

# PREA Facility Audit Report: Final

**Name of Facility:** Winnebago County Jail

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 12/03/2021

**Date Final Report Submitted:** 05/26/2022

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"/>
<b>Auditor Full Name as Signed:</b> Brenda Welch	<b>Date of Signature:</b> 05/26/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Welch, Brenda
<b>Email:</b>	brendawelch1@yahoo.com
<b>Start Date of On-Site Audit:</b>	10/20/2021
<b>End Date of On-Site Audit:</b>	10/22/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Winnebago County Jail
<b>Facility physical address:</b>	650 West State Street, Rockford, Illinois - 61102
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Anthony Ponte
<b>Email Address:</b>	pontea@wcco-il.us
<b>Telephone Number:</b>	18153196074

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Bob redmond
<b>Email Address:</b>	redmondb@wcco-il.us
<b>Telephone Number:</b>	815-319-6711

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Tim Owens
Email Address:	owenst@wcco-il.us
Telephone Number:	815-319-6709

Facility Characteristics	
Designed facility capacity:	1324
Current population of facility:	726
Average daily population for the past 12 months:	684
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18 - 77
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	162
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	62
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	299

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

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
1	<ul style="list-style-type: none"> <li>• 115.18 - Upgrades to facilities and technologies</li> </ul>
<b>Number of standards met:</b>	
44	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-20
2. End date of the onsite portion of the audit:	2021-10-22

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Rockford County Sexual Assault - Director Impact Justice-Welcome Rose John Howard Association-Gwyneth Troyer Illinois Justice Project

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1324
15. Average daily population for the past 12 months:	684
16. Number of inmate/resident/detainee housing units:	26
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	722
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	4
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The Winnebago County Jail inmate information system can not produce data regarding current or previous inmate special populations. The auditor and staff asked inmates, custodial staff, medical and mental health staff to identify special populations while on-site.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	309
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	62
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The only volunteers allowed in the facility at the time of the audit was CNC program instructors.
<b>INTERVIEWS</b>	

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided a report on the first day of the audit with the age, race, ethnicity, length of stay at the facility, housing assignment, charges and gender. The auditors interviewed a higher percentage of Hispanic inmates in order to determine limited English speaking inmates.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The interviews oversampled Hispanics in an attempt to identify LEP inmates.

### Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	9

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>6</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The interviewers requested a list of all inmates housed in the specialized units and asked medical and mental health to identify the reasons for such housing placement. In addition, risk screening instruments were reviewed on selected inmates. Inmates and staff were asked if they were aware of the identifies special populations present on the housing units.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>6</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Mental Health professional, medical staff, administrative and criminal investigators, PREA Coordinator and classification staff were interviewed and all asked if there were any recent inmates who disclosed a sexual abuse incident at the facility. The auditor reviewed the general grievance and PREA grievance log generated from two months immediately prior to the on-site audit (the grievance and disciplinary logs had been reviewed for the prior year in the pre-audit phase of the audit).</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The interviewers asked selected inmates who had disclosed previous victimization if they had been segregated. The facility was asked to document why each inmate in segregated housing were housed as such (behavior and type of crime were the reasons for such housing). Random staff, staff supervising inmates on segregated housing and classification staff were also asked if any inmates had been housed in segregated housing for risk of victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No additional barriers are noted. The information is provided on the risk screening instrument, however the system does not populate a report to identify inmates or provide data. Attempts were made to communicate with the one inmate that contacted the auditor.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>



<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, ethnicity and staff who routinely translate were considered when selected staff to be interviewed.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were no barriers.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>23</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>3</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>5</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>All staff consented to interviews.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

### Was the site review an active, inquiring process that included the following:

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The auditors observed three inmates in the booking process, four inmates being screened for risk of sexual victimization or predation, and inmate education via video in English and Spanish. Inmates demonstrated how to access PREA education on individual tablets and kiosks. The auditor utilized the inmate phone system to determine the system in place to make external calls for reported PREA allegations and the phone number to the the rape crisis center were not working according as described. The system was repaired and the auditor confirmed via face time, the system was operational.</p>

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>All general grievances and PREA grievances as well as the discipline log for the year prior to the auditor was reviewed. Inmate education records, risk screening instruments, and re-classifications were identified by various dates of intake throughout the year. All investigations were reviewed. All new staff, contractors and volunteers (hired 18 months prior to the on-site phase) HR and training records were requested and reviewed. Language line billing and translation logs from the prior year were reviewed and compared. Documentation regarding Supervisory rounds on each shift for various days of each of the 12 prior months were requested, received and reviewed. Medical and mental health records were selected on those who had reported sexual abuse (both inside and outside of the facility). Monitoring records for retaliation were requested and reviewed. Investigative finding letters were requested and reviewed. Incident reviews were requested and reviewed.</p>
---	--

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	2
<b>Staff-on-inmate sexual abuse</b>	1	1	1	1
<b>Total</b>	3	1	3	3

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	20	0	20	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	21	0	21	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0	0
<b>Total</b>	0	1	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	0	0
Staff-on-inmate sexual abuse	0	0	0	1
<b>Total</b>	0	2	0	1

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	10	6	4
Staff-on-inmate sexual harassment	0	1	0	0
<b>Total</b>	0	11	6	4

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	3
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
--	---

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>21</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>20</p>

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor was provided and reviewed all sexual harassment and sexual abuse investigations conducted in the 12 month period preceding the on site audit.

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	0

**Non-certified Support Staff**



<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>2</p>
---	----------

## AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
---	---

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. General Order 5-613.6</li> <li>2. Table of Organization/Organizational Chart</li> <li>3. Interview with PREA Coordinator</li> <li>4. PREA Coordinator Job Description</li> <li>5. Interview with Superintendent, Sheriff and PREA Coordinator</li> <li>6. Interviews with all staff (random and specialized)</li> <li>7. WCSJ PAQ</li> </ol> <p>115.11 a) The WCSJ has a written policy (General Order 5-613.6 Prison Rape Elimination Act) mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the jail. General Order 5-613.6 (GO) outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The GO includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The GO also references General Order 4-026.1 Standards of Conduct; General Order 5-052.1 Administrative Investigations; General Order 3-026.1 Discipline and Collective Bargaining Agreements for disciplinary guidance. The GO includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, including but not limited to staffing, prevention, screening and classification, staff training, detainee education, limits on cross-gender viewing and searches, hiring and promotional decisions, reporting requirements, staff notifications and procedures, first responder requirements and procedures, specialized responder requirements and procedures, health care services requirements, investigation requirements (criminal and administrative), monitoring retaliation (staff and detainees), disciplinary sanctions, sexual abuse incident reviews and data collection.</p> <p>115.11 (b) The WCSJ employs or designates a supervisory level, facility-wide PREA Coordinator. The position of the PREA Coordinator reports directly to the Chief Deputy in the agency's organizational structure. Interviews with the Superintendent and Sheriff indicated the PREA Coordinator has direct access to both individuals and has direct contact on a frequent basis. The Superintendent and Sheriff confirmed the PREA Coordinator reports directly to administration in all matters related to PREA; has the authority to develop and implement policies and procedures; direct and approve training plans and materials; and directs staff in matters related to PREA. The WCSJ provided a detailed job description for the PREA Coordinator which clearly demonstrates the authority and reporting structure to the Superintendent of the Jail and the Sheriff. The PREA Coordinator was interviewed and estimates 50% of his time is spent on PREA related activities. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p>It should be noted the agency has appointed a PREA Compliance Officer to provide support to the PREA Coordinator and also acts in the capacity of an administrative investigator.</p> <p>115.11 (c) Not Applicable. The agency operates one facility.</p>

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 448 300">Evidence Reviewed:</p> <p data-bbox="242 329 472 358">General Order 5-613.6</p> <p data-bbox="242 360 675 389">Table of Organization/Organizational Chart</p> <p data-bbox="242 394 572 423">Interview with PREA Coordinator</p> <p data-bbox="242 427 592 456">PREA Coordinator Job Description</p> <p data-bbox="242 461 852 490">Interview with Superintendent, Sheriff and PREA Coordinator</p> <p data-bbox="242 495 729 524">Interviews with all staff (random and specialized)</p> <p data-bbox="242 528 368 557">WCSD PAQ</p> <p data-bbox="242 620 1485 1016">115.11 a) The WCJ has a written policy (General Order 5-613.6 Prison Rape Elimination Act) mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the jail. General Order 5-613.6 (GO) outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The GO includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The GO also references General Order 4-026.1 Standards of Conduct; General Order 5-052.1 Administrative Investigations; General Order 3-026.1 Discipline and Collective Bargaining Agreements for disciplinary guidance. The GO includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, including but not limited to staffing, prevention, screening and classification, staff training, detainee education, limits on cross-gender viewing and searches, hiring and promotional decisions, reporting requirements, staff notifications and procedures, first responder requirements and procedures, specialized responder requirements and procedures, health care services requirements, investigation requirements (criminal and administrative), monitoring retaliation (staff and detainees), disciplinary sanctions, sexual abuse incident reviews and data collection.</p> <p data-bbox="242 1046 1477 1341">115.11 (b) The WCJ employs or designates a supervisory level, facility-wide PREA Coordinator. The position of the PREA Coordinator reports directly to the Chief Deputy in the agency's organizational structure. Interviews with the Superintendent and Sheriff indicated the PREA Coordinator has direct access to both individuals and has direct contact on a frequent basis. The Superintendent and Sheriff confirmed the PREA Coordinator reports directly to administration in all matters related to PREA; has the authority to develop and implement policies and procedures; direct and approve training plans and materials; and directs staff in matters related to PREA. The WCJ provided a detailed job description for the PREA Coordinator which clearly demonstrates the authority and reporting structure to the Superintendent of the Jail and the Sheriff. The PREA Coordinator was interviewed and estimates 50% of his time is spent on PREA related activities. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p data-bbox="242 1370 1457 1433">It should be noted the agency has appointed a PREA Compliance Officer to provide support to the PREA Coordinator and also acts in the capacity of an administrative investigator.</p> <p data-bbox="242 1462 852 1491">115.11 (c) Not Applicable. The agency operates one facility.</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 448 297">Evidence Reviewed:</p> <ol data-bbox="272 349 1086 779" style="list-style-type: none"> <li>1. General Order 5-613.6 PREA</li> <li>2. General Order 5-620.33 Security</li> <li>3. 2021 Staffing Plan and Approved Staffing Plan Review letter</li> <li>4. Clarification letter</li> <li>5. Revised clarification letter</li> <li>6. Interviews with Sheriff, PREA Coordinator and Supervisors</li> <li>7. Review of 10 staff rosters on each shift (on-site)</li> <li>8. Video observation of supervisory staff conducting rounds (during on-site audit)</li> <li>9. WCSO PAQ</li> <li>10. Random staff and random inmate interviews</li> <li>11. Observations during the tour of the facility</li> <li>12. Electronic rounds tracker print-outs</li> <li>13. Review of investigative reports</li> </ol> <p data-bbox="240 808 1493 969">115.13 (a) General Order 5-613.6 requires Supervisors and Commanders to ensure through daily compliance checks to staffing levels and annual reviews of jail policies that the jail staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring to protect detainees/inmates against sexual abuse. The GO further requires the jail Command Staff to be contacted when the staffing plan is not complied with and requires the need and justification for all deviations to be documented.</p> <p data-bbox="240 999 1473 1025">In calculating the staffing levels and determining the need for video monitoring, the January 12, 2021 staffing plan included:</p> <ol data-bbox="240 1055 1493 2159" style="list-style-type: none"> <li>1. Generally accepted detention and correctional practices (NIC's Staffing Analysis Workbook for jails and the DOJ NIC Prison Staffing Analysis Training Manual.</li> <li>2. Any judicial findings of inadequacy-None</li> <li>3. Findings of inadequacy from Federal investigative agencies-None</li> <li>4. Findings of inadequacy from internal or external oversight bodies-The 2020 DOC audit noted the following-"It is sensible to increase jail security staff to a level endorsed by jail experts in order to promote the security of the community, improve safety to staff and detainees, protect the civil and legal rights of staff and detainees and stimulate efficient jail management."</li> <li>5. Components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)- the staffing plan identified additional monitors that had been added the previous year, modifications to the physical plant for inmate safety and identified "blind spots" and/or additional cameras to promote detainee safety for the upcoming system upgrade.</li> <li>6. Composition of the inmate population- the staffing plan included a detailed narrative regarding the composition of the inmate population.</li> <li>7. Number and placement of supervisory staff-the staffing plan included the number and placement of supervisory staff.</li> <li>8. Institution programs occurring on a particular shift-the staffing plan included the location of programs and recreational spaces and an evaluation of the activity schedule indicated activities were interspersed so no one time or day or night created an impact on the staffing levels.</li> <li>9. Applicable State or local laws, regulations, or standards-The State of Illinois Administrative Code, Part 701 was referenced and it was noted the facility met the standards and exceeded the standards in some areas.</li> <li>10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse-The staffing plan included a narrative of the number and outcomes of PREA allegations since 2012. It was noted that staffing was not found to be an issue in any of the substantiated or unsubstantiated cases reviewed by the sexual abuse review committee.</li> <li>11. Other relevant factors-The staffing plan noted rounds were conducted within the housing units and were recorded using a device assigned to an individual officer and on body cameras which were also implemented in 2020. In addition, it was noted volunteer and contractual staff are supervised by the shift supervisors, Procedures regarding the transportation of inmates to court and medical visits as well as hospital security were outlined in this area.</li> </ol>

115.13 (b) The WCSD provided a letter from administrative staff dated 1/12/21 to the PREA Coordinator detailing a temporary standard deviation of the staffing plan due to budgetary restraints. The PREA Coordinator submitted additional information regarding the management of the facility during staff shortage events. There is a clear plan on the assignment of staff and management of the facility (including lockdowns) in the event of staffing shortages.

Staff rosters were reviewed and clearly outline the number of deviations from the assigned staff to the shift and the reasons for the deviations. Deviations included FMLA, training, additional staff required for transport, vacation, sick, etc). It should be noted the shift deviations due to the number of officers approved by the County Board is documented in the letter to the auditor detailing the number of staff required by the staffing plan and the number of staff currently approved by the County Board.

115.13 (c) The January 21, 2021 staffing plan met the standard in that the Jail Superintendent, Sheriff and PREA Coordinator met and developed a new staffing plan which addressed improvements as well as plans regarding the deployment of monitoring technology, and the allocation of facility/agency resources.

115.13 (d) GO 5-620.33 Security mandates shift commanders and other command staff shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Each detainee occupied area shall be toured for each shift and unoccupied areas shall be toured at least once a week. GO 5-620.33 prohibits staff from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The auditor reviewed verification of supervisory (Sgt's) rounds (paper logs and rounds tracker logs) on each shift for each month and command staff (Lt's) rounds at least once per month and the supporting documentation verified the facility is in compliance with the standard. During the on-site audit, the auditor reviewed video footage of three (3) Supervisor (one Lt. and two Sgt's) conducting rounds.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCJ Report on Inmates by age for the reporting period.</li> <li>2. Interviews with random staff and intake staff</li> <li>3. Questions asked during tour of the facility</li> <li>4. WCSO PAQ</li> <li>5. Interviews with PREA Coordinator</li> </ol> <p>115.14 (a) The facility submitted a report with the number of inmates by age during the reporting period. Interviews with random staff, booking and classification staff also confirmed reports that youthful inmates are not held at the facility. The report verified the agency does not admit inmates under the age of 18. The auditor determined the standard is not applicable.</p> <p>115.14 (b) The facility submitted a report with the number of inmates by age during the reporting period. Interviews with random staff, booking and classification staff also confirmed reports that youthful inmates are not held at the facility. The report verified the agency does not admit inmates under the age of 18. The auditor determined the standard is not applicable.</p> <p>115.14 (c) The facility submitted a report with the number of inmates by age during the reporting period. Interviews with random staff, booking and classification staff also confirmed reports that youthful inmates are not held at the facility. The report verified the agency does not admit inmates under the age of 18. The auditor determined the standard is not applicable.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. General Order 5-613.6 PREA</li> <li>2. General Order 5-640-9 Searches</li> <li>3. General Order 5-630.5 In Custody Programs</li> <li>4. General Order GO 5-620-13</li> <li>5. Interviews with Sheriff, PREA Coordinator and Supervisors</li> <li>6. Interviews with medical</li> <li>7. Interview with transgender inmate</li> <li>8. Video observation of searches during various times of day and situations</li> <li>9. WCSO PAQ</li> <li>10. Random staff and inmate interviews</li> <li>11. Observations and discussions during the tour of the facility</li> <li>12. Supporting documentation for corrective action-screen shots from inmate management system, incident reports, medical and mental health reports, review of camera cell rosters.</li> </ol> <p>115.15 (a) General Order 5-640.9 states strip searches shall be conducted by a staff member of the same gender as the person being searched. Inmates may not be strip searched when arrested for a traffic, regulatory, misdemeanor offense or bench warrant except in cases of probable cause whereby the arresting officer has reasonable belief that contraband may be present. Cases involving weapons or controlled substance or reasonable belief that the individual is concealing a weapon or controlled substance are subject to strip search. Strip searches are required to be conducted on the premises where the search cannot be observed by persons not physically conducting the search. Officers must obtain verbal or written permission from the floor sergeant before conducting a strip search. Verbal approval must be followed with a written report of the strip search. The policy also prohibits a search of any body cavity other than the mouth without a duly executed search warrant and must be conducted by or under the supervision of a physician licensed to practice medicine. Interviews with random staff, random inmates, medical, PREA Coordinator all confirmed compliance with the standard and that an exigent circumstance has not been presented during the reporting period and medical staff had not been requested to perform such a search. Staff were of the understanding any strip search as a result of a warrant would be conducted in a hospital setting.</p> <p>115.15 (b) General Order 5-640.9 Searches prohibits cross gender pat-down searches of female inmates except in exigent circumstances. Such circumstances must be documented. The general order also states a female inmate's access to regularly available programming or other out-of-cell opportunities shall not be restricted in order to comply with this provision. Interviews with female inmates indicated none had experienced a cross-gender pat-down search nor been denied an opportunity for programming or out-of-cell time due to the unavailability of same sex staff to conduct a search. The facility reported no pat-down searches of female inmates conducted by male staff during the reporting period.</p> <p>115.15 (c) As stated above, the facility has general orders that require all cross gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches of female inmates to be documented. The facility reported no such searches were conducted during the reporting period.</p> <p>115.15 (d) General Order 5-613.6 PREA explains the procedures for 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 or when such viewing is incidental to routine cell checks. The auditor reviewed the video surveillance in video cells. Typically, inmates are placed in cells with cameras when their behavior has been determined to require increased or constant observation by medical or administration for the protection of the inmate (exigent circumstances) awaiting clearance by medical or mental health staff. Control centers are staffed with one staff observing dozens of camera equipped rooms (both male and female). Inmates in camera cells may or may not be viewed by the opposite sex while performing acts outlined in the standard. The facility considers any inmate placed in a camera cell as an exigent circumstance. The reason for housing in the camera cell is clearly documented. While the facility does not document if a male or female staff member is assigned to view the cameras; exigent circumstances are documented. The facility errs on the side of caution by over reporting exigent circumstances. The auditor finds the facility meets the standard by documenting any potential for cross gender viewing.</p> <p>General Order 5-613.6 also requires staff of the opposite gender to announce their presence when entering an inmates housing unit. Interviews with all staff indicated an awareness and compliance with the policy. Interviews with inmates stated custodial staff were in compliance with the policy, however inmate interviews did not confirm medical staff of the opposite gender routinely did not announce their presence.</p>



Corrective Action Completed: The facility changed their practice and security staff announce medical staff arrival on the living unit before opening the pod doors.

115.15 (e) General Order 5-640.9 Searches is written in accordance with the standard. The auditor reviewed documents and interviewed the transgender inmate on-site during the on-site audit, previous transgender inmate's documentation, and interviews with random staff and the PREA Coordinator and confirmed the facility practice is in compliance with the standard. Supporting documentation indicated medical records were reviewed to determine the inmate's genital status. The facility has maintained detailed records.

115.15 (f) General Order 5-640.9 requires the agency to train security staff in how to conduct cross gender pat-down searches, and cross-gender and intersex inmates in accordance with the standard. Training records were reviewed and indicated all security staff had received the training. The auditors reviewed the training video and determined the training provided met the standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 440 297">Evidence reviewed:</p> <ol data-bbox="276 349 1225 846" style="list-style-type: none"> <li>1. Interviews with LEP, developmental delayed, cognitively disabled, mentally ill Inmates</li> <li>2. Language Line Contract/Language Line Billing/Confirmation of contract</li> <li>3. Inmate Assistance Log</li> <li>4. Inmate Handbook (English and Spanish)</li> <li>5. Various PREA Brochures (English and Spanish) - on kiosk, tablet, posted on bulletin boards</li> <li>6. Staff training records</li> <li>7. On site tour Observations-TTY and TDD devices in booking, kiosks and tablets</li> <li>8. Interviews with booking, classification, medical, mental health, random and supervisory staff</li> <li>9. PREA Video in Spanish and English</li> <li>10. Observation of Booking and Classification Process</li> <li>11. WCSO PAQ</li> <li>12. GO 5-613-6 PREA</li> <li>13. GO 5-355-3 Limited English Proficiency Assistance Plan</li> <li>14. GO 5-612-13 Hearing Impaired Inmates</li> <li>15. GO-5-612.14 Reasonable Accommodations for Inmates with Disabilities</li> </ol> <p data-bbox="240 875 1485 1070">115.16 (a) GO-5-612.14 Reasonable Accommodations for Inmates with Disabilities, GO 5-620.33 Offender, GO 5-613.6 PREA and Staff Communication and GO- 5-612.13 Hearing Impaired Inmates ensures 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 (TTY device); inmates who are blind or have low vision (language line or staff reading information to them); Intellectual disabilities (None found), psychiatric disabilities (none found), speech disabilities (NONE), other (NONE).</p> <p data-bbox="240 1099 1362 1126">The following narrative describes each type of disability and the steps the agency utilizes to ensure participation:</p> <p data-bbox="240 1155 1489 1285">Deaf or hard of hearing: The facility has a TTY device for utilization for the hearing impaired. Interviews with staff (officers and medical) indicate no hearing impaired inmates have been housed in the last year. A review of the Inmate Assistance log from 4/25/2019 -October 20, 2021 has sixteen (16) entries-with one indicating sign language was utilized (5-21-2019). The inmate was released on (5-22-2019). There was no information provided as to who assisted in translation by sign language.</p> <p data-bbox="240 1314 1489 1574">Blind or low vision: The facility did not report any blind or extremely low vision inmates present and the facility or housed at the facility within the last year. Interviews with staff and the PREA Coordinator indicated blind inmates would be able to hear the PREA video and the Inmate Handbook and PREA brochures can be heard on the tablet with head phones. It should be noted assistance would be required to access the tablet. Random staff indicated inmates with low vision would be able to verbally report allegations to staff. Supervisory staff indicated staff would be available to assist the inmate in using the tablet in order to provide inmate education and would be available to report any PREA allegations. There were no visually impaired inmates at the facility to interview during the on-site audit. Staff could not recall any visually impaired inmates for a records review.</p> <p data-bbox="240 1603 1489 1733">Speech disabilities: Staff interviews did not indicate any inmates currently at the facility or known to be housed at the facility with speech disabilities that would have impacted the inmates ability to participate in the PREA program. Supervisory staff indicated they would allow an inmate to communicate via written communication if the disability was severe enough that communication would not be possible.</p> <p data-bbox="240 1762 1489 1991">Other disabilities: Supervisory staff and random staff indicated there are inmates who are booked into the facility highly intoxicated or under the influence of drugs or extremely aggressive/agitated which prevents minimal PREA information at booking or during the first 72 hours. Random and targeted inmates were interviewed and some stated they were highly intoxicated, drug sick or in a state they could not recall events for several days and did not recall any PREA information provided to them during this time frame. Staff indicated the inmate would be placed in protective housing (medical/mental health unit until stabilized and the process would then be conducted. There is no documentation on the inmates who were not provided with risk screening or PREA information access on these inmates.</p> <p data-bbox="240 2020 1489 2150">Intellectual or psychiatric inmates: The General Orders did not communicate guidance on how to communicate effectively with intellectually or mentally ill inmates. Booking and classification staff indicated if an inmate did not answer the question, they would continue to repeat the question. Random staff indicated it is the inmates responsibility to utilize the kiosk or tablet, read the various information posted on the pod bulletin boards and watch the PREA video. None of the staff stated</p>

officer assistance would be offered. Interviews with mentally ill and developmentally delayed (5) inmates indicated the information received was via PREA video and all five (5) inmates interviewed stated staff had not provided them with any person to help them read, write or explain things to them (all also stated they had not asked for assistance). Three (3) of the five (5) stated they had not read any PREA information on the kiosk or tablet and two (2) inmates stated they had accessed this information via kiosk or tablet. Four (4) or the five (5) inmates stated they were aware of the zero-tolerance policy, knew how to report allegations, knew they had the right not to be punished for reporting allegations and one did not recall. (3) of the five (5) inmates knew they were allowed to make a report without providing their name. All five (5) inmates could articulate at least two methods of PREA reporting (\*211 and tell a staff member). The PREA and Grievance Sections of the inmate handbook were reviewed as well as the PREA video and various PREA brochures.

Finding: The auditor determined insufficient agency support for the intellectually impaired, blind or low vision and mentally ill inmate population to participate in all aspects of the PREA program without staff assistance. Staff did not report any instances of assisting these populations and inmates reported they were not told staff would assist them if requested. The facility inmate management system does not currently have the ability to identify inmates with disabilities.

Corrective Action Completed: The facility's booking process now includes asking the inmate if any additional assistance is needed. In addition, a training plan was developed and the facility provided staff training verification on the process to document additional assistance required for the special populations. The Superintendent has issued a bulletin identifying staff who are proficient and can be used for translation. The facility added a section to the classification/assessment form to clearly identify inmates who do not speak English, identify the language they speak, to identify if an interpreter was used and documented on appropriate forms and inmate log, and if the written materials were explained. The inmate signs a form stating they have viewed and understood the facility specific PREA video and any questions concerning PREA the inmate did not understand, had a question on, or needed assistance with, was answered prior to the inmate signing the form. In addition, the video was revised to include information to the inmate that any assistance required to understand or participate in PREA would be made available to them by request from staff. A new interpreters log sheet was created and staff were retrained. The auditor reviewed twenty randomly selected inmate files (classification notes, Medical co-vid housing forms, medical referral forms, incident reports, that were housed on the medical unit. All inmates were verified having medical issues; none were housed for vulnerability. Additional supporting documentation (translation logs for security staff and medical and mental health staff) was submitted and reviewed by the auditor and found to be in compliance with the standard.

115.16 (b) The WCSD has a contract with Voiance to ensure all inmates with limited English Proficiency has access to all aspects of the PREA plan. This service provides inmate with services outside of the agency to ensure partiality, and interpreters who are fluent in the language (effective and accurate). GO 5-355.3 Limited English Proficiency Assistance Plan outlines the plan for Limited English Speaking and Hearing Impaired Inmate Communication. In addition, GO- 5-613.6 PREA allows for interpreters (staff that are trained and supervised to communicate and the use of professional interpreter services who can interpret effectively, accurately, and impartially using any specialized vocabulary, both receptively and expressively).

The agency submitted verification of a contract with a language line contractor. The auditor called the language line and verified the contract is active and ready for use. The agency also submitted detailed billing from the language line indicating use indicating billing (quarters) in 2020 and two quarters in 2021. A log for documentation of inmate interpreters, readers, video aids, or TTY Phone assistant log was reviewed. Sixteen (16) entries from 4/25/19-5/25/21 were documented. The types of aid used were the language line, employees, sign language and the language translator device. There was an indication the log is not used to document the extent of translation services as there are very few entries on the log to correspond with active billing from the language line. (one entry on the booking translation log book was found on the language line billing. There were 11 of twelve entries on three months of billing that were not documented in accordance with policy. Spanish is the most common language translation. It should be noted sign language and Arabic, Swahili and Burmese translation was noted on the translation log. Medical and mental health staff indicated they most commonly use a medical staff who speaks Spanish to translate and have used the language line. Medical and mental health staff indicate they do not document the use of interpreters. The facility does not have a process to identify staff who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Corrective Action Completed. The facility developed a training short and an approved list of Spanish speaking staff that maybe used in exigent circumstances. The language line will be the primary tool for translation. In addition, the facility has acquired new inmates tablets, The tablets have the ability to translate all material on the tablets (inmate handbook, Inmate Rules and regulations, grievance forms, PREA educational material) into 90 languages. Supporting documentation was submitted, reviewed by the auditor and found to be in compliance with the standard.

115.16 (c) GO 5-613.6 states staff will not 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 safety, the performance of first-response duties or an investigation. Interviews with staff indicate inmate translators are not utilized.

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 448 300">Evidence Reviewed:</p> <ol data-bbox="276 349 1153 645" style="list-style-type: none"> <li>1. WCSO Policy GO 5-613.6</li> <li>2. General Order 3.032.1 Selection of Personnel</li> <li>3. WCSD PAQ</li> <li>4. Review of ten (10) HR records (new hires) and all promotions for the reporting period</li> <li>5. Interview with staff responsible for hiring process, PREA Coordinator</li> <li>6. Criminal records checks for contractors and employees</li> <li>7. LEADS checks for all employees for last five years.</li> <li>8. Contractor background checks and training documents (post audit hires)</li> <li>9. Updated PREA Policy</li> </ol> <p data-bbox="240 674 1477 936">115.17 (a) WCSO Policy GO5-613.6 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in any sexual misconduct that is prohibited by PREA Standards and/or Illinois Compiled Statutes. The policy does not utilize the exact wording of the standard however, the auditor finds the verbiage to encompass the requirements of the standard. A review of ten (10) background checks for new hires during the reporting period were reviewed. On each of the ten, the applicant was asked about each provision of the standard and there was a document signed by the applicant with self -reporting answers to each provision of the standard. In addition, the background investigator also asks the employee the questions pursuant to the standard and the form is included in the employee investigation packet.</p> <p data-bbox="240 965 1461 1025">Four employees were promoted during the reporting period. The auditor reviewed three of the four promotional documents and verified the questions as stated in the standard were included in the self-reporting document.</p> <p data-bbox="240 1055 1477 1115">Documents related to the standard for contractors was requested. The PREA Coordinator verified background checks were conducted, however the questions related to the standard were not asked prior to hire.</p> <p data-bbox="240 1144 1493 1272">Corrective Action Completed: The agency developed a process to ask contractual employees the questions as described in the standard. Compliance with the current contractors was obtained and forwarded to the auditor while on-site Three contractors were retained during the post audit period and background checks in accordance to the standard were asked and submitted to the auditor for compliance verification.</p> <p data-bbox="240 1301 1477 1464">115.17 (b) Policy GO5-613.6 is written in compliance with the standard. A review of ten (10) applicant files was conducted. All ten (10) files contained documentation of the applicant being asked a question regarding sexual harassment pursuant to the standard and a self -reporting document signed by the applicant responding to question regarding sexual harassment. Three (3) of the four (4) employee promotional records during the reporting period were reviewed. Each of the employees had completed the question regarding sexual harassment in compliance with the standard prior to receiving promotion.</p> <p data-bbox="240 1494 1477 1554">Documents related to the standard for contractors was requested. The PREA Coordinator verified background checks were conducted, however the question related to the standard were not asked prior to hire.</p> <p data-bbox="240 1583 1445 1682">Corrective Action Completed: The process was changed and the required forms confirming all current contractors have been asked the questions were provided to the auditor. Three contractors were retained during the post audit period. Background checks according to the standard were submitted and the auditor verified the backgrounds were complete.</p> <p data-bbox="240 1711 1485 2040">115.17 (c) GO 5-613.6 clearly states the Winnebago County Sheriff's Office will not hire or promote anyone and shall not enlist the services of any contractor who may have contact with detainees/inmates who has engaged in any sexual misconduct that is prohibited by PREA standards and /or Illinois Compiled Statutes. The GO requires a fingerprint based criminal history background check for all prospective employees and contractors prior to enlisting their services and provides as part of the background check, contact with all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual misconduct. The auditor reviewed ten (10) of the twenty-four (24) new employee hiring packets and background checks had been conducted on all ten (10). In reviewing 10 applicant files, two applicants were found to have documented prior institutional employment and although contact was made with the institutional employer, there is no evidence that any questions pursuant to this standard was addressed.</p> <p data-bbox="240 2069 1477 2130">Corrective Action Completed: The facility revised their process to comply with the standard. The facility submitted four new hires (three of which had previous institutional employment). The previous institutional employers were contacted and</p>

answered the required questions per the standard. A copy of the new hire packets were forwarded to the auditor to verify compliance.

115.17 (d) GO-5-613.6 requires background checks for all contractors who have contact with inmates/detainees prior to enlisting their services. The facility had five contractors approved for services during the reporting period and submitted verification of background checks on all five. Three additional contractual employees were hired during the post audit and verification of background checks and training were forwarded to the auditor to verify compliance.

115.17 (e) Memorandum 2018-039 mandates criminal background checks when employee ID cards are issued. Employees receive new ID cards every four years after the Sheriff's election. Background checks are conducted prior to new ID cards are issued. The process currently in place ensures all employees have background checks conducted every four (4) years. The auditor reviewed five (5) year background checks of twenty-six randomly selected employees and all were compliant with the standard.

115.17 (f) The WCSD has forms asking all applicants and employees who may have contact with inmates directly (by investigator conducting background checks) and a self -disclosure form asking the applicants the same questions as required in the standard. The employee evaluation form was reviewed and does allow for employees to comment regarding their performance and the process requires discussion between the supervisor and employee. The employee review form asks the three questions as required by the standard. The form includes a statement relative to a continuing affirmative duty to disclose any such conduct. This information is also provided in the PREA General Order. The auditor reviewed new hire and promotional applications and evaluations and determined the agency met the requirements of the standard.

115.17 (g) GO 5-613.6 states material omissions regarding such conduct or providing materially false information shall be grounds for termination. In addition, the employee evaluation form contains the same information. The PREA self-disclosure form for new hires and promotions also informs the employee of the information required in this standard.

115.17 (h) The PREA Coordinator is the employee responsible for regarding providing information about allegations of sexual abuse and sexual harassment involving a former employee upon receiving such request from an institutional employer for whom such employee has applied for work. The PREA Coordinator was interviewed and stated upon verifying the identity and agency and receipt of a release of information form from the previous employee, information regarding any sexual abuse or sexual harassment involving inmates would be shared with the prospective institutional employer. The PREA Coordinator did not have any requests for information pursuant to the standard during the reporting period.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. 2020 WCSD Annual Report</li> <li>2. WCSD PAQ</li> <li>3. Powerpoint presentation (County Board)</li> <li>4. Interview with Sheriff, Supt, and PREA Coordinator</li> <li>5. Observations during tour of the facility</li> </ol> <p>115.18 (a) N/A</p> <p>115.18 (b) The facility was able to acquire body cameras for staff usage within the jail. The body cameras are not commonly utilized within a jail setting. The jail administration involved collective bargaining union representatives in the planning stages and development of the policies regarding usage. As evidenced during the on-site visit, the ability to see and hear officer interactions greatly increases the ability to investigate PREA allegations. The facility is in the process of installing a new video monitoring system and provided verification via a power point presentation to the county board that included PREA considerations. The presentation clearly stated a new video monitoring system would reduce "blind-spots" and current views of "blind spots" and facility plan sheets indicating identified areas requiring additional cameras were required. New technology and an additional 135 cameras has been approved. The new technology will also allow the facility to blur toilet areas in "camera" cells" increasing compliance with standard 115.15 and reducing the documentation required for exigent circumstances relative to standard 115.15. The inmate messaging system (operational June 2021) also assists in PREA education for inmates.</p> <p><b>FINDING: EXCEEDS STANDARDS</b> The acquisition and usage of body cameras exceeds the minimal expectations of this standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. GO5-083.1 Crime Scene Processing and evidence Collection</li> <li>2. GO 5-442.9 Sexual Assault/Abuse Investigations</li> <li>3. GO 5-442.1 Criminal Investigations</li> <li>4. Revised CO 442.9 Sexual Assault/Abuse Investigations</li> <li>5. Revised 5-442.1 Criminal Investigations</li> <li>6. GO 5-613.6 PREA</li> <li>7. Letter from PREA Coordinator to Local hospitals</li> <li>8. Interviews with the Sheriff, Superintendent, random staff, PREA Coordinator, Swedish American Hospital and St. Anthony's Hospital Emergency Room Charge Nurse</li> <li>9. Review of MOU with Rockford Sexual Assault Counseling</li> <li>10. Review of MOU with PATH (211 system)</li> <li>11. National Protocol for Sexual Assault Medical Forensic Examinations</li> <li>12. WCSD PAQ</li> <li>13. Revised Policy 5-442.98 Sexual Assault/Abuse Investigations</li> <li>14. Revised Policy 5-442.1 Criminal Investigations</li> <li>15. Training Records on revised policies</li> </ol> <p>115.21 (a) The WCSD is responsible for both criminal and administrative investigations. GO 5-442.9 Sexual Assault/Abuse Investigations and GO 5-442.1 Criminal Investigations were reviewed. A review of the two general orders found that the protocols had not been updated to reflect the national protocol, updated most recently in 2013. As part of the evidence protocol, agencies must offer victims access to a sexual assault forensic medical examination free of charge, where evidentiary or medically appropriate. The standard uses the language "evidentiary or medically appropriate" to signal that agencies should offer a forensic medical exam in all cases of sexual abuse, and not just ones involving completed penetration. For example, a case where an inmate is digitally penetrated may still require an exam. The time frames established for usable evidence (forensic exams) recommended in the National Protocol should be reflected in the updated policy. GO 5-442.9 also states "Contact an agency social worker or victim advocate, if available or identify other resources for the victim, including the National Sexual Assault Hotline". This conflicts with current agency policy. In 2013, OVW also published a guide for corrections administrators on how to adapt this protocol to correctional settings (OVW's 2013 guide). (See the Resources section for information pertaining to this guide and links to all other cited resources.) There was one sexual misconduct allegation during the reporting period. Due to the time frames associated with the sexual activity, evidence collection was not feasible. Random staff were interviewed and all were aware of their first responder duties including all of the elements of the standard for evidence collection.</p> <p>Finding: A review of the two general orders found that the protocols had not been updated to reflect the national protocol, updated most recently in 2013, which provides detailed guidelines for evidence preservation and collection for criminal justice and health care practitioners to follow in the immediate aftermath of a sexual assault. In 2013, OVW also published a guide for corrections administrators on how to adapt this protocol to correctional settings (OVW's 2013 guide). (See the Resources section for information pertaining to this guide and links to all other cited resources.)</p> <p>Corrective Action Completed: The facility updated GO 5-442.9 Sexual Assault/Abuse Investigation and GO 5-442.1 Criminal Investigations to meet the standard and identified the current advocacy center utilized for sexual assault victims. The referenced General Orders were revised and reviewed by the auditor. The updated General Orders were determined to be in compliance with the standard. The facility provided documentation of training on the revised policies.</p> <p>115.21 (b) N/A The facility does not house youthful offenders.</p> <p>115.21 (c) GO 5-613.6 states the forensic medical examination shall be offered to all victims of sexual abuse, whether on-site or at an outside medical facility, without financial cost. The WCSD utilizes Swedish American Hospital as the primary medical response for sexual assault and Saint Anthony Medical Center emergency room as the secondary response for forensic medical exams. The auditor contacted the emergency room at both facilities and was advised SAFE/SANE nurses were available on each shift and in the event a SAFE/SANE nurse was not available, a physician would conduct the exam. The PREA Coordinator provided a letter to the local hospitals dated 1/6/21 requesting SAFE/SANE nurses in accordance with the standard. Interviews with the Sheriff, Superintendent and PREA Coordinator confirmed these services are available to the inmates without financial cost. The facility reported no sexual assault examinations during the reporting period.</p> <p>115.21 (d) The WCSD has an MOU with the Rockford Sexual Assault Counseling, Inc. (RSAC) dated March 26, 2018 and</p>

continues until it is terminated by either party. The auditor contacted the RSAC and verified the MOU was still in effect and valid. The RSAC provides services 24/7 and another community-based organization or qualified agency staff member is not utilized. The agency did not have any sexual assault allegations during the reporting period requiring a victim advocate in accordance with the standard.

115.21 (e) The MOU with the RSAC provides for counseling, crisis intervention, and follow-up services to victims of sexual violence at the Winnebago County Jail. The auditor contacted the RSAC and verified the follow-up services would include support for the victim through investigatory interviews, provide information and referrals. The agency did not have any sexual assault allegations during the reporting period requiring a victim advocate in accordance with the standard.

115.21 (f) N/A The agency is responsible for investigating allegations of sexual abuse.

115.21 (h) N/A The agency always makes a victim advocate from a rape crisis center available to victims.



115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 448 300">Evidence Reviewed:</p> <ol data-bbox="276 349 1126 645" style="list-style-type: none"> <li>1. WCJ grievance logs (general and PREA)</li> <li>2. Inmate Disciplinary Log</li> <li>3. All sexual abuse and sexual harassment investigations during the reporting period</li> <li>4. Interviews with the Sheriff, Superintendent, PREA Coordinator</li> <li>5. WCSO website</li> <li>6. GO 5-442.9 Sexual Assault/Abuse Investigations</li> <li>7. GO 5-613.6 PREA</li> <li>8. (320 ILCS 20/) Illinois Adult Protective Services Act</li> <li>9. WCSO PAQ</li> </ol> <p data-bbox="240 676 1490 936">115.22 (a) GO 5-613.6 states a prompt, thorough, and fair investigation shall be conducted by qualified agency investigators (unless determined by the Sheriff or Chief Deputy that such investigation will be conducted by an outside agency) for every incident or allegation of sexual misconduct (including third party and anonymous reports) that are criminal or administrative in scope. A total of 32 sexual misconduct allegations were reported and all were investigated. It should be noted one sexual abuse allegation was referred for a criminal investigation. This case was referred to the prosecutor and the prosecutor declined to pursue criminal charges. The auditor found evidence of some administrative investigation yet there was no evidence of a conclusion (finding). The auditor concludes the administrative investigation on this allegation was not completed.</p> <p data-bbox="240 967 1477 1025">Corrective Action Completed: The completed administrative investigation was forwarded to the auditor and compliance was verified.</p> <p data-bbox="240 1057 1490 1249">115.22 (b) GO 5-613.6 states a prompt, thorough, and fair investigation shall be conducted by qualified agency investigators (unless determined by the Sheriff or Chief Deputy that such investigation will be conducted by an outside agency) for every incident or allegation of sexual misconduct (including third party and anonymous reports) that are criminal or administrative in scope. A total of 32 sexual abuse or sexual harassment allegations were reported and all were investigated however the administrative investigation on one of the sexual abuse allegations was not completed. GO 5-613.6 is published on the agency's website.</p> <p data-bbox="240 1281 1477 1339">Corrective Action Completed: The completed administrative investigation was forwarded to the auditor and compliance was verified.</p> <p data-bbox="240 1370 1152 1397">115.22 (c) N/A A separate agency is not responsible for conducting criminal investigations</p>

115.31	<p><b>Employee training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSD Completed PAQ</li> <li>2. GO 5-613.6 PREA</li> <li>3. Training Records</li> <li>4. Randomly selected staff training records</li> <li>5. Training records- refresher training</li> <li>6. Interviews with random staff</li> <li>7. Interview with Training Coordinator</li> <li>8. Review of lesson plans and refresher training curricula</li> <li>9. Interview with PREA Coordinator</li> </ol> <p>115.31 (a) All PREA training (power point presentations, videos, policies, brochures) were reviewed and the auditor determined the training included all ten (10) requirements of the standard. Thirty-seven (37) employee training records were reviewed prior to the on-site audit and during the on-site audit. All of the training records were compliant with the standard. Interviews with random and specialized staff indicated staff were familiar with the training. It should be noted several staff referenced pocket cards provided by the training department with first responder duties.</p> <p>115.31 (b) The agency houses and provides training to employees for all genders as described in the standards. Training records were reviewed and random staff were interviewed. Training plans included information on the management of and communication with the different genders on the population. Interviews with random staff indicated an ability to describe differences in communication techniques and cross gender searches.</p> <p>115.31 (c) The agency provides and documents PREA training at least annually. In addition, monthly PREA refresher briefs are distributed to all employees. Training records confirmed on-line or video training were provided to employees and interviews with random staff indicated staff were provided with the training.</p> <p>115.31 (d) The auditor reviewed training documents that included employee signature or electronic verification that employees understood the training received.</p>
--------	---

115.32	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSA Completed PAQ</li> <li>2. Training Material</li> <li>3. GO 5-613.6</li> <li>4. Review of contractor and volunteer training records</li> <li>5. Letter regarding volunteers</li> <li>6. Interviews with contractors and staff</li> <li>7. Interviews with contractors and staff</li> </ol> <p>115.32 (a) GO 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. The agency provides training for contractors who have contact with inmates (food service, medical and mental health) with first responder training, ways inmates can report, reporting, PREA basics, and custodial sexual misconduct. During the on-site audit, four contractors and two volunteers were interviewed. Training records were requested and reviewed and one volunteer was found to have not received the training as mandated by the standard. The PREA coordinator provided the training to the volunteer on the same day. It should be noted, volunteers were not allowed into the facility until September 2021 due to COVID restrictions.</p> <p>Corrective Action was completed during the on-site audit.</p> <p>115.32 (b) All contractors receive the same training as employees (verified by review of training records and interviews with contractors). Volunteer training includes notification of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors were interviewed and all but the one volunteer identified as not having received the training could articulate how to report PREA allegations. As stated earlier, corrective action was conducted the same day and the auditor was provided with verification of training and understanding of the training provided.</p> <p>115.32 (c) The auditor reviewed the training records maintained by the training department and the monthly refresher training, volunteer and contractor training maintained by the PREA coordinator. The facility maintains documentation by employee signature that volunteers and contractors understand the training they have received.</p>
--------	---

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 448 297">Evidence Reviewed:</p> <ol data-bbox="272 349 1023 712" style="list-style-type: none"> <li>1. WCD Completed PAQ</li> <li>2. GO 5-613-6 PREA</li> <li>3. PREA Video</li> <li>4. WCD Inmate Handbook and related brochures</li> <li>5. Tour of facility (noting information on kiosks and posters)</li> <li>6. Inmate booking receipts</li> <li>7. Interviews with intake staff</li> <li>8. Interviews with random inmates and targeted inmates</li> <li>9. Inmate verification of education records</li> <li>10. GO b5-612.13 Hearing Impaired Inmates</li> <li>11. GO 5-612.14 Reasonable Accommodations for Inmates with Disabilities</li> </ol> <p data-bbox="240 741 1485 1406">115.33 (a) During the booking process, detainees/inmates are informed of the agency's zero-tolerance policy during the property inventory process and how to access information on reporting of PREA allegations. The inmate is not informed of the methods (phone numbers, addresses at this time. The form verifies property inventory and they are advised of the specific items (PREA Brochure, how to report PREA allegations through grievances, hotline numbers, staff or 3rd party) are located on the kiosk/tablet. The form advises that male and female officers will be conducting welfare checks during every shift, so inmates must remain adequately dressed at all times. Twenty-five inmate files were reviewed prior to on the on-site audit. While a few of these documents included an inmate signature, the majority were not signed by the inmate due to COVID precautions. While in booking area, the PREA video is playing continuously in English and Spanish. Both videos provided closed captions. The PREA video provides information regarding the phone numbers and addresses for reporting PREA allegations. Interviews with random inmates indicated PREA was discussed during the booking process and videos are played during the intake process. Interviews with limited English proficient inmates and limited reading (developmentally delayed, low functioning and cognitively impaired inmates could not consistently articulate their receipt of the information or understanding of the information in interviews with the audit team. None of these inmates indicated they were offered staff assistance in understanding the information. Interviews with booking/inmate staff indicated inmates are expected to read and understand the information provided. A review of the staff assistance log (translations) and language line billing did not confirm translation services. In addition, the auditor was able to see inmates with less common languages (Arabic, Burnese, etc) were afforded the use of the language line, however there was no information on what information (Zero-tolerance policy and methods of reporting) was translated to the inmate. The auditor observed the PREA video in progress on the screen in the booking area during the tour of the facility and when returning to the booking area to observe the booking process. The auditor noted there were no PREA posters or educational information posted in the booking processing and waiting areas.</p> <p data-bbox="240 1435 1485 1664">Corrective Action Completed: The property sheet was revised to include the various methods of reporting and information of staff availability to provide additional assistance to understand the information upon request. In addition, procedures to appropriately document any assistance for translation or staff assistance in communication PREA education was implemented and oversight established to ensure staff are documenting the assistance provided to inmates. The facility provided a list on all inmates on March 1, 2020 who have been housing at the facility between 30-60 days (December 1, 2021 through January 30, 2022) and provided verification of inmate receipt of the required information the first 30 inmates on the list for December and the first 30 for January, 2022 (60 total).</p> <p data-bbox="240 1693 1485 2123">115.33 (b) After inmates are booked into the facility, they are transferred to a classification pod and single celled until the risk screening instrument is completed and an appropriate living unit is determined. During this time, the PREA video is continuously played and provides all of the information provided in the standard. In addition, inmates are provided with a PIN number and a tender demonstrates how to assess the kiosk with additional PREA information. It was noted the inmate signs by electronic verification that they had read and understood the various PREA documents prior to accessing access to other functions of the computer. The auditing team observed the process and the inmate did not read the information required to be moved forward and signed as having read the documentation and understanding the information. Random and targeted inmates were interviewed and all indicated they had watched the PREA video. All inmates interviewed were able to articulate at least two methods of reporting sexual abuse and sexual harassment and all inmates were aware information was available on the kiosks and tablets. In all records reviewed, the facility provided verification the classification process including the PREA information was provided within the 30 days required by the standard. The inmates identified in 115.33 (a) as non-compliant were released within the 30 day required period. The auditor determined (by electronic signature) the more comprehensive education was available to the inmate within the time frames established.</p>

115.33 (c) The auditor received a list of all inmates housed at the jail for over one year. The auditor verified more comprehensive education had been completed by inmate signature for all twenty inmates. The WCJ has only one facility. Every inmate participates in the PREA education at booking and classification and on-going information regardless of being transferred from another jail or federal agency.

115.33 (d) The auditor confirmed the following educational material was available in English and Spanish:

- PREA video
- Various PREA Brochures (End the Silence, PREA Posters, etc) visible during the on-site audit
- PREA video and related brochures on the Kiosk and tablets

The PREA auditor also verified the present contract with the language line was valid by calling the language line with PIN number and review of the staff assist log and language line billing. It is noted the various educational documentation has closed captions on the video for the hearing impaired. There was one entry for the use of sign language in the staff assistance log. The auditor was unable to determine who provided the sign language (no language line billing for that day and there is no information as to what information was communicated by the sign language translator. Although the video has sound for the visually impaired, there was no indication of staff assistance is available for continual accessibility. GO 5-612.13 Hearing Impaired Inmates was reviewed and it policy indicated communication with the hearing impaired would be by the use of TDD's, TTY's or contracted Interpreter services. The policy further states all attempts to communicate shall be documented in the assistant log in the inmates log. The policy states information is provided to the inmates via the inmate handbook on the various communication methods available for the deaf. In reviewing the inmate handbook, such noted information could not be located.

GO 5-612.1 Reasonable Accommodation for Inmates with Disabilities was reviewed by the auditor. The policy requires written information to available for the intellectually disabled, limited reading skills and blind and low vision inmates. The policy further stated that unique disabilities would be managed on a case by case basis. The policy states the medical unit determines the disability and advises the first floor Sgt. If appropriate accommodations can not be made, the Lt or Operations Captain shall be notified. The policy requires an incident report detailing the reasonable accommodation and special needs actions taken.

It is further noted the PREA information on the Kiosk is located in different sections of the inmate handbook (disciplinary violations, grievance procedures, sexual abuse/assault) and various brochures. The information is not easily accessible in one place for inmates who are low functioning/cognitively delayed. Random staff, classification and booking staff were interviewed and did not confirm any available means for inmates presenting as low functioning, blind or cognitively impaired inmates to receive information other than read on the kiosk/ tablet/ posted brochures and PREA video. Mental Health and medical staff were interviewed and do not recall any requests to provide education for targeted inmate populations. It is noted the facility intercepts all television communication on all pods on a weekly basis and plays the PREA video for ongoing information. All living units had posters and brochures visible in English and Spanish. In addition to the inmate signing a receipt stating they have read and understood the PREA information in order to assess the tablet or kiosk, it is a requirement to also read and sign the verification of receipt of the PREA information on the first day of each month.

There were no hearing impaired, visually impaired or inmates with a primary language other than Spanish housed at the facility during the on-site tour.

Corrective Action Completed: Training on documentation required to verify specialized assistance to the disabled (low functioning, limited reading ability. In the event, an inmate presents with specialized needs (primary language is not English or Spanish or unique circumstance), blind, cognitively impaired, or low functioning inmates. The training materials and verification of training were provided to the auditor for compliance. Need some verification of practice. General Order 5-612.13 Hearing Impaired and General Order 5-612.14 Reasonable Accommodations for inmates with Disabilities has been revised and requires assistance must be documented on form 116 E and inmate logs. The inmate handbook was revised and now all of the required PREA information is located in one place which will enable staff providing individualized education to easily determine the information that needs to be provided.

115.33 (e) Documentation is provided by electronic signature on the kiosk or tablet in order to gain initial assess to both and at the beginning of each month. While this is effective for the general population, more assistance maybe required for inmates with requiring translation or additional assistance. Documentation was provided however specialized populations (specifically developmentally disabled, mentally ill and two LEP inmates did not verify understanding during the inmate interviews during the on-site audit).

Corrective Action Completed: Training on documentation required to verify specialized assistance to the disabled (low functioning, limited reading ability. In the event, an inmate presents with specialized needs (primary language is not English or Spanish or unique circumstance), blind, cognitively impaired, or low functioning inmates. The training materials and verification of training were provided to the auditor for compliance. Need some verification of practice. General Order 5-612.13 Hearing Impaired and General Order 5-612.14 Reasonable Accommodations for inmates with Disabilities has been

revised and requires assistance must be documented on form 116 E and inmate logs. The inmate handbook was revised and now all of the required PREA information is located in one place which will enable staff providing individualized education to easily determine the information that needs to be provided.

115.33 (f) The auditor verified the inmate handbook and other PREA material was continually available of kiosk/tablet, once a week broadcast of the PREA video, posters and signage in every housing unit and throughout the facility. Signage, video, Break the Silence, end the Silence and seven separate Inmate PREA Information sheets are available in English and Spanish.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSD PAQ</li> <li>2. GO 5-613.6 PREA</li> <li>3. Training Certificates</li> <li>4. Interviews with Investigators</li> <li>5. Interview with PREA Coordinator</li> </ol> <p>115.34. (a) GO 5-613.6 PREA states "All staff responsible for conducting sexual abuse or assault investigations shall receive specialized training in conducting such investigations, which includes techniques for interviewing sexual abuse victims, sexual abuse evidence collection, and the criteria and evidence required for administrative action or prosecutor referral". Training records for criminal investigators and administrative investigators were reviewed. All investigators that received the NIC Specialized training for investigators in an institutional setting and the NIC advanced training for investigators in an institutional setting.</p> <p>115.34 (b). The facility utilizes the NIC Investigator and Advanced Investigator Sexual Abuse Investigations in a Confinement Setting for all investigators. In addition, four detectives and the PREA Coordinator have completed 16 hours of PREA Investigator Training for Sexual Abuse Allegations conducted by the Public Agency Training Council. The auditor is well versed in the NIC training (having completed both trainings) and can verify the NIC training meets the PREA standards including the elements listed in this subsection.</p> <p>115.34 (c) The WCSD submitted the NIC Basic and Advanced PREA Investigator Training certificates for nine (9) Jail Investigators, four (4) Criminal Investigators and the PREA Coordinator for the auditors review.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSO Completed PAQ</li> <li>2. Medical and Mental Health Training Records</li> <li>3. Interviews with Medical and Mental Health Staff</li> <li>4. GO 5-613.6 PREA</li> </ol> <p>115.35 (a) GO-5-613.6 PREA states that medical staff responsible for examination or treatment of sexual abuse or assault victims shall be specially trained or certified in such processes. The WCJ medical and mental health do not conduct forensic exams. GO-5-613.6 also states "All full- and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training in detecting and assessing signs of sexual abuse and assault, preserving physical evidence of sexual abuse, responding effectively to victims of sexual abuse and assault, and reporting allegations or suspicions of sexual abuse or assault." The contract between the WCSO and the medical provider states the provider will comply with PREA, applicable PREA standards, and the facility's policies related to PREA for preventing, detecting monitoring, investigating, and eradicating any form of sexual abuse within the facility. The contract specifies the training will include PREA 201 for Medical and Mental Health Practitioners, PREA Medical Care for Sexual Assault Victims in Confinement Settings and PREA: Your role responding to Sexual Abuse. Files of twenty-two of the 39 medical and mental health staff were reviewed and all contained documentation of training in the elements listed in this standard. Medical and mental health staff were interviewed and all stated they received and understood the training received.</p> <p>115.35 (b) N/A as medical staff at the facility do not conduct forensic exams. Initial Training Video Certificates (NIC PREA and NIC Medical Care in Correctional Setting) were reviewed on Twenty-two (22) of the 39 medical and mental health staff. Although medical staff at the facility does not conduct forensic exams, all had receive the NIC training for medical or mental health staff.</p> <p>115.35 (c) Initial Training Video Certificates (NIC PREA and NIC Medical Care in Correctional Setting) were reviewed on twenty-two (22) of the 39 medical and mental health staff. Although medical staff at the facility does not conduct forensic exams, all had receive the NIC training for medical or mental health staff. The facility submitted and the auditor reviewed and confirmed training as required by the standard.</p> <p>115.35(d) In addition, the agency submitted and auditor reviewed training records for twenty-two medical/mental health staff and all had received initial training for correctional staff, refresher training in 2020 and annual training shorts in April of 2021 in compliance with the standard. Medical and mental health staff did not receive abbreviated training for volunteers or contractors as the employee training encompasses all of the material.</p>



115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 448 297">Evidence Reviewed:</p> <ol data-bbox="272 349 798 745" style="list-style-type: none"> <li>1. WCD Completed PAQ</li> <li>2. GO 5-640.2 Admissions</li> <li>3. GO 5-640.5 Intake</li> <li>4. GO 5-640.8 Classification</li> <li>5. GO 5-640.21 Confidentiality</li> <li>6. GO 5-640.6 PREA</li> <li>7. Inmate Records-assessment and reassessments</li> <li>8. Risk Screening Instrument</li> <li>9. Interviews with staff responsible for screening</li> <li>10. Interviews with random inmates</li> <li>11. Interview with PREA Coordinator</li> <li>12. Observation of classification/reclassification process</li> </ol> <p data-bbox="240 775 1490 1370">115.41 (a) GO 5-640.6 PREA requires all detainees/inmates to be screened as part of the booking process, but not to exceed seventy-two (72) hours of incarceration/classification, for potential risk of sexual victimization (potential vulnerability) or sexually abusive behavior (tendency to act out), and shall be housed to prevent sexual abuse or assault. The WCD has one facility. The auditor requested information regarding the total number of inmates housed at the facility for over 72 hours and the total number of inmates who had been classified within the 72- hour time frame. The facility provided a list of 344 inmates housed over 72 hours during the review period and the auditor determined 343 had not had risk screening instruments completed within the time frames established by the standard. The most common reason for non-compliance was Covid-19 quarantine. The audit team interviewed staff responsible for risk screening and random inmates. Staff responsible for conducting the risk screening stated the screening generally is conducted within 48 hours. Most inmates could recall the questions being asked while on the classification unit. Five (5) Inmates who were identified as cognitively impaired or mentally ill were interviewed and four of them either stated they did not recall the questions being asked or stated the questions were not asked to them. The facility was able to provide risk screening instruments for each of these inmates. Not all of the questions had answers documented nor notes as to the inmate refused to answer. A total of Thirty-five (35) risk screening instruments were requested and reviewed. Twelve (12) of the risk screening instruments did not provide answers to some of the questions with no explanation (ie inmate refused to answer) and ten (10) of the risk screening instruments did not have a box marked as vulnerable, predator or n/a. Several of the risk screening instruments had assigned a classification of vulnerable or predator, however according to the scoring directions, the inmate did not fit into the assigned category and no explanation or override reason was noted.</p> <p data-bbox="240 1400 1409 1462">Finding: Does not meet standards. The risk screening instruments reviewed did not consistently assign risk of being sexually abuse by other inmates or sexually abusive toward other inmates.</p> <p data-bbox="240 1491 1445 1619">Corrective Action Completed: The facility has revised the screening classification instrument and has mandated fields to avoid any oversight of a question. In addition, the facility has reorganized the questions in order to fully incorporate the questions to be taken into consideration when assigning risk in one area. The auditor reviewed 20 additional screening instruments and found all to be in compliance with the standard.</p> <p data-bbox="240 1648 1477 1910">115.41 (b) GO 5-640.6 PREA requires all detainees/inmates to be screened as part of the booking process, but not to exceed seventy-two (72) hours of incarceration/classification, for potential risk of sexual victimization (potential vulnerability) or sexually abusive behavior (tendency to act out), and shall be housed to prevent sexual abuse or assault. The facility provided a list of 344 inmates housed over 72 hours during the review period and the auditor determined 343 had not had risk screening instruments completed within the time frames established by the standard. It should be noted, all of these inmates did have a risk screening instrument completed or the inmate was released prior to the quarantine period had been completed. The most common reason for non-compliance was Covid-19 quarantine. Other reasons included medical/mental health issues.</p> <p data-bbox="240 1939 1422 2002">Corrective Action Completed: The facility provided twenty risk screening instruments for the auditor's review. All were completed within the time frames established by the standard.</p> <p data-bbox="240 2031 1473 2159">115.41 (c) The auditor reviewed the screening instrument. The instrument asks yes/no questions and has a space for explanation when needed. The instrument has clear instructions on the number of questions or which questions require a supervisor to be notified and has a space available to assess the inmate as either vulnerable or predator. When the scoring was completed and required Supervisor notification, there was no indication a supervisor was contacted. The auditor</p>

interviewed two classification supervisors and the supervisors could not articulate their role when the inmate scored as either vulnerable or predator. The screening instrument does not assign any weight to age, height, weight. Staff responsible for risk screening could not provide any age, height or weight parameters to consider when making a determination of risk. The screening instrument also advises the person conducting the interview to consider social status, immigration status when a determination of vulnerable is made, however staff responsible for risk screening could not articulate the parameters of social status or immigration status when making a determination. A total of Thirty-five (35) risk screening instruments were requested and reviewed. Twelve (12) of the risk screening instruments did not provide answers to some of the questions with no explanation (ie inmate refused to answer) and ten (10) of the risk screening instruments did not have a box marked as vulnerable, predator or n/a. Several of the risk screening instruments had assigned a classification of vulnerable or predator, however according to the scoring directions, the inmate did not fit into the assigned category and no explanation or override reason was noted.

It was also noted, there is no formal training for staff in conducting the risk assessment. The auditor determined the risk screening instrument is subjective as each element is not scored and left to the discretion of the interviewer for an opinion.

Corrective Action Completed: The risk instrument was revised and now identifies parameters for each required criteria (ie under the age of 25 or over the age of 60, under 150 pounds or over 300 pounds, over 5'7 "). An additional 20 risk assessments were reviewed and all were in compliance with the standard. Employees assigned to conduct risk screening have been trained. The training materials and verification of training were forwarded to the auditor for verification.

115.41 (d) The risk screening instrument asks if the inmate has any mental, physical or developmental disability as one question. Should the inmate have multiple disabilities, the scoring does not change. The age and physical build of the inmate is not scored and the instrument does not provide direction as to how these factors are considered. The screening instrument does ask if the inmate has been to Jail in Winnebago or any other county (including Juv/DOC) and is considered as one of the questions to be included for assigning risk for being abused. The risk screening instrument does not include a question regarding prior convictions for sex offenses against an adult or child in assessing for vulnerability. The screening instrument does include whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming in assessing for vulnerability. The risk screening instrument asks two questions regarding prior sexual victimization (one regarding sexual victimization in a correctional setting and the other if the inmate has experienced any sexual victimization). It is noted if the inmate answers yes to prior institutional victimization, there should be an affirmative response for any sexual victimization in the second question. The same victimization incident could be counted as two affirmative responses out of the five required for supervisor notification. The risk screening instrument asks if the inmate feels they are currently in danger or feels vulnerable of being physically or sexually assaulted, however the questions is not listed in a section that is scored. There is a question asking if the inmate does not speak English/limited English but does not ask about immigration status. There are also questions asking if the inmate has any mental health issues that require immediate/ongoing attention and asks if there are other family members in this country. It should be noted inmates are not detained solely for civil immigration purposes at the facility and would be prevented by state law from entering into any contracts for such purposes.

Corrective Action Completed: The facility revised the risk screening instrument to include consideration of all of the questions required for assessing risk of victimization. Questions and scoring identify a level of risk of offending and risk of victimization. The risk screening assessment meets the requirements of the standard.

115.41 (e) There are five (5) questions for predatory behavior:

History of institutional sexual abusive behavior?

Criminal history of sexual abusive behavior in the community?

Criminal history of domestic violence or violence towards others?

Security threat group affiliation?

History of institutional assault/violent behavior (excluding previously considered institutional sexual behavior?)

The risk screening instrument indicates an affirmative response to question 1 above or an answer of yes to three (3) or more questions to determine predator status. The screening instrument does not assign a level of risk (for example - low, moderate or high).

Corrective Action Completed: The facility revised the risk screening instrument and now determines a level of risk for offending.

115.41 (f) The auditor observed the risk screening reassessment process. The inmate information system auto populates a list of inmates who have been at the facility for 29 days for review. It was noted the reviewer had access to most all information available since intake (disciplinary action, housing changes, no contact orders, incident reports) but did not have access to pending allegations of victimization or offending. Additional relevant information which may effect risk is not considered (has there been a disability/mental illness identified since classification etc). The person assigned to conduct reassessments has not been formally trained and there is not a training module for reassessment. The auditor finds the staff responsible for reassessment did not have full access to all potential information in order to appropriately reassess the

offender. The policy does not specify a time frame for review (30 days) as required by the standard. A review of 20 inmate files who had been housed at the facility more than a year were reviewed. Four were not in compliance with the standard (over 30 days from the booking date). Thirty-one (31) additional reassessments were reviewed from the list of inmates who were not classified within the 72 hour time frame established by the standard. Thirteen (13) had been released prior to the 30 days of booking and eighteen (18) were not reclassified from the booking date. It was noted these 18 were completed within the 30 days of the initial assessment.

Corrective Action Completed: While on-site, the administrative settings were changed and the reviewer could view PREA grievances. Guidelines for reassessments were documented and staff conducting the reassessments were trained. The PREA Coordinator assistant now conducts the reassessments and has access to pending investigations. The facility added the 30 day reassessment requirement to the policy. The internal process has been changed to conduct the reassessments within 20-25 days from the initial screening. Twenty reassessments were provided and reviewed and all were in compliance with the standard.

115.41 (g) GO 5-613.6 PREA requires a risk reassessment when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. In reviewing the inmate grievance log, there were requests for reclassification to less restrictive housing, however the responses from the agency demonstrated the restricted housing was in place for non-PREA related issues. The auditor noted reassessments commonly indicated a "PREA no contact" with another inmate with no indication of the reason for the no contact (vulnerable or predator). The auditor observed the reassessment process of twenty inmates. The staff assigned for reassessment did not have access to sexual abuse or sexual harassment investigations. Reassessments are conducted every 30 days. No contact orders are routinely in place for inmates who have violent offenses however these are not noted until the 30 day review. There is no system in place to trigger a change in status (vulnerable or predator) until the 30 day review..

Corrective Action Completed: The facility developed guidelines on how to conduct reassessments and trained staff accordingly. An additional 20 risk screening instruments were reviewed and the auditor verified compliance.

115.41 (h) GO 5-640.6 states detainees/inmates shall not be disciplined for refusing to answer (or not disclosing complete information related to) the screening questions on the Intake Screening form or during the fourteen day physical regarding a) whether or not the detainee/inmate has a mental, physical, or development disability; b) whether or not the detainee/inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; c) whether or not the detainee/inmate has previously experienced sexual victimization and d) the detainee/inmate's own perception of vulnerability. In addition, there is direction on the screening instrument clearly stating the inmate may refuse to answer (note refusal). Interviews with staff conducting the risk screening indicated inmates generally answer all of the questions. They note the inmate may not accurately answer the questions. Inmates are not disciplined for not answering or inaccurate reporting.

115.41 (i) All staff are cross trained to perform all functions of a deputy within the facility, therefore, all staff have access to the risk screening instrument. The facility has policies relative to confidentiality to ensure sensitive information is not exploited to the inmate's detriment by staff or other inmates.

115.42	<b>Use of screening information</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 448 300">Evidence Reviewed:</p> <ol data-bbox="276 349 963 510" style="list-style-type: none"> <li>1. WCDSD Completed PAQ</li> <li>2. GO 5-613.6 PREA</li> <li>3. GO 5-640-8 Classification</li> <li>4. Interviews with PREA Coordinator, classification staff, supervisors</li> <li>5. Inmate records</li> </ol> <p data-bbox="242 542 1465 801">115.42 (a) GO 5-613.6 is written in accordance with the standard. The auditor reviewed five risk-based housing decisions due to vulnerability or abusiveness. In addition, the auditor requested and was provided with detailed notes regarding risk-based decisions of one transgender housed more than 180 days at the facility. The auditor noted each of the five were determined vulnerable, however the screening criteria established was not followed in the determination and there were no notes explaining why the determination was made or that Supervisor was contacted, no Supervisor notes etc. In addition, during the on-site audit, risk screening instruments were not able to be located on several inmates. The auditor finds non-compliance due to risk assessments not completed in accordance with the directions and no risk assessment conducted, therefore the risk assessment could not be utilized to inform housing, bed, work, education, and program assignments.</p> <p data-bbox="242 833 1485 958">Corrective Action Completed: The facility revised the risk screening instrument and implemented controls that will not allow staff to proceed without answering identified questions. Training regarding the use of the screening instrument in compliance with the standard was developed and staff were trained on the materials. Verification of compliance was verified by the auditor.</p> <p data-bbox="242 990 1393 1081">115.42 (b) Five files were reviewed and it is apparent individualized determinations are made however there is no explanation of why the decisions were made. It is also noted there was no determination of risk on some of the risk screening instruments reviewed and others required Supervisory notification and such notification was not noted.</p> <p data-bbox="242 1113 1485 1272">Corrective Action Completed: The screening instrument was revised and training was provided. A section was added for over rides and the reasons for same. Individualized plans for inmates safety was noted as one classification officer did an override on an inmate (1st admission, slight build and under the age of 21) with a note to house the inmate in a cell closed to the unit control office. Additional Screening instruments were reviewed and all were determined to be in compliance with the standard.</p> <p data-bbox="242 1303 1485 1697">115.42 (c) Notes regarding one transgender inmate housed over 180 days was reviewed. The facility met with the inmate on a regular basis regarding allegations of threats from the inmate regarding both sexes. The inmate was classified as vulnerable and predator. The facility sought guidance from the PREA Resource Center regarding placement and management decisions. Mental health was actively involved and assistance from the Rockford Sexual Assault Center was also utilized. A variety of housing alternatives were attempted, men's restrictive housing, women's restrictive housing, medical, suicide watch, etc. The inmates safety was continually noted in the progress notes. In addition, management concerns regarding the safety of other inmates were addressed. Staffings were held with administration and a representative from the State's Attorney's Office. Medical, mental health and PREA administrative reviews were conducted at a minimum bi-weekly. A transgender inmate was also admitted during the on-site audit. The inmate was interviewed and verbalized her safety concerns were addressed. The inmate had been housed at numerous other facilities and stated she had never had the individualized attention and safety concerns addressed in such a professional manner as the Winnebago County facility.</p> <p data-bbox="242 1729 1461 1821">115.42 (d) The agency reported one transgender inmate held over 180 days at the facility during the reporting period. Staffing were held every two weeks which exceeds the standard of twice a year. A review of the staffing notes verified the safety of the inmate as well as others was addressed at each staffing.</p> <p data-bbox="242 1852 1481 1944">115.42 (e) The agency reported one transgender inmate held over 180 days and a transgender inmate was admitted to the facility during the on-site audit. The auditor verified through staffing notes, housing assignments and interviews, the inmate's own views with respect to their safety was given serious consideration.</p> <p data-bbox="242 1975 1469 2067">115.42 (f) The auditor verified through interviews with staff, interview with one transgender inmate at the facility, interviews with random inmates during the on-site audit and the location of the showers, that all inmates (including transgender and intersex inmates) have the opportunity to shower separately from other inmates.</p>

115.43	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. GO 5-613.6 PREA</li> <li>2. GO 5-640.8 Classifications</li> <li>3. WCSD PAQ</li> <li>4. Interviews with the Superintendent, staff supervising segregated housing, classification/reclassification staff and PREA Coordinator</li> <li>5. Review of all inmates in segregated housing during on-site audit</li> <li>6. Review of housing locations on inmates listed at risk for sexual victimization during the onsite audit</li> </ol> <p>115.43 (a) GO 5-613.6 and GO 5-640.8 states the victim shall be housed in a supportive environment that represents the least restrictive housing option possible, and that will, to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. Victims may not be held longer than 24 hours in any type of administrative segregation for protective purposes, except in highly unusual circumstances or at the request of the victim. GO 5-613.6 requires involuntary segregation to be used only after an assessment of all available options has been made and a determination has been made that there are no other options available.</p> <p>The GO also states detainees/inmates identified as suspects shall be placed in Administrative Segregation until such time as the investigation into allegations is complete. If a detainee/inmate is identified as a victim, they shall be placed in either Protective Custody or Medical Housing. Medical and mental health staff can be consulted for input on the best location for housing the victim. This appears to be in conflict with the standard. Protective Custody and medical are considered segregated housing.</p> <p>The standard allows for segregated housing for less than 24 hours while completing the assessment. The auditor reviewed files of inmates classified as risk for sexual victimization, interviewed inmates assessed to be at risk for sexual victimization, reviewed all grievances regarding housing, and during the on-site audit reviewed the reasons for all inmates in administrative segregation or protective custody and verified no inmates were being held in protective custody or administration segregation due to risk of victimization.</p> <p>Corrective Action Completed: The policy was changed to reflect the standard. The auditor requested and received a list of all persons assigned to medical units and reasons for the assignment. The auditor confirmed all inmates assigned to medical were housed for medical or mental health issues.</p> <p>115.43 (b) GO 5-613.6 is written in accordance with the standard. There were little to no programs, education and work assignments during the reporting period due to covid restrictions. The auditor reviewed the files of all inmates in segregated housing during the on-site audit and determined there were no inmates held in segregated housing due to risk of sexual victimization. The PREA Coordination and a classification Sgt was interviewed and both verified inmates would have full access to programs, privileges, education and work opportunities if available and if restricted such restrictions would be documented.</p> <p>115.43 (c) GO 5-613.6 is written in accordance with the standard. The auditor reviewed the files of all inmates in segregated housing during the on-site audit and determined there were no inmates held in segregated housing due to risk of sexual victimization.</p> <p>115.43 (d) n GO 5-613.6 and GO 5-640.8 are written in accordance with the standard. The auditor reviewed the files of all inmates in segregated housing during the on-site audit and determined there were no inmates held in segregated housing due to risk of sexual victimization.</p> <p>115.43 (e) GO 5-613.6 is written in accordance with the standard. There were no reported instances of inmates determined to be at high risk for sexual victimization during the reporting period.</p>

115.51	<b>Inmate reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 448 300">Evidence Reviewed:</p> <ol data-bbox="276 349 635 645" style="list-style-type: none"> <li>1. WCSD Completed PAQ</li> <li>2. Inmate Handbook</li> <li>3. General Order 5-613.6 PREA</li> <li>4. Kiosks/tablets</li> <li>5. PREA Posters/brochures</li> <li>6. Random Interviews with inmates</li> <li>7. Random interviews with staff</li> <li>8. Review of Investigations</li> <li>9. Site Review</li> </ol> <p data-bbox="242 674 1493 835">115.51 (a) The inmate handbook (located on kiosks/tablets) informs inmates how to privately report allegations of sexual abuse, sexual harassment, retaliation by other inmates or staff and staff neglect or violation of responsibilities that may have contributed to such incidents. Interviews with random staff and random inmates were conducted and all were able to verbally articulate the *211 number, grievance procedure and tell any staff. Zero tolerance posters and reporting information were available on all housing units.</p> <p data-bbox="242 864 1461 1126">115.51 (b) The agency has an MOU with Rockford Police and Fire Department for inmates to report abuse or harassment. The Rockford Police and Fire Department is not a part of the agency and does not receive any funding for the service. During the on-site tour, the auditor utilized the inmate phone system to dial *211 (the external reporting number). The number could not be accessed without providing an inmate PIN number. An inmate placed the call for the auditor and the auditor asked the person who answered the phone if an inmate at the Winnebago County Jail could report an allegation of sexual harassment or sexual assault at the number and was advised they would not take the call and to call the county jail. The Winnebago County Sheriff's Department does not detain inmates solely for civil immigration in accordance with state law.</p> <p data-bbox="242 1155 1477 1252">Corrective Action Completed: The auditor verified through video recording the *211 number was operable without providing an inmate PIN number and the person answering the phone stated inmates could report sexual abuse or harassment at through that number.</p> <p data-bbox="242 1281 1485 1576">115.51(c) General Order 5-613.6 states detainee/inmate reports of sexual abuse or sexual harassment may be made using any available method of communication, staff, contractor, volunteer or third party but does not specifically list anonymous reports. The GO states staff must immediately report allegations. Interviews with random staff and random inmates verified the standard is understood and does include anonymous reporting. In reviewing the general grievance log (as opposed to the PREA grievance log), it was noted, some inmates submitted PREA grievances under the "general grievance tab", and Supervisors responded in writing advising the inmate to resubmit the grievance under the PREA tab. In addition, it was noted in one of the investigative files, an inmate reported an allegation to a staff member and the staff member advised the inmate to submit the grievance under the PREA grievance tab. In these instances, staff did not accept reports nor immediately report them to appropriate staff as mandated in the standard.</p> <p data-bbox="242 1606 1474 1733">Corrective Action Completed: Staff should participate in refresher training regarding their responsibility to accept all reports and immediately report the allegations. Additional training was provided and confirmed by the auditor. The auditor requested and received investigations and general and PREA grievance logs since the on site audit. Compliance was confirmed during the review.</p> <p data-bbox="242 1762 1489 1993">115.51 (d) Interviews with staff indicate they are aware they may report violations in accordance with this standard privately through a Supervisor or the PREA Coordinator. GO 5-613.6 states staff must immediately report known or suspected incidents of sexual abuse, sexual assault or sexual harassment through the facilities chain of command. The General Order is not consistent with the standard. It is recommended the facility revise the policy to clearly establish the standard and private reporting methods. The auditor found the facility compliant with the standard through interviews indicating staff were aware of the various methods to privately report allegations of sexual abuse and sexual harassment. The General Order was revised to reflect the standard.</p>

115.52	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 440 300">Evidence reviewed:</p> <ol data-bbox="276 349 730 577" style="list-style-type: none"> <li>1. WCSO Completed PAQ</li> <li>2. General Order 613.6 PREA</li> <li>3. Inmate Handbook/brochure/PREA posters</li> <li>4. Review of Investigations</li> <li>5. Grievance Log</li> <li>6. Disciplinary log</li> <li>7. Random interviews with staff and inmates</li> </ol> <p data-bbox="240 609 1485 667">115.52 (a) The agency is not exempt from this standard. There is an administrative procedure to address inmate grievances regarding sexual abuse.</p> <p data-bbox="240 698 1485 990">115.52 (b) The standard requires inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits. The inmate handbook states if the grievance pertains to sexual harassment or an issue that cannot be dealt with according to grievance procedure time restraints, inmates should submit a request via Kiosk or tablet asking to discuss their concern with a Corrections Command Staff. GO 5-613.6 PREA clearly states a time limit will not be imposed on grievances regarding sexual abuse, and detainees are not required to use any informal grievance process or to otherwise attempt to resolve with staff. There is no reference to time limits in the PREA section of the handbook. The auditor did not find any information clearly informing the inmate that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Random inmates were interviewed and did not know if there was time frames to file a report of sexual assault.</p> <p data-bbox="240 1021 1485 1214">The Inmate Handbook does not advise inmates of their right to not use any informal grievance process. The handbook does list the many different avenues of reporting, clearly informing the inmates of multiple ways to report through the chain of command. The auditor reviewed all of the grievances submitted under the PREA grievance tablet and all of the PREA investigations and found no instances where an inmate was advised to informally attempt to resolve an issue prior to filing a PREA grievance. Random inmates were interviewed and all could articulate the various forms of reporting and none indicated they would be required to resolve the problem informally.</p> <p data-bbox="240 1245 1406 1303">Corrective Action Completed: The inmate handbook was updated to reflect there is no time frames to file a grievance regarding sexual harassment and sexual abuse.</p> <p data-bbox="240 1335 1485 1594">115.52 (c) The agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. GO 5-613.6 clearly states the grievance shall not be referred to a staff member who is subject to the complaint. Access to grievances filed under the PREA tab is only afforded to the PREA Coordinator. The PREA Coordinator assigns the investigation to staff not subject to the grievance. The inmate handbook does not communicate same. The inmate handbook does detail multiple ways of submitting a grievance including telling anyone you trust. Interviews with random staff indicated inmates were aware of their right to submit grievances in multiple ways including telling anyone they trust. In reviewing the grievance log and PREA grievance log, the auditor found no instances where a grievance was assigned to the subject of the grievance for resolution.</p> <p data-bbox="240 1626 1485 1886">115.52 (d) General Order 5-613.6 requires a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing. GO 5-613.6 allows for a 90 day extension and the standard allows for a 70 day extension. GO 5-613.6 requires notification to the inmate in writing and a date by which a decision will be made and allows the inmate to consider the absence of a response a denial if not received by that date. The auditor reviewed all sexual abuse allegations and found a response was issued to the inmate within the time limits established by the standard. It was noted the inmate handbook does not advise inmates of 115.52 (d)(4), if the inmate does not receive a response within the time allotted for the reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. There were no inmates that had alleged sexual abuse present during the on-site audit.</p> <p data-bbox="240 1917 1485 2078">Corrective Action Completed: GO-5-613.6 was changed to reflect the time frames in the standard. The inmate handbook also includes the time frame established by the standard. The Inmate Handbook was updated to include failure to meet the time limits will be considered a denial of the grievance a thus exhausting the administrative grievance process required by the Prison Litigation Reform Act, 42 U.S.C. §1997e, and allowing an inmate to proceed to federal court, if appropriate. The Inmate Handbook was revised to include this information.</p> <p data-bbox="240 2110 1485 2136">115.52 (e) GO 5-613.6 states detainees/inmates reports of sexual abuse or harassment may be made using family members,</p>

friends and other outside entities who can notify facility staff. GO 5-613.6 requires the alleged victim to agree to have the request filed on his or her behalf as a condition of processing the request and requires the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The inmate handbook states "although direct reporting is preferable, a staff will investigate reports made by third parties, (including current or former inmates) on behalf of the inmate. In cases of third party or anonymous reporting, the alleged victim will have to agree to participate with any investigation. The failure to agree will be documented. The auditor reviewed all of the grievances during the reporting period and determined there was one suspicion of sexual abuse made by a third party. The alleged perpetrator (contractual staff) admitted to the allegation and the inmate initially stated the abuse did not take place. The inmate was not cooperative and the agency did not require the inmate to agree to have the request filed on his behalf and not require the inmate to personally pursue the subsequent steps in the administrative process. The agency documented the inmates statements and referred the case for a criminal investigation.

115.52 (f) GO 5-613.6 is written in accordance with the standard. The Inmate Handbook state the inmates have the option of reporting an act of sexual misconduct to any staff member you trust (or by putting in an emergency grievance under the PREA tab in the Kiosk if you feel you are in imminent danger of sexual abuse). The auditor reviewed all PREA grievances and investigations for allegations regarding a risk for imminent sexual harm. All allegations regarding this risk were handled within the time frames established by the standard. In all instances the inmates were immediately separated (placed in different housing units) and no contact orders were placed in the offender management system.

115.52 (g) The inmate handbook advises inmates that allegations of misconduct against a staff member or inmate are false, the inmate making the accusations will be subject to disciplinary action in cases where the agency can demonstrate that the allegation was made in bad faith. The auditor did not find a corresponding policy or general order.

Corrective Action Completed: Information clearly stating inmates may not be disciplined for reporting sexual misconduct unless the agency can demonstrate that the allegation was made in bad faith was incorporated in agency policy and the same information provided to the inmate via handbook. Written verification was provided for compliance.



115.53	<p><b>Inmate access to outside confidential support services</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSD Completed PAQ</li> <li>2. How to Report Flyer</li> <li>3. PREA Poster</li> <li>4. Inmate Handbook</li> <li>5. GO-5-613.6</li> <li>6. Interviews with random inmates</li> <li>7. Interview with RAPE CRISIS CENTER</li> </ol> <p>115.53 (a) GO 5-613.6 is written in accordance with the standard. The How to Report and PREA Brochure publish the name of the agency, phone number and address for inmate contact. The Inmate handbook advises Rockford Sexual Assault will respond and talk to them in private non-recorded room. In addition, the facility has programmed the Inmate Phone System to allow inmates to not utilize a PIN number, calls at no cost to the inmate and calls are not recorded. During the on-site audit, the phone system was tested for response and did not operate in accordance with the information provided. This was corrected within days and the facility provided video of a call being placed for verification the inmates had confidential access to support services. The facility does not detain inmates solely for civil immigration in accordance with state law. Random inmates were interviewed and were aware of these services as described in the standard. Inmates who reported sexual abuse during risk screening were interviewed and were aware support services were available to them. The auditor noted that the PREA coordinator in several instances had called Rockford Sexual Assault and scheduled a facility visit for the inmate.</p> <p>Finding: Exceeds Standard The facility provides mailing adress and telephone number for support services. The facility exceeds expectations by providing free and anonymous (no PIN number required) and unrecorded access for support services. There is documentation the agency has scheduled appointments for the inmates.</p> <p>115.53 (b) Various Inmate educational materials advise the inmate that confidential rooms will be provided for support services. There is no method of confidentiality for written communication in the Inmate Handbook. The Inmate Handbook advises inmates that all allegations of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. The inmate handbook does not advise inmates of the specific reporting laws and the inmates do not have access to easily find this information.</p> <p>Corrective Action Completed: The Inmate Handbook has been updated to reflect how to correspond confidentially with the Rape Crisis Center and language was changed and now details the limits of confidentiality (clear, imminent risk of serious physical injury to or death of an inmate or any other person at the WCJ..</p> <p>115.53 (c) The WCSD has an MOU with Rockford Sexual Assault Counseling, Inc. The facility submitted the MOU to the auditor for review.</p>
--------	--

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSD Completed PAQ</li> <li>2. PREA Poster</li> <li>3. Inmate Handbook</li> <li>4. How to report Flyer</li> <li>5. Sheriff's Department Website</li> </ol> <p>115.54.(a) The WCSD advises inmates and the public of the availability of third party reporting. The website states third party reporting may be done in person, in writing, lists a phone number for reporting and states reports may be made anonymously.</p>

115.61	<b>Staff and agency reporting duties</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 456 300">Evidence Reviewed:</p> <ol data-bbox="276 349 1094 577" style="list-style-type: none"> <li>1. Completed PAQ</li> <li>2. GO 5-613.6</li> <li>3. Interviews with random staff</li> <li>4. Review of all investigative reports</li> <li>5. PREA medical and mental health notification forms</li> <li>6. Medical Contract-Policies</li> <li>7. Review of inmate general grievances, PREA grievances and PREA allegations</li> </ol> <p data-bbox="244 609 1489 1133">115.61 (a) GO 5-613.6 PREA requires all staff to immediately report 1) any known or suspected incidents or allegations of sexual abuse, sexual assault, or sexual harassment through the facility's chain of command; 2) retaliation against detainees/inmates or staff who reported an incident; and 3) staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy does not require all staff to report information regarding an incident of sexual abuse or sexual harassment nor does the policy state that such reports will be made whether or not it is part of the agency. Medical and mental health staff were interviewed and were aware of their responsibility to report sexual harassment and sexual abuse and identified the form used to document such information. The medical contract with the agency was submitted to the Auditor and reviewed. The contract mandates medical and mental health staff to follow the facilities PREA policies. Volunteers were interviewed and aware of their responsibilities to report however, were unclear on the method to utilize for written reports. Random staff were interviewed and were aware of their responsibility to immediately report any allegations of sexual harassment and sexual abuse and were aware of the form for reporting same. The auditor reviewed inmate grievances, PREA grievances and investigations and found instances where inmates had reported allegations via staff and staff had not accepted the report and nor forwarded the information and advised the inmate to submit the information via tablet or kiosk on the PREA tab. In addition, staff had reviewed PREA grievances incorrectly submitted under the general grievance tab and staff had responded with information to resubmit and had not immediately reported the information.</p> <p data-bbox="244 1169 1489 1662">Corrective Action Required: This standard requires agency policy to reflect the standard. In accordance with PREA Standard in Focus 115.61, there are clear differences between knowledge, suspicion and information and the agency policy needs to be clear on each reference. In addition, the standard requires any incident to be reported that may have happened in any correctional facility, including the facility where the staff member works, in another facility within the agency and in a facility outside the agency entirely. Policy should clearly explain to whom staff members must report sexual abuse and sexual harassment, for all types and levels of staff members (ie non-uniform or civilian staff members report to whom, uniformed staff report to whom, supervisory staff on shift (when and who to report), and the PREA Coordinator and facility head should receive all reports and the policy should specify exactly how staff members must report immediately and according in the agency policy. This requirement allows for immediate verbal notification and for written reports pursuant to policy, which may provide for additional time. Policies and training should educate staff on the specific meaning of the term "immediately" and identify the method (form) for the written report and time frames associated with the written documentation. The policy does mandate "all staff", however it is recommended the policy identify and include contractual staff in order to avoid any confusion. The facility shall identify a method for volunteers to document information referenced in the standard and include in volunteer training material. Staff should be trained on the revised policy and the facility shall submit the policy and training to verify compliance.</p> <p data-bbox="244 1697 1094 1724">Corrective Action Completed. GO 5-613.6 requires all staff to immediately report any:</p> <ol data-bbox="276 1774 1457 1930" style="list-style-type: none"> <li>1. Known or suspected incidents or allegations of sexual abuse, sexual assault, or sexual harassment through the facility's chain of command or privately to the PREA Coordinator or Superintendent;</li> <li>2. Retaliation against detainees/inmates or staff who reported an incident;</li> <li>3. Staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; suspected acts of sexual harassment or sexual abuse.</li> </ol> <p data-bbox="244 1966 1414 2092">All allegations of sexual assaults, abuse, or harassment that are reported to staff, volunteers, or contractors must be documented on Corrections report forms cor-121 and cor-122. This includes any allegations that are made verbally. Confirmation of staff, volunteers and contractors trained on the new policy was forwarded to the auditor. The auditor reviewed the material and determined the facility was in compliance.</p> <p data-bbox="244 2123 1457 2150">115.61 (b) GO 5-613.6 requires information concerning the identity of a detainee/inmate victim reporting a sexual assault,</p>

and the facts of the report itself, shall 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.

115.61 (c) Inmates disclosing any information regarding sexual abuse are referred to mental health/medical. The Inmate Handbook advises inmates of the following: *Medical information obtained at booking is confidential and will be maintained by the medical department. This information will be used to establish a basis for in-custody medical care. Medical staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual assault 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. Medical staff shall inform inmates of their duty to report and the limitations of confidentiality at the initiation of service. Inmates are required to sign a form stating they have been informed of medical and mental health practitioners duty to report in accordance to state law prior to services being rendered.* The medical screening prior to booking includes information (which is inmate signs as having received) regarding medical's duty to report and the limitations of confidentiality.

115.61 (d) The WCSJ does not hold youthful offenders and there are no mandatory reporting law for vulnerable adults applicable to county jails.

115.61 (e) The WCSJ disciplinary log and grievance log(s) were reviewed by the auditor. Additional information was requested on many allegations found in the grievance log(s). When the allegation was vague, the PREA Coordinator either requested additional information via grievance tab or assigned an investigator to obtain additional information. The auditor requested and reviewed numerous grievances submitted under the general grievance tab and all had been referred for investigation. The auditor noted investigations had been completed on third-party reports. The auditor did not find any report generated anonymously, however interviews with random staff confirmed staff were aware of their obligation to report same.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. Go-5-613.6 PREA</li> <li>2. Interviews- PREA Coordinator, Superintendent, Supervisory staff and random staff</li> <li>3. Review of grievance logs and investigative reports</li> </ol> <p>115.62 (a) GO 5-613.6 instructs staff if 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 immediate corrective action may be taken. Interviews with the PREA Coordinator, Superintendent, Supervisory Staff and random staff indicated such actions would include separating the parties (removing the inmate from risk), house in area in a bed close to staff, initiate an investigation and place alerts in the system. In reviewing all of the grievances and investigations during the reporting period, the auditor did not find any allegations regarding an inmates concern regarding imminent sexual harm.</p>

115.63	<p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSD Completed PAQ</li> <li>2. GO 5-613.6 PREA</li> <li>3. Interview with Sheriff and Superintendent</li> </ol> <p>115.63 (a) GO 5-613.6 PREA is written in compliance with the standard. The WCSD reported one inmate disclosed abuse from another facility. The WCSD submitted a letter written by the Superintendent to the Superintendent of the facility identified by the inmate with available information regarding the allegation via email. The inmate referenced the allegation at the other facility in a grievance submitted regarding a housing change on tablets provided to inmates on 8/14/2020. The grievance was addressed on 8-17-21 by the grievance coordinator and an email was sent to the Supt of the facility by the PREA Coordinator with a letter from the Superintendent of the WCJ to the Supt of the facility where the assault allegedly occurred on the same day. The facility responded the same day with information the inmate was never housed at that location but provided the facility with the name of the facility the inmate was housed in Wisconsin. The inmate was uncooperative and would not disclosure any additional information.</p> <p>115.63 (b) GO 5-613.6 PREA is written in compliance with the standard. The WCSD reported one inmate disclosed abuse from another facility. The WCSD submitted a letter written by the Superintendent to the Superintendent of that facility with available information regarding the allegation. The inmate referenced the allegation at the other facility in a grievance submitted regarding a housing change on tablets provided to inmates on 8/14/2020. The grievance was addressed on 8-17-21 by the grievance coordinator and an email was sent to the Supt of the facility by the PREA Coordinator with a letter from the Superintendent of the WCJ to the Supt of the facility where the assault allegedly occurred on the same day.</p> <p>11563 (c) The facility provided a copy of the email sent to the facility head and the letter from the Superintendent for confirmation of compliance.</p> <p>115.63 (d) GO 5-613.6 PREA is written in compliance with the standard. The auditor reviewed a completed investigation received by another facility regarding allegations of sexual abuse or sexual harassment allegedly occurring at the Winnebago County Jail. The inmate was no longer housed at the facility, however attempts were made to locate the alleged victim of the complaint. In addition, attempts were made to locate any possible abusers (identification of all inmates housed with the inmate alleging abuse).</p>
--------	--

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 453 297">Evidence Reviewed:</p> <ol data-bbox="276 349 1018 448" style="list-style-type: none"> <li>1. WCSO PAQ</li> <li>2. GO 5-613.6 PREA</li> <li>3. Interviews- Security Staff, Non-Security First Responders, random staff</li> </ol> <p data-bbox="240 477 1485 672">115.64 (a) GO 5-613.6 includes all of the elements required by the standard absent the requirement to ensure the abuser does not take any actions that could destroy physical evidence. The auditor reviewed training material and verified staff were trained on the standard. Security staff interviewed were aware of their responsibilities and had laminated pocket first responder cards that that been issued by the facility. The facility reported no sexual assault allegations during the reporting period. Corrective action was not required, however the facility has revised the policy to include the missing elements of the standard. The auditor verified staff's understanding of the standard during the on-site audit.</p> <p data-bbox="240 701 1485 862">115.64 (b) GO 5-613.6 requires any staff to notify the Shift Supervisor immediately and file a PREA Incident Report. All staff are required to follow the general order regarding first responders. Interviews with contractors and medical/mental health indicated the non-security staff were aware of their duties to immediately report to the Shift Supervisor and articulated they would request that the alleged victim not take any actions that could destroy physical evidence. The facility reported no allegations of sexual abuse being reported to non-security staff during the reporting period.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSD PAQ</li> <li>2. GO 5-613.6 PREA</li> <li>3. Interviews with security staff and non-security staff first responders</li> <li>4. Interviews with random staff</li> </ol> <p>115.65 (a) GO 5-613.6 PREA serves as the 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, mental health staff, investigators, and facility leadership.</p>



<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. AFSCME and FOP contracts</li> <li>2. Interviews with the Sheriff and Superintendent</li> </ol> <p>115.66 The auditor reviewed the above referenced contracts and verified there is nothing in the agreements that limits 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. The Sheriff and Superintendent were interviewed and confirmed there has been only one allegation of staff sexual misconduct during the reporting period and the allegation involved a contractual employee (non collective bargaining union employee).</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. GO 5-613.6 PREA</li> <li>2. Letter from PREA Coordinator identifying monitoring personnel</li> <li>3. Monitoring personnel interviews</li> <li>4. Investigation packet of allegation of sexual abuse</li> </ol> <p>115.67 (a) GO 5-613.6 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 individuals assigned to monitor retaliation were identified by memo and interviewed by the auditor. All were aware of their responsibilities as described in the standards.</p> <p>115.67 (b) GO-5-613.6 outlines multiple protection measures for staff and inmates who fear retaliation for reporting sexual abuse and sexual harassment or cooperating with investigations. The individuals assigned to monitor retaliation were identified and interviewed by the auditor. All were aware of their responsibilities as described in the standards. There was one allegation of custodial misconduct during the reporting period. The contractual staff was prohibited from entering the facility pending investigation and a permanent prohibition from entering the facility was issued after the investigation was completed.</p> <p>115.67 (c) GO 5-613.6 is written in accordance with the standard. The individuals assigned to monitor retaliation were identified and interviewed by the auditor. All were aware of their responsibilities as described in the standards. There was one allegation of sexual abuse (custodial misconduct) during the reporting period. The facility did not assign or perform monitoring on the inmate, staff who reported the suspicion or inmates who cooperated with the investigation.</p> <p>Corrective Action Completed: Monitoring staff should be retrained on the standard. Inmates, by virtue of their status are always considered victims in custodial misconduct incidents. Staff who report sexual abuse are also required to be monitored.</p> <p>115.67 (d) GO 5-613.6 is written in accordance with the standard. The individuals assigned to monitor retaliation were identified and interviewed by the auditor. All were aware of their responsibilities as described in the standards.</p> <p>There was one allegation of sexual abuse (custodial misconduct) during the reporting period. The facility did not assign or perform monitoring on the inmate, staff who reported, or inmates who cooperated with the investigation.</p> <p>Corrective Action Completed: Monitoring staff were retrained on the standard. Supporting documentation was forwarded to the auditor to verify compliance.</p> <p>115.67 (e) GO 5-613.6 is written in accordance with the standard. The facility did not report any other individuals who expressed a fear of retaliation.</p>

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. GO 5-613.6</li> <li>2. WCSD PAQ</li> <li>3. Interview with PREA Coordinator and Sheriff</li> <li>4. Interviews with staff assigned to segregated housing</li> </ol> <p>115.68 (a) GO 5-613.6 is not written in accordance with the standard. The policy states the victim shall be placed in Protective Custody or medical. Either would be considered involuntary if the victim did not request the housing assignment. The policy does not require an assessment to be made of all available alternatives and a determination has been made that there is no available alternative means of separation from likely abusers. The facility reported no alleged victims of sexual assault during the reporting period.</p> <p>Corrective Action Completed: The agency revised the policy to reflect the standard. The use of segregated housing post allegation is subject to the requirements of 115.43. Staff were trained on the revised policy. Supporting documentation was forwarded to the auditor for review for compliance.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 448 297">Evidence Reviewed:</p> <ol data-bbox="276 349 1193 510" style="list-style-type: none"> <li>1. All sexual abuse and sexual harassment allegations during the reporting period</li> <li>2. General Grievances and PREA grievances during the reporting period</li> <li>3. Interviews with PREA Coordinator, administrative investigators and criminal investigators</li> <li>4. WCSD PAQ</li> <li>5. Review of training records (criminal investigators and administrative investigators)</li> </ol> <p data-bbox="240 539 1485 835">115.71 (a) GO 5-613.6 mandates that a prompt, thorough, objective, and fair investigation shall be conducted by qualified Winnebago County Sheriff's Office investigators (unless determined by the Sheriff or Chief Deputy that such investigation will be conducted by an outside agency) for every incident or allegation of sexual misconduct (including third-party and anonymous reports) that are either criminal or administrative in scope. The GO further mandates that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and administrative investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Sheriff (or his/her designee—someone other than the investigator) will make the final determination, though the investigator may make a recommendation as to this finding.</p> <p data-bbox="240 864 1477 958">The auditor reviewed (12) administrative investigations, grievances, staff reports and third-party reports. An allegation of sexual misconduct between a contractual employee and an inmate did not have a complete administrative investigation with a finding.</p> <p data-bbox="240 987 1477 1283">Disciplinary logs and grievance logs were reviewed for indications of any allegations not reported for investigation. The auditor requested additional information on grievances that alleged sexual harassment, voyeurism, and retaliation. The agency submitted the additional information for auditor review. The documentation was prompt, thorough and objective and a conclusion was determined in the document. Several of these grievances were concluded with findings the alleged behavior did not meet the definition of sexual harassment as defined in the standards. Examples included allegations of voyeurism by staff when staff was conducting rounds (confirmed by video review), an isolated comment that may have been offensive yet not generally considered sexual and inmates stating they felt uncomfortable with how another inmate or staff looked at them. Each of these grievances were investigated, however not included in the pre-audit questionnaire as allegations of sexual harassment.</p> <p data-bbox="240 1312 1485 1541">Corrective Action Completed: In reviewing all of the investigations submitted for review and additional documentation, the auditor finds the facility conducts investigations on all allegations and does so promptly. There was only one allegation of sexual abuse. This allegation was referred for criminal investigation. Prosecution was denied and referred back for administrative investigation. The administrative investigation did not conclude with a determination of a finding regarding the custodial misconduct charge. The investigative summary and sexual abuse incident review was completed and forwarded to the auditor. All administrative investigation staff were retrained and confirmation of same was forwarded to the auditor for verification of compliance.</p> <p data-bbox="240 1570 1485 1664">115.71 (b) In reviewing the investigations, three (3) administrative investigators were assigned to various allegations. All three had benefited from the NIC basic and advanced PREA Investigations in an Institutional Setting training. There was one investigation referred to the criminal division, the assigned investigator had received training as mandated by the standard.</p> <p data-bbox="240 1693 1485 1787">115.71 (c) Administrative investigations were reviewed and only one report indicated video had been preserved. It was apparent other physical evidence had been preserved as notes, letters, tablet correspondence, phone records were included in the investigative packet. There were no sexual assault allegations that were subject to DNA evidence.</p> <p data-bbox="240 1816 1485 1977">115.71 (d) Two allegations within the last two years appeared to be criminal in nature. The prosecutor was contacted, reviewed the case and discussed with the State's Attorney who declined to pursue. Administrative interviews occurred after prosecutor declined the case. Interviews with criminal investigators indicated the state's attorney would be contacted prior to conducting any compelled interviews. It should be noted the nature of the two criminal investigations did not require compelled interviews.</p> <p data-bbox="240 2007 1485 2141">115.71 (e) Criminal and administrative investigators were interviewed. Each investigator was able to describe the process to determine the credibility of an alleged victim, suspect, or witness and stated all individual's credibility would be assessed on an individual basis and would not be determined by the person's status as an inmate or staff. The investigators confirmed the agency does not require an inmate to submit to a polygraph examination or other truth telling device as a condition for</p>

proceeding with an investigation.

115.71 (f) (1)(2) All administrative investigations were reviewed. The majority of the administrative investigations are limited to the facts (some do include findings). The WCSD utilizes the sexual abuse incident review team to review all allegations of sexual abuse and sexual harassment. A review on an administrative level determines whether staff actions or failures to act contributed to the abuse or harassment. There was one allegation which addressed an officer turning off the body camera during the time of the allegation of sexual abuse. The action was addressed in the report as a contributing factor in investigation of the allegation. The investigations were reviewed and included a description of the physical and testimonial evidence and investigative facts. The reports contained credibility assessments when indicated. A finding is sometimes determined by the investigator and sometimes determined by the sexual abuse incident review team. The auditor determined this requirement is met with administrative review.

It is recommended the agency is consistent with determining outcomes of investigations. It is recommended the investigator determines the outcome and there is an administrative review to approve the outcome determined by the investigator.

115.71 (g) The criminal investigative reports were reviewed. The prosecution declined to pursue after the initial interviews with the alleged victim and alleged subject of the investigation. The investigative files contained a thorough description of physical, testimonial and documentary evidence.

115.71 (h) Of the twelve investigative reports reviewed, one appeared criminal in nature and was referred for prosecution review.

115.71 (i) The PREA Coordinator was interviewed and confirmed all investigative reports or maintained by the agency for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor observed the file cabinet where the investigative reports are stored during the on-site portion of the audit.

115.71 (j) The PREA Coordinator, Sheriff and investigators were interviewed and stated all investigations would continue regardless of the departure of the alleged abuser or victim.

115.71 (k) N/A

115.71 (l) N/A

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed:</p> <ol style="list-style-type: none"> <li>1. GO 5-613.6 PREA</li> <li>2. Interviews with administrative investigators</li> <li>3. WCSD PAQ</li> <li>4. Review of administrative investigations</li> </ol> <p>115.72 (a) GO-5-613.6 states the standard of proof for PREA allegations is preponderance of the evidence. The auditor reviewed the investigations and it appeared a standard no less than preponderance of the evidence was used. As the investigators during the reporting period did not determine the findings, administrative personnel involved in the incident reviews where the findings were made were interviewed. All stated the standard of proof for sexual abuse or sexual harassment is preponderance of the evidence. It is recommended that each investigative report have a summary and explanation for the findings and clearly state the standard of proof utilized to make the determination.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. Interviews with the Superintendent, PREA Coordinator, administrative and criminal investigators</li> <li>2. Review of all sexual abuse allegations and sexual harassment investigations during reporting period.</li> <li>3. Letters to inmates regarding outcomes of investigations</li> <li>4. STOP order-staff prohibited from entering facility</li> </ol> <p>115.73 (a) A review of sexual abuse investigative packets was conducted by the auditor. The facility had four allegations of sexual abuse during the reporting period. The agency sent letters with an administrative finding to the alleged victim and alleged suspect in three of the four cases reviewed. As a final determination in the administrative investigation in the sexual misconduct case involving a contractual employee was not completed, no finding letter had been issued. It should be noted the facility also sends written notification of findings to victims and subjects for allegations of sexual harassment and sexual abuse.</p> <p>Corrective Action Completed: The PREA Coordinator developed a checklist for administrative investigative reviews to ensure all of the elements required are documented. There were no administrative investigations within the first 120 days of the corrective action period.</p> <p>115.73 (b) N/A</p> <p>115.73 (c) GO 5-613.6 PREA is written in compliance with the standard. The one allegation of a criminal nature, the inmate denied the incident (inmate did not make an allegation) during the criminal investigation, however admitted to having sex with the contractual staff member during the administrative investigation. The subject of the suspected behavior (contractual staff) admitted to sexual contact with the inmate. As inmates are unable to consent to such conduct, the facility was required to notify the inmate of the requirements as set forth in the standard.</p> <p>Corrective Action Completed: The facility shall provided refresher training on custodial misconduct allegations to ensure victims of custodial misconduct are informed in accordance with the standard. Verification of same was forwarded to the auditor for review.</p> <p>115.73 (d) GO 5-613.6 PREA is written in compliance with the standard. The one allegation of a criminal nature, the inmate denied the incident (inmate did not make an allegation). The subject of the suspected behavior (contractual staff) admitted to sexual contact with the inmate. Prosecution declined to pursue criminal charges. There were no cases to review for compliance.</p> <p>115.73 (e) GO 5-613.6 PREA is written in compliance with the standard. There were no allegations accepted for criminal prosecution during the reporting period.</p>

115.76	<p><b>Disciplinary sanctions for staff</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. GO-5-613.6 PREA</li> <li>2. Employee Handbook</li> <li>3. Pre-employment documents</li> <li>4. WCSD PAQ</li> <li>5. GO-5-052.1 Administrative Investigations</li> <li>6. GO 5-422.1 Criminal Investigations</li> <li>7. Interviews with investigators</li> <li>8. Review of completed investigations</li> <li>9. Interview with the Sheriff and Superintendent and PREA Coordinator</li> </ol> <p>115.76 (a) GO 5-613.6 advises employees of disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In addition, staff are advised of this policy on the pre-employment background check documents and in the Employee Handbook.</p> <p>116.76 (b) GO 5-613.6 advises employees that termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>116.76 (c) The General Orders does not address this standard. Interviews with the Sheriff and Superintendent indicated disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be commensurate with the nature and circumstances of the acts committed, or omitted, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>116.76 (d) The General Orders does not address this standard. Interviews with the Sheriff and Superintendent indicate that 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 would be reported to the appropriate law enforcement agency (unless the activity was clearly not criminal) and reported to relevant licensing agencies. There was one allegation of a contractual staff engaging in sexual abuse with an inmate. The allegation was referred for a criminal investigation and the criminal investigator referred the case files to prosecution for review.</p>
--------	---



<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. GO 5-613.6 PREA</li> <li>2. Lock out email dated November 23, 2020</li> <li>3. Interview with the PREA Coordinator and Superintendent</li> <li>4. WCSO PAQ</li> <li>5. Review of investigations</li> </ol> <p>115.77 (a) GO 5-613.6 states that if an employee, contractor, or volunteer is alleged to be the perpetrator of detainee/inmate sexual abuse or sexual assault, the Corrections Superintendent, or his/her designee, shall also notify the Detective Bureau supervisor. The allegation of abuse noted during the reporting period was referred to investigators the same day of the disclosure. The GO policy does not require any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. The facility submitted documentation that the contractual staff involved in an allegation of sexual abuse of an inmate during the reporting report was prohibited from entering the facility. The lock out email was provided for verification of the practice to prohibit entrance to the facility and any further contact with inmates after an allegation of abuse was reported.</p> <p>115.77 (b) The auditor interviewed the Superintendent who verified appropriate remedial measures or permanent prohibition from entering the facility would be utilized for any contractor or volunteer who violated the agency's sexual abuse or sexual harassment policies.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 448 300">Evidence Reviewed:</p> <ol data-bbox="276 349 871 645" style="list-style-type: none"> <li>1. WCJ Disciplinary log</li> <li>2. WCJ Grievance log</li> <li>3. Inmate Handbook</li> <li>4. GO 5-613.6 PREA</li> <li>5. WCSO PAQ</li> <li>6. Review of investigation packets</li> <li>7. Review of inmate disciplinary log for the reporting period</li> <li>8. Interviews with mental health</li> <li>9. Interview with Superintendent</li> </ol> <p data-bbox="240 676 1469 766">115.78 (a) The Inmate Handbook outlines the procedures for inmate discipline. All inmates accused of major or minor rule violations are afforded due process through a disciplinary hearing. There was no inmate on inmate substantiated sexual abuse findings.</p> <p data-bbox="240 797 1497 927">115.78 (b) The staff person assigned to conduct disciplinary hearings was interviewed. The staff person states the nature and circumstances of the abuse, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories would be considered in rendering discipline. There have been no substantiated allegations of inmate on inmate sexual abuse during the reporting period.</p> <p data-bbox="240 958 1481 1182">115.78 (c) The Inmate Handbook advises inmates that an inmate's mental disabilities or mental illness would be considered when determining what type of sanction, if any, should be imposed. The auditor did not find any reference in WCSO policy regarding an inmate's mental illness being considered when rendering discipline. A hearing officer was interviewed and asked if mental illness was considered when rendering discipline in a inmate on inmate sexual abuse. The hearing officer indicated he had not conducted such a hearing however would be aware if the inmate was being housed in the medical/mental health unit indicating significant mental health concerns. There have been no substantiated allegations of inmate on inmate sexual abuse during the reporting period.</p> <p data-bbox="240 1214 1461 1303">115.78 (d) During the course of interviews with the PREA Coordinator, medical and mental health providers, the auditor confirmed the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.</p> <p data-bbox="240 1335 1493 1599">115.78 (e) GO 5-613.6 states detainees/inmates will be subject to disciplinary action for committing sexual abuse. When a detainee/inmate is found to have engaged in sexual contact with a staff member, the detainee/inmate may be disciplined only where the staff member did not consent. When two (2) detainees/inmates engage in sexual contact, discipline may be imposed if investigation determines that the activity was not consensual. Staff shall not assume when encountering two (2) detainees/inmates engaged in sexual activity that one or both have committed sexual abuse. There was one incident of custodial misconduct reported during the reporting period. Documentation reviewed by the auditor determined the inmate was disciplined for consensual sexual conduct with contractual staff. It was noted the charges clearly identified the consensual partner as a contractual staff person.</p> <p data-bbox="240 1630 1490 1720">115.78 (f) GO 5-613.6 PREA is written in accordance with the standard and the Inmate Handbook advises inmates of same. Investigations regarding allegations of sexual abuse and sexual harassment were reviewed as well as disciplinary records of inmates who received discipline for false reporting. The charges clearly stated the inmate made a false report.</p> <p data-bbox="240 1751 1452 1912">115.78 (g) GO 5-613.6 PREA states detainees/Inmates will be subject to disciplinary action for committing sexual abuse. When a detainee/inmate is found to have engaged in sexual contact with a staff member, the detainee/inmate may be disciplined only where the staff member did not consent. When two (2) detainees/inmates engage in sexual contact, discipline may be imposed if investigation determines that the activity was not consensual. Staff shall not assume when encountering two (2) detainees/inmates engaged in sexual activity that one or both have committed sexual abuse.</p>

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. WCSO Completed PAQ</li> <li>2. GO 5-613.6 PREA</li> <li>3. Interviews with staff responsible for risk screening</li> <li>4. Interviews with medical and mental health staff</li> <li>5. Review of staff training lesson plans</li> <li>6. Interviews with inmates who disclosed sexual victimization during screening</li> <li>7. Review of medical records from a list of inmates who answered they had been a victim of sexual abuse, whether it occurred in an institutional setting or in the community</li> <li>8. Medical/MH Intake Screening Form/Medical Intake Acceptance Form/Medical referral Form</li> <li>9. Completed Duty to Report Forms</li> </ol> <p>115.81 (a) N/A Facility is not a prison</p> <p>115.81 (b) N/A Facility is not a prison</p> <p>115.81 (c) The auditor did not find any reference to this standard in the information provided on the PAQ. The PAQ indicated 100 inmates had disclosed prior victimization in the community or in an institutional setting during the screening process. The auditor reviewed 30 of the 100 inmate files for verification of compliance with the standard. It was apparent that the intake officer asks the question regarding prior sexual abuse and asks the inmate if they would like to talk to medical or mental health. Of the 30 files reviewed 23 were seen by medical or mental health on the same date (as indicated by the inmate and medical practitioner on the Duty to Report form). The remaining 7 declined to see mental health or medical. Staff responsible for booking and risk screening were interviewed and were aware of the requirement. As medical is available 24/7, most of the inmates are referred to medical. Medical staff were interviewed and stated a follow up meeting is offered with mental health at this initial meeting. If the inmate requests to see mental health, a "green sheet" is completed for referral. Mental Health staff were interviewed and indicated the inmate would be asked if support services were requested and would set up a meeting with the local rape crisis center for support. The auditor reviewed selected mental health records and verified same. Three inmates who had disclosed prior sexual victimization were interviewed. All three inmates verified meeting with medical or mental health within the established time frames.</p> <p>115.81 (d) The risk screening is conducted by correctional staff after the booking process. Information relative to sexual victimization or abusiveness that occurred in an institutional setting is available to all staff and medical/mental health as all staff are cross trained to perform booking and classification duties. Mental health and medical files are limited to only mental health and medical providers. A contact sheet is completed on all such referrals with limited information regarding the nature of the contact and forwarded to the PREA Coordinator for compliance with the standard. Security alerts are utilized for any restrictions on housing, bed, work, education and program assignments and all staff have a responsibility to ensure the safety of inmates through housing assignments and bed assignments. Due to covid, there was little if any education or programming during the reporting period. The PREA Coordinator and Superintendent state safe guards in place (policies relative to confidentiality) that prohibits staff from only discussing information with other staff on a need to know basis and any information requested from outside sources must be requested through the chain of command. The staff shortage at the jail is well documented and the auditor finds such cross training necessary to ensure risk screening and other safety related activities are conducted.</p> <p>115.81 (e) The facility has a medical screening process prior to the arresting officer leaving the facility. One of the questions during the screening process asks the inmate if they have ever been sexually assaulted. If the inmate acknowledges sexual assault within 72 hours, admission is denied until the arresting officer provides medical clearance from the ER. These disclosures are made known to the Sheriff's Department without informed consent. Upon disclosure of previous sexual abuse in the booking process, the booking nurse is advised of a disclosure and has the inmate read and sign a "limits of confidentiality notice". The current notification is pursuant to standard 115.61 and there is no information regarding informed consent necessary to disclose information about prior sexual victimization that did not occur in an institutional setting. Interviews with medical indicated they do not specifically tell inmates informed consent is necessary to report allegations of abuse that did not occur in an institutional setting and were not aware informed consent was necessary to report same. Medical policies relative to the standard were requested and had not been received at the time of completion of the interim report. The auditor requested and obtained the medical department's "Informed Consent" form. The form provides adequate information to provide the necessary consent. The facility does not house inmates under the age of 18.</p> <p>Corrective Completed: The medical form for informed consent was revised and clearly states Medical and mental health staff</p>

are mandated to report sexual abuse that occurred within a correctional setting to correctional staff and sexual abuse occurring outside the Department would not be reported to correctional staff unless the inmate authorized medical or mental health staff to do so. The facility has an appropriate informed consent form. GO 5-613.6 was amended to state forensic exams would be conducted in a hospital setting.

115.82	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 448 300">Evidence Reviewed:</p> <ol data-bbox="276 349 1297 510" style="list-style-type: none"> <li data-bbox="276 349 472 376">1. Completed PAQ</li> <li data-bbox="276 383 1297 409">2. Interviews with medical and mental health staff, security staff and non-security staff first responders</li> <li data-bbox="276 416 644 443">3. WCJ Inmate Educational material</li> <li data-bbox="276 450 496 477">4. GO 5-613.6 PREA</li> <li data-bbox="276 483 751 510">5. Interview with emergency room nursing staff</li> </ol> <p data-bbox="304 517 1485 611">115.82 (a) GO 5-613.6 states In those cases of sexual assault, the on-duty medical or Mental Health practitioners will direct that the alleged victim be transported to an appropriate medical facility for post-sexual assault treatment as per their best medical practices.</p> <ol data-bbox="304 618 1485 813" style="list-style-type: none"> <li data-bbox="304 618 1469 678">(1) This exam will include measures for reducing the incidence of transmission of sexual diseases and mitigating any physical trauma/injury (to include pregnancy for females);</li> <li data-bbox="304 685 1485 745">(2) The effective medical treatment of the victim shall be balanced against the need to preserve any physical evidence of assault, to promote the potential for investigation and successful prosecution of any related crime.</li> <li data-bbox="304 752 1461 813">(3) The forensic medical examination shall be offered to all victims of sexual abuse, whether on-site or at an outside medical facility, without financial cost.</li> </ol> <p data-bbox="304 842 1126 869">Staff shall make available to the victim a victim advocate from a rape crisis center.</p> <p data-bbox="304 931 1445 1025">a. 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.</p> <p data-bbox="304 1055 1461 1249">Supervisory, medical and mental health staff were interviewed and stated the medical staff at the facility would be responsible for assessment and emergency treatment (life threatening and excluding the collection of forensic evidence) and security staff would facilitate transportation to the identified hospital for further medical treatment and forensic examinations. Medical and security staff stated the scope and nature of medical services would be determined by medical. Facility medical staff would not engage in any forensic examinations. There were no sexual assault cases at the jail during the reporting period.</p> <p data-bbox="304 1279 1493 1373">115.82 (b) GO-5-613.6 is written in accordance with the standard. Security staff and non-security staff first responders were interviewed. All staff interviewed were aware of their first responders' duties and most had first responder pocket cards for easy reference. There were no sexual assault cases at the jail during the reporting period.</p> <p data-bbox="304 1402 1485 1630">115.82 (c) A nurse at each hospital and facility medical staff were interviewed. All medical staff stated it was the hospital's responsibility to advise inmates about and have timely access to emergency contraception and STI prophylaxis, in accordance with professionally accepted standards of care. Upon arrival at the facility, inmates are asked if they have been sexually assaulted in the last 72 hours. Upon an affirmative response, the arresting or transporting officers are required to get medical clearance prior to booking. The auditor was able to review all medical records and documents given to the inmate upon discharge. Medical staff at the facility stated discharge recommendations would be followed.</p> <p data-bbox="304 1659 1485 1888">115.82 (d) GO 5-613.6 states the forensic medical exam shall be offered to all victims of sexual abuse, whether on-site or at an outside medical facility, without financial cost. The forensic exam is not considered treatment. Local emergency room nursing staff and the facility medical professionals were interviewed and all stated treatment services would be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The auditor was able to review hospital discharge documents and inmates are provided clear direction regarding the State of Illinois free services to sexual assault victims.</p> <p data-bbox="304 1917 1485 2022">Recommendation: GO 5-613.6 states the forensic exam could be on-site. Medical and agency staff are aware forensic exams only occur in a hospital setting. It is recommended the policy is revised to reflect the actual practice. It should be noted the facility updated GO 5-613.6 to reflect all forensic examinations would occur in a hospital setting.</p>

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. GO 5-613.6 PREA</li> <li>2. Interviews with medical and mental health staff</li> <li>3. Discharge documents from hospital and medical records of inmates who received sexual assault services at the hospital prior to admission</li> <li>4. Risk Screening instruments</li> <li>5. Mental Health referral notes</li> <li>6. MOU Rockford Sexual Assault Services</li> </ol> <p>115.83 (a)-(g) GO 5-613.6 PREA does not address the provisions of the standard. Compliance with the standard was determined by interviews with emergency room nurses at both local hospitals and interviews with medical and mental health staff at the facility as well as reviewing medical records of inmates who alleged sexual abuse within 72 hours prior to booking, records of referrals to medical/mental health as a result of an affirmation response to screening questions regarding prior victimization and medical notes regarding same. Risk screening instruments were also reviewed to identify inmates who had reported previous victimization in an institutional setting. The facility risk screening instrument identifies inmates who disclose sexual assault in other institutional settings. The booking officer asks the inmate if he/she would like to talk to medical or mental health staff and documents the response. A referral is made to those who request services. Medical and mental health provides verified (verbally and provided documentation of same) that the inmate is seen. If on going support is required, the inmate is referred to Rockford Sexual Assault Services (verified by medical and mental health records). If on-going medical followup is required, the medical staff at the facility will provide STI testing, pregnancy testing and any medical care required. Referrals for continuing care will be provided when requested. Medical and Mental Health staff indicated discharge dates are not typically known in advance, therefore referrals can not always be made prior to the inmate's discharge. Mental Health staff stated the discharge date of the inmate is often unknown prior to the day of release by the Court. The level of care provided by the medical and mental health staff at the facility is described as above the level of care in the community as Rockford Sexual Assault will come to the facility to provide services. Medical staff interviewed stated pregnancy tests are offered to all inmates upon request, including those who are victims of vaginal penetration while incarcerated. Medical staff verified all inmates receive timely and comprehensive information about and timely access to all lawful pregnancy related services. Medical staff state that a furlough process for any pregnancy termination procedure is facilitated through the courts. Medical staff state that STI testing is conducted on all inmates when medically appropriate, including those who disclose sexual victimization. Treatment services for victims of sexual assault are provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. When asked about pregnancy termination services, medical indicated the costs associated with same would be the responsibility of the inmate. The PREA Coordinator and Superintendent confirmed that the inmate would not bear any financial burden for the costs associated with pregnancy termination in the event the pregnancy was the result of sexual victimization while incarcerated. The MOU with Rockford Sexual Assault Services was reviewed and states therapy and counseling would be provided to any inmate Winnebago County Sheriff's Department referred for services. A follow-up call with RSAS confirmed services (therapy, counseling and crisis intervention) would be provided to any inmate who had been a victim of sexual assault in any institutional setting as referred by Winnebago County Jail.</p>

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Reviewed:

1. Completed sexual abuse investigations
2. Review of all sexual abuse incident reviews
3. Interviews with the PREA Coordinator, Superintendent
4. WCSD PAQ
5. GO 5-613.6 PREA

115.86 (a) The WCSD conducted a sexual abuse incident review on three allegations of sexual abuse (unfounded). There was one allegation of sexual abuse of an inmate by contractual staff that was not reported in the PAQ as it was considered by the facility to be consensual and not subject to incident review. The auditor reviewed the investigative packet and did not find any investigative report with a conclusion of a sustained allegation of sexual abuse. Administrative interviews had clearly been conducted, however a summary and conclusion had not been documented. The documents contained a letter to the inmate stating the case was closed and the inmate was served with a disciplinary ticket for consensual sexual acts. The facility did not submit a sexual abuse incident review for the allegation.

Corrective Action Completed:: The administrative investigation summary and incident review was submitted to the auditor to confirm compliance. The summary included a finding and reasons for the determination.

115.86 (b) There was one allegation of sexual abuse (staff with inmate) with a criminal and administrative investigation. The criminal investigation was completed and prosecution declined to pursue criminal charges (the alleged victim did not admit to the alleged behavior. The administrative investigation continued, however the incident review was not forwarded to the auditor for review. It should be noted the WCSD conducts incident reviews on sexual harassment and sexual abuse investigations. The auditor has determined the one case was an isolated incident and ordinarily the reviews are conducted within 72 hours.

115.86 (c) The review team includes upper-level management officials (Superintendent, PREA Coordinator, Operations Captain, Investigations-Deputy Chief, Line Supervisor and Medical) as described in the standard. A review of completed PREA review forms, indicated most were present and involved unless clearly there was no involvement (medical). It should be noted the facility provided sexual abuse incident reviews for three unfounded sexual abuse investigations and sexual harassment allegations which exceed the standard.

115.86 (d) The PREA review form specially asks the following questions:

1. Are there any Policy or Practice that needs to be changed to better prevent, detect, or respond to sexual abuse?
2. Was the incident/allegation motivated by race, ethnicity, gender identity, gay, bisexual, transgender, intersex identification status, gang affiliation, was motivated or otherwise caused by other group dynamics at the facility?
3. Were there any physical barriers in the area of the facility where incident allegedly occurred that may enable abuse?
4. Was there adequate staffing in the area?
5. Are there any cameras that should be added to supplement supervision by staff?

The PREA Coordinator and facility head are a part of the review team, as such there is no need to submit the report to each position. There is a sign in sheet to verify attendance at the staffing. The auditor reviewed each review document (3 sexual abuse unfounded investigations and sexual harassment investigations) and found administration comments regarding policy, technology, possible motivations, and an brief description of the finding. The form provides basic information specific to each allegation. As noted above, the facility did not forward this sexual incident review on an allegation of sexual misconduct of a contractual employee (staff and inmate both admit to consensual sexual acts) to the auditor during the pre-audit phase. The facility has conducted and provided incident review verification of unfounded sexual abuse investigations and sexual harassment allegations. The auditor acknowledges the facility has a process in place and has demonstrated the ability to conduct such incident reviews in a timely basis on investigations beyond what is required by the standard.

Corrective Action Completed: The incident report was forwarded to the auditor.

115.86 (e) The auditor interviewed the Superintendent and PREA Coordinator after a review of the documents. The facility is in the process of upgrading the camera system (a common recommendation in the team reviews).



<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. Sexual Abuse Incident Reviews (3 unfounded reports)</li> <li>2. 2018, 2019- and 2020 annual reports</li> <li>3. Interview with PREA Coordinator</li> </ol> <p>115.87 (a)(c) The WCSD policy requires the agency to collect uniform data for every allegation of sexual abuse using a standardized instrument and a set of definitions. The facility uses the PREA Review team form to collect individual incident data. The collection instrument contains all of the questions relative to the 2019 Survey of Sexual Victimization Form (Individual). The auditor reviewed all of the submitted forms included in the investigation packets for compliance. The agency submitted three sexual abuse incident review forms on unfounded allegations. The incident review for the sustained administrative investigation was not submitted to the auditor during the pre-audit documentation review.</p> <p>Corrective Action Completed: The facility forwarded the incident review (individualized report) in accordance with the standard.</p> <p>115.87 (b) The auditor reviewed the 2018, 2019 and 2020 annual report for compliance. Although the individual report for the custodial misconduct allegation was not received, the auditor notes it is included in the annual report.</p> <p>115.87 (c) The standardized instrument includes, at a minimum, 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.</p> <p>115.87 (d) The auditor reviewed the storage area (locked cabinet) and verified the agencies maintains the data required for the data collection.</p> <p>115.87 (e) N/A The facility does not contract for confinement</p> <p>115.87 (f) N/A the agency reports the Department of Justice has not requested such data.</p>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 448 300">Evidence Reviewed:</p> <ol data-bbox="277 349 794 450" style="list-style-type: none"> <li data-bbox="277 349 639 378">1. 2018, 2019, 2020 annual reviews</li> <li data-bbox="277 383 794 412">2. Winnebago County Sheriff's Department website</li> <li data-bbox="277 416 762 445">3. Interviews with the Sheriff, PREA Coordinator</li> </ol> <p data-bbox="244 472 1449 600">115.88 (a)(b)(d) The auditor reviewed the 2018, 2019 and 2020 annual reports. The reports clearly identified problems areas, listed corrective action, included a comparison of the current years data and corrective action from prior years and provided an assessment of the agency's progress in addressing sexual abuse. The reports did not contain any redacted material</p> <p data-bbox="244 629 1469 692">115.88 (c) The auditor verified the 2018 and 2019 annual report was posted on the agency's website; however, the 2020 report was not posted on the website. The agency posted the 2020 annual report on the website prior to the interim report.</p>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. Interview with PREA Coordinator and Sheriff</li> <li>2. Sheriff's Department website</li> </ol> <p>115.89 (a) The PREA Coordinator maintains all data pursuant to 115.87 on his office computer (security measures in place) and in a locked file cabinet in his personally assigned office (locked door).</p> <p>115.89 (b) The auditor reviewed the Sheriff's Department website and was able to locate the 2018, 2019 annual report, however the 2020 report was not present. The facility posted the 2020 report prior to the interim report.</p> <p>115.89 (c) The auditor noted there were no personal identifiers in the annual report.</p> <p>115.89 (d) The auditor confirmed the agency has maintained all data since 2015 (date of first annual report).</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a)-(n)</p> <p>The facility was required to have their first audit by August 20, 2014. The first audit's interim reported was filed on 5/21/2018 and final report was submitted on 11/4/2018. The next audit should have been completed prior to August 20, 2020. Due to COVID-19 restrictions, the audit was not completed until 2021. The WCSD operates one facility and by standards would have required the facility to have the second audit completed by August 20, 2017 and the third audit by August 20, 2020. The auditor and support staff were given full access to the facility, The facility provided auditors with a tour of all areas of the facility, allowing the auditors to stop and informally interview staff and inmates. The PREA Coordinator was responsive to all requests for information, documentation and was responsive to all questions. Information was provided via document uploads, video recordings, and responses to questions via email. The facility agreed to retain identified video for DOJ review if requested. The auditor and support staff were permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. he 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 Audit Notice on all housing units and public entrance and submitted to the auditor 8 weeks before the onsite audit. The auditor did not receive any correspondence from inmates prior to the on-site audit. It should be noted one inmate has sent hundreds of emails to this auditor in the last two years alleging sexual abuse and retaliation from the Winnebago County Jail, Boone County Jail and Rockford Police Department. Attempts were made to contact the previous inmate however, there was no response. The allegations dated back to 2018 and did not occur within the Winnebago County Jail. The auditor confirmed the Winnebago County Sheriff's Department had notified the Rockford Police Department and Boone County Police Department at the time of the allegations. This audit will demonstrate corrective action completed for the audit required by August of 2020. The next audit should be completed by August 20, 2023.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.403 (f) The agency has a copy of the 2018 audit report posted on the Agency's website.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	na

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	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, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the facility does not have female inmates.)	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 (N/A if the facility does not have female inmates)?	yes



<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies 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 have procedures 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?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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 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?	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 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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether 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>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</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?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</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?	yes
	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?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<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 evidentiarily 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)?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	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 agency 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 always makes a victim advocate from a rape crisis center available to victims.)	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 the policy 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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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 the comprehensive education referenced in 115.33(b)?	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 reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	no
<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 written formats?	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 receive 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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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



<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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 or the agency does not employ medical staff.)	na
<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	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

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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, as 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, as 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, as 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 an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to 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
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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?	yes

<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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
<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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<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.	no
<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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	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?	yes
<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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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?	no
<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>	
	If the agency prohibits all sexual activity between inmates, 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? (N/A if the facility is not a prison).	na
<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? (N/A if the facility is not a jail).	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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>	
	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.)	na
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</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?	yes



<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<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.)	na
<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.)	na

<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>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes