including the development of a form to for inmate signature to confirm informed consent. Confirmation of all medical and mental health staff training on the protocol and form was received buy the auditor. In addition, an informed consent form utilized on a disclosure was forwarded to the auditor for review.

115.82	Access to emergency medical and mental health services
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  Interviews with Medical and Mental Health Staff  Interviews with security staff and non-security staff first responders  University of Illinois College of Medicine-Rockford Medical Contract</p> <p><b>Findings (by Subsection):</b></p> <p>115.82 (a) General Order 5-613.6 PREA requires the on-duty supervisor to direct that the alleged victim be transported to an appropriate medical facility for post-sexual assault treatment as per their best medical practices. The contract between the WCSD and the University of Illinois College of Medicine-Rockford was reviewed and clearly states emergency medical care will be at the discretion of the medical provider's professional judgement. The General Order also directs staff to make a rape crisis center advocate available to the victim. Recent training provided by medical staff to correctional officers and health care staff indicate information to outside services would be directed by jail administration. This training appears in conflict with the standard which requires inmate victims of sexual abuse to receive timely access to crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Interviews with health care staff and the PREA Coordinator indicated a confusion regarding who determines and makes a referral for crisis intervention services.</p> <p><b>Corrective Action Completed:</b> The PREA Coordinator revised the PREA Response Plan to clarify the responsibility of medical and mental health practitioners to determine the scope and nature of inmates timely, unimpeded access to emergency medical treatment and crisis intervention services. The auditor received a copy of the training plan for review and supporting documentation that all facility staff, medical and mental health staff had received the training on the revised PREA Response Plan.</p> <p>115.82 (b) General Order 5-613.6 PREA requires staff to take immediate action to separate any detainee/inmate who alleges sexual assault from the alleged assailant and shall refer the detainee/inmate for a medical examination and/or clinical assessment for potential negative symptoms. The General Order emphasizes the first priority shall be the safety and security of the alleged victim. Medical staff is available 24/7. Interviews with medical staff indicate a recent allegation of sexual abuse (pending) may not have been reported as timely as desired, however the investigator was interviewed and medical records were reviewed and when all aspects of the allegation were considered, medical and mental health staff were involved and the inmate did receive treatment consistent with the professional judgement of health care practitioners.</p>

**115.82 (c) Medical staff was interviewed and all of those interviewed indicated inmate victims of sexual abuse would be offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, at an outside hospital. The charge nurse at both hospitals the WCSO indicated would be used for victims of sexual assault indicated the identified services would be provided to inmate victims of sexual assault. There were no inmates alleging sexual assault housed at the facility during the onsite review.**

**115.82 (d) General Order 5-613.6 states the victim will be offered the forensic examination without financial costs. The general order states emergency contraception and infection prophylaxis is part of the forensic examination. A victim should be offered contraception and infection prophylaxis while refusing a forensic examination. The General Order does not address financial costs in the event the victim does not name the abuser or refuses to cooperate with the investigation. The Superintendent and PREA Coordinator were interviewed and stated treatment services were not dependent on cooperation with any investigation arising out of an sexual abuse incident. Lesson Plans from a recent training provided to correctional officers and health care staff indicated staff received information regarding treatment for sexual abuse victims being offered free of charge to inmates. The Inmate Handbook and PREA brochure were reviewed and there is no indication inmates are advised of their right to treatment services to be provided free of charge regardless of whether the victim names the abuser or cooperates with any investigation. Although not required by the standard, it is recommended this information is provided to inmates in PREA educational materials.**

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 613.6 PREA  Interview with PREA Coordinator  Interview with medical staff  Interviews with inmates  Review of the medical and mental health contracts</p> <p>115.83 (a) The standard requires the facility to offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. General Order 5-613.6 states victims shall be offered emergency and on-going medical and mental health treatment as needed. The General Order does not address inmates who have been victimized in any other prison, jail, lockup or juvenile facility. Interviews with mental health indicate follow up visits are offered when inmates disclose prior victimization, however mental health has indicated they have not been trained to conduct mental health evaluation and treatment to inmates suffering from sexual abuse. Mental Health advised they are able to 1) provide coping skills and 2) refer to outside providers for emotional support. A review of inmate records and interviews with inmates who have reported sexual abuse outside of the facility confirms services are available and being offered in compliance with the standard.</p> <p>115.83 (b) Interviews with mental health staff and inmates who reported sexual victimization in the community confirm treatment services via the Rockford Sexual Assault Inc. are offered and inmates have had benefit from these services. Mental Health staff indicate referrals for continued care following their transfer to other facilities or their release from the facility would be provided upon knowledge of their upcoming transfer or release or upon request by the inmate. There have been no alleged victims of sexual abuse in the jail, therefore no interviews with inmates who have reported sexual abuse while in any prison, jail, lockup, or juvenile facility was conducted.</p> <p>115.83 (c) Upon review of the services and referrals conducted by medical and mental health staff, the Auditor determines that medical and mental health services are consistent with the community level of care.</p> <p>115.83 (d) The standard requires female victims of sexual abusive vaginal penetration while incarcerated to be offered pregnancy tests. General Order 5-613.6 requires the initial forensic examination to include mitigation of any physical trauma/injury (to include pregnancy for females). There have been no allegations of sexual abusive vaginal penetration while incarcerated within the reporting period, therefore medical records and interviews with alleged</p>

victims could not be conducted. Medical staff was interviewed and pregnancy tests are available at the WCSD.

115.83 (e) The standard requires victims to receive timely and comprehensive information about and time access to all lawful pregnancy-related medical services. General Order 5-613.6 PREA describes the initial examination and does not address pregnancy discovered after the initial examination. Medical staff were interviewed and staff stated inmates would receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services via referral to outside hospitals in the area. There were no inmates who had reported pregnancy as a result of sexual abuse within a facility housed at the jail during the onsite review.

115.83 (f) General Order 5-613.6 addresses testing for sexually transmitted infections at the time of the initial examination. Interviews with medical staff indicated testing is available for victims at later dates and would be offered to victims of sexual assault if the assault occurred at another facility.

115.83 (g) General Order 5-613.6 states the forensic medical examination is offered at no costs but does not address other treatment services outside the forensic examination and does not include provisions that the services are available at no cost if the inmate does not name the abuser or cooperates with an investigation. Interviews with medical staff and the PREA Coordinator verbalized an understanding that inmates would receive treatment services without financial cost regardless of the level of cooperation with an investigation.

115.83 (h) not applicable.

After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>WCSD Completed PAQ  General Order 5-613.6 PREA  Interview with the PREA Coordinator  Interview with the Superintendent</p> <p><b>Findings (by Subsection)</b></p> <p><b>115.86 (a) General Order 5-613.6 PREA mandates a sexual abuse incident review to be conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. There has been no sexual abuse investigations resulting in a finding other than "Unfounded" in the last year.</b></p> <p><b>115.86 (b) General Order 5-613-6 PREA requires such reviews to ordinarily occur within 30 days of the conclusion of the investigation. There have been no sexual abuse investigations resulting in a finding other than "Unfounded" in the last year.</b></p> <p><b>115.86 (c) General Order 5-613.6 PREA requires the PREA Coordinator, along with the Corrections Superintendent (and any other appropriate personnel) to conduct a sexual abuse incident review at the conclusion of every investigation (other than investigations which are unfounded). Interviews with the PREA Coordinator indicate a checklist for the incident review has been developed. A memo from the PREA Coordinator indicates the following staff comprise the incident review team: Superintendent, A Corrections Supervisor (Captain), Deputy Chief of Investigations, Health Care Administrator and the PREA Coordinator.</b></p> <p><b>115.86 (d) General Order 5-613.6 PREA requires all six elements of the standard to be included in the WCSD sexual abuse incident reviews. There have been no sexual abuse investigations resulting in a finding other than "Unfounded" in the last year.</b></p> <p><b>115.86 (e) General Order 5-613.6 PREA requires the Corrections Superintendent to implement the recommendations for improvement or shall document the reason for not doing so.</b></p> <p><b>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</b></p>

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p> <b>WCSD Completed PAQ</b>  <b>General Order 5-613.6 PREA</b>  <b>WCSD Corrections PREA Data Log</b>  <b>Department of Justice Survey of Sexual Violence, WCSD- 2015, 2016</b>  <b>Department of Justice Adult Incident Report (blanks) 2015,2016, 2017</b>  <b>Interview with PREA Coordinator</b> </p> <p><b>Findings (by Subsection):</b></p> <p><b>115.87 (a) General Order 5-613.3 requires the Superintendent, or designee to collect all data on sexual assaults on detainees/inmates and report them to Federal and State authorities as required or requested. The WCSD provided the auditor with Corrections PREA DATA Logs from 2015 and 2016. The log does not capture the information required for the DOJ Survey of Sexual Violence and does not use a standardized set of definitions. It should be noted the WCSD does complete the DOJ Survey of Sexual Violence, however the data presented to the Auditor does not reflect the data required for the Survey.</b></p> <p><b>Corrective Action Completed: The WCSD revised the sexual abuse incident report and provided information regarding all allegations during the reporting period. The facility is now in compliance with the standard.</b></p> <p><b>115.87 (b) The WCSD PREA LOG (used to aggregate data) and annual report does not include a standardized instrument and a set of definitions. The data includes non-PREA related data (inmate on staff) and does not include data included on the Survey of Sexual Violence.</b></p> <p><b>Corrective Action Completed: The WCSD revised the sexual abuse incident report and included a standardized instrument and a set of definitions. The data is inclusive of all of the requirements of the standard.</b></p> <p><b>115.87 (c) The incident-based reporting does not include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. It should be noted the WCSD has obtained the information required for the Survey of Sexual Violence, however other information (investigative reports, incident reports, etc.) were used to compile the information.</b></p> <p><b>Corrective Action Completed: WCSD revised the incident based report and the form now includes data required in the standard.</b></p>

**115.87 (d). The WCSD maintains and reviews data as needed from all available incident - based documents, including reports and investigative files in order to complete the DOJ Survey of Sexual Victimization. The WCSD has not an applicable sexual abuse allegation requiring an incident review within the reporting period.**

**115.87 (e) N/A**



<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>Interview with the Sheriff  Interview with the PREA Coordinator  2017 PREA Coordinator Annual Report  2016 Annual Report  General Order 5-613.6 PREA</p> <p><b>Findings (by Subsection):</b></p> <p>115.88 (a) General Order 5-613.6 states the PREA Coordinator shall review all data collected and prepare an annual report of any findings/corrective actions. In addition, the General Order requires that the data will be used to assess, identify, and address security issues, a sexual harassment work environment, and to verify whether operational procedures match written policy. Data collected will also be utilized to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training, including by 1 (identifying problem areas and 2) taking corrective action on an on-going basis. The 2017 annual report was reviewed. The data included non-PREA information (detainee/Inmate Against staff reports). The reporting did not include definitions of the categories defined in the standard (i.e. sexual harassment).</p> <p><b>Corrective Action Completed:</b> The WCSD revised the annual report and included all of the required information. The facility is now in compliance with the standard.</p> <p>115.88 (b) The 2017 PREA Coordinators Annual Report does include the number of detainee/inmate against detainee/inmate and staff against Detainee/Inmate reports (the type of allegation is not noted) and the outcome of the investigations. The data only includes allegations of sexual abuse. The data is compared to similar data from 2013-2017. The report does not provide an assessment of the agency's progress in addressing sexual abuse (including sexual harassment).</p> <p><b>Corrective Action completed:</b> The WCSD revised the annual report and now meets the requirements of the standard.</p> <p>115.88 (c) The report as viewed on the Winnebago County Sheriff's Department does not have an indication of approval by the Sheriff.</p> <p><b>Corrective Action Completed:</b> The WCSD revised the annual report to include an analysis of the individual incident reports related to all of the categories identified in the Department of Justice Survey of Sexual Abuse and submit to the auditor for review. The report has been approved by the Sheriff and posted of the agency's website.</p>

**115.88 (d) The 2017 PREA Coordinators Annual Report does not contain any redacted material.**

**115.87 (f) The PREA Coordinator provided the auditor with the completed DOJ Survey of Sexual Victimization for 2015 and 2016. The PREA Coordinator indicated the WCSD submits the report even when not requested. The DOJ Survey of Sexual Victimization is posted on the Department's website.**

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p>2015 Annual Report  2016 Annual Report  PREA Coordinators 2017 Annual Report</p> <p><b>Findings (by Subsection):</b></p> <p><b>115.89 (a)</b> The data collected pursuant to the standard is securely stored via electronic means on the PREA Coordinator's computer and other documentation including but not limited to investigative reports are stored in a locked file cabinet in the PREA Coordinator's office.</p> <p><b>115.89 (b)</b> The agency does make the annual report and the DOJ Surveys of Sexual Victimization available to the public via the WCSD's website.</p> <p><b>115.89 (c)</b> The agency does not include any personal identifiers to the public as indicated by reviewing the documents located on the agency's website.</p> <p><b>115.89 (d)</b> The agency started to collect data in 2015. Data is available from the date of the initial collection.</p> <p>After reviewing all of the related information, the Auditor determined the facility meets the requirements of the standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed in addition to the individuals interviewed and observations noted during the course of the on-site review:</p> <p><b>Findings (by Subsection):</b></p> <p><b>115.401 (a)</b> The WCSD was required to have their first audit by August 20, 2014. This is the WCSD first audit therefore, the facility was not in compliance with this standard. The next audit should have been completed by August 20, 2017.</p> <p><b>115.401 (b)</b> The WCSD operates one facility and by standard would have required the facility to have the second audit completed by August 20, 2017.</p> <p><b>115.401 (h)</b> The Auditor was given full access to the facility. The facility provided the Auditors with a detailed tour of the facility in its entirety, allowing the Auditors to stop and informally interview inmates and staff.</p> <p><b>115.401 (i)</b> The PREA Coordinator was responsive to all requests for documentation. Information was provided via document uploads, video recordings, and responses to questions via email.</p> <p><b>115.401 (m)</b> The Auditors were permitted to conduct private interviews with inmates on all of the housing units.</p> <p><b>115.401 (n)</b> Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The PREA Coordinator attached a notification to inmates to the Auditor notice instructing inmates to clearly identify any correspondence to the Auditor as "Legal Mail". Photos were taken of the PREA Posters on each living unit and the booking area and provided to the auditor at least six weeks prior to the onsite audit. In addition, the Auditor received correspondence from three inmates all identified as "legal mail" on the envelope.</p> <p>The WCSD has contracted for and received a PREA audit, fulfilling the requirements of the timeliness of auditors. The auditor has determined the facility meets the requirements of the standard. The next audit should be completed prior to August 20, 2020.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<b>The WCSD has not been audited in the past three years. The standard is not applicable.</b>

## Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)	na

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes



<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)	yes

<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	yes

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?	yes

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	<b>Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?</b>	<b>yes</b>
	<b>Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?</b>	<b>yes</b>

<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	<b>Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?</b>	<b>yes</b>

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	<b>Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?</b>	<b>yes</b>

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	<b>Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?</b>	<b>yes</b>
	<b>Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?</b>	<b>yes</b>
	<b>Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?</b>	<b>yes</b>

<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes



<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	no
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	no
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na

<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	na

<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited readingskills?	yes

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other writtenformats?	yes

<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes



<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	no

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes



<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	no

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes



<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes



<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na

<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	<b>If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)</b>	<b>na</b>

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	<b>Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?</b>	<b>yes</b>

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	<b>Does such review ordinarily occur within 30 days of the conclusion of the investigation?</b>	<b>yes</b>

<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	<b>Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?</b>	<b>yes</b>

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes

<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes



<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?	no

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	na