

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: May 8, 2017

Auditor Information	
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Telephone Number:	505-977-7607
Date of Facility Visit:	December 13-14, 2016
Facility Information	
Facility name:	Rock County Detention Facility
Facility physical address:	200 E, US Hwy 14 Janesville, WI 53545
Facility mailing address:	SAA
Facility telephone number:	608-757-7916
The facility is:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Military <input type="checkbox"/> Municipal <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
Facility type:	<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Jail
Name of facility's Chief Executive Officer:	Eric Chellevoid
Number of staff assigned to the facility in the past 12 months:	142
Designed facility capacity:	465
Current population of facility:	442
Facility security levels/inmate custody levels:	Minimum, Medium Maximum
Age range of population:	18-80
Name of PREA Compliance Manager:	Larry Klusmeyer
Email address:	lklusmeye@co.rock.wi.us
Title:	Correctional Supervisor
Telephone number:	(608) 757-7962
Agency Information	
Name of Agency:	Rock County Sheriff's Office.
Governing authority or parent agency:	Rock County <i>(If applicable)</i>
Physical address:	200 E, US Hwy 14 Janesville, WI 53545
Mailing address:	<i>(If different from above)</i> SAA
Telephone number:	(608) 757-8000
Agency Chief Executive Officer	
Name	Robert Spoden
Title:	Sheriff
Email address:	rspoden@co.rock.wi.us
Telephone Number:	(608) 757-8000
Agency-Wide PREA Coordinator	
Name:	Larry Klusmeyer
Title:	Correctional Supervisor
Email address:	lklusmeyerl@co.rock.wi.us
Telephone Number:	(608) 757-7962

AUDIT FINDINGS

NARRATIVE: On December 13-14, 2016 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Rock County Detention Facility in Janesville, Wisconsin. The facility point of contact was Correctional Supervisor Larry Klusmeyer for the Rock County Detention Facility. The pre-audit activities included a review of facility policy and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Correctional Supervisor Klusmeyer supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all service areas, program areas, and administrative offices.

In addition to document reviews and facility inspection, sixteen out of a complement of 141 staff members were interviewed, including senior management, an investigator, education staff, contractors, medical staff, and mental health treatment providers. Further, thirteen inmates were formally interviewed as part of the audit, as well as inmates who provided information during the facility tour. Additionally, Amanda Insunza, the director of the Sexual Assault Recovery Program, Kelsey Hood of the Beloit Domestic Violence Survivor Center, Jamie Counsel, Director of SANE services at Mercy Health Systems, and Betsy Press of Beloit Memorial Hospital were interviewed. The facility has 471 beds and an average daily population of 463 inmates/detainees.

Unique features of the Rock County Detention Facility include:

1. It is a 30-year old facility that was expanded in 2007;
2. Six housing units, two of which were multi-room dorms, and one dedicated segregation unit for male inmates with space for congregate activity, as well as a small segregation unit for women.
3. The facility has a large population of inmates on work release (Huber inmates)

Criminal investigations are conducted by the Rock Sheriff's Department.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Rock County Detention Facility is comprised of one building of predominantly dual occupancy cells. The building is equipped an electronic system for recording rounds by officers and video monitoring cameras to supplement rounds by security staff at the entrance to the building as well as in the corridors of each building. The physical plant also includes a food service facility, visiting space, and administrative offices.

The Rock County Detention Facility has work programs for inmates in food service as well as a dog-training program. Additionally, the facility assigns inmates to perform cleaning duties within the facility. Huber inmates are allowed to participate in work-release programs.

SUMMARY OF AUDIT FINDINGS:

Inmates who were interviewed all cooperated with the interview process generally indicated in the first round of interviews that they did not receive any information about the facility’s zero-tolerance policy at intake or comprehensive training after being booked. However, many seemed to be able to articulate how a victim of sexual abuse could report an incident of sexual abuse. Some inmates indicated that they knew about PREA from having previously served time in the Wisconsin Department of Corrections. The initial tour of the facility and interviews with inmates indicated that posters with information about PREA had been posted in the units but had been torn down by the inmates.

Rock County Detention Facility staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA. The Rock County Detention Facility relies on both SANE programs at Mercy Health Systems and Beloit Memorial Hospital to provide SANE exams. Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press indicated that the protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

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

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

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

Standard 115.11 has three elements that the facility must meet for a finding of "meets standard".

The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. Policies #6.375 and 901 (Lexipol) establish the zero tolerance policy for all forms of sexual abuse and harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, a credible investigation process, the integration of PREA data into the classification process, and the collection and analysis of facility data of sexual misconduct. Thus the facility meets this element.

The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. Rock County Detention Facility produced documentation showing Larry Klusmeyer as the Agency's PREA coordinator, who reports directly to the Security Services Office. Mr. Klusmeyer reported in his interview that he has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element.

The third element requires that each facility designate a PREA Compliance Manager with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. The Rock County Sheriff's Office operates only one facility and the audit tool directs that in this case, this element is marked N/A. Thus the facility meets this element.

RECOMMENDATION: None

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

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

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

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. Mr. Klusmeyer indicates that the Rock County Sheriff's Office does not have a contract with any private facilities or other entities to house inmates or detainees remanded to their custody, so the audit tool shows "N/A". Thus the facility meets with this element.

The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, the

Rock County Sheriff's Office does not have any contracts with any private facilities or other entities to house inmates, and in that case, the audit tool instructs that the standard is "N/A". Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.13 Supervision and monitoring

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

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

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

The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and take into consideration 11 conditions. In his interview, Jail Commander Erik Chellevoid indicated that he considered the eleven conditions required by this element of the standard, and the facility produced a staffing plan. However it did not specifically address each of the 11 conditions consistent with the facility's mission and population size. The tour of the facility on three shifts confirmed that assigned staff and supervisors were actually at their assigned post. As corrective action, the staffing plan was revised to address the 11 conditions in this element of the standard.

The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. Corrections Supervisor Klusmeyer reports that there have been no deviations from staffing plan and that the two occasions of staffing shortages in the past 12 months were addressed by using overtime. Thus the facility meets this element.

The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determines, and documents where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. The facility did not provide a review that assessed, determined, and documented where adjustments were needed. As corrective action the facility produced the annual review of staffing.

The fourth element requires that the facility have a policy requiring supervisors to conduct and document unannounced rounds for all shifts and that staff are prohibited from alerting other staff that these supervisor rounds are occurring. Logs provided by the Rock County Detention Facility show that unannounced supervisor rounds are occurring on each of the three shifts. In an interviews with supervisors from each shift, they all indicated that they make unannounced rounds on a random basis in order to prevent staff from alerting other staff that they are making those unannounced rounds. However, there was no policy statement requiring unannounced rounds as required by the standard. As corrective action, policy was amended to require supervisors to make unannounced rounds on each shift.

RECOMMENDATION: None.

Standard**Number here: 115.14** Youthful inmates

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

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

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

The first element requires that youthful inmates will not be placed in a housing unit where they will have sight, sound, or physical contact with adult offenders through the use of shared day rooms, shower areas, or sleeping quarters. The Rock County Detention Facility does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element of the standard.

The second element requires that outside of the housing unit sight and sound separation is maintained for your offenders or that there is direct supervision when youthful inmates have contact with adult offenders. Rock County Detention Facility does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as non-applicable. Thus the facility meets this element of the standard.

The third element requires that agencies make its best efforts to avoid placing inmates in isolation and do not deny youthful inmates daily large muscle exercise or legally required education services. The Rock County Detention Facility does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as non-applicable. Thus the facility meets this element.

RECOMMENDATION: None.

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

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

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

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

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy #6.410 has language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element.

The second element in the standard has a date parameter starting August 20, 2015 and it requires a prohibition on cross-gender pat searches of female inmates, absent exigent circumstances, and that female inmates will not have access to programs restricted in order to comply with this element. Policy #6.372

prohibits cross gender pat searches of female inmates and provides that female inmates will not be denied access to programs in order to comply with this provision. Additionally, interviews with female inmates confirmed that they are not pat searched by male officers and that they are not restricted from programs due to a shortage of female officers. Thus the facility meets this element.

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. Policy 6.410 requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches in the Spillman data system. The facility reported in the pre-audit questionnaire that no cross-gender strip searches or cross-gender cavity searches had been performed in the past 12 months, so there was no documentation of any such searches. Additionally, interviews with staff and inmates also indicate that cross-gender strip searches and cross-gender visual body cavity searches are not performed. Thus the facility is determined to be meeting the intent of this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. There was no policy statement prohibiting cross-gender viewing and requiring opposite gender staff to announce their presence when entering a housing unit. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. The tour of the facility also evidenced staff members of the opposite gender announcing themselves when entering the unit. Inmates unanimously confirmed that they are informed when opposite gender staff are in the units. As corrective action, policy was revised to require that inmates are allowed to shower, dress, and perform bodily functions without being viewed by opposite gender staff.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy 6.205 has a statement that prohibits such searches. The interviews with the intake staff indicate that they do not perform such searches. The facility reported no incidents in which inmates who identified as transgendered were searched for the sole purpose of determining genital status. No transgender or intersex inmates were currently being held at the facility, so no interviews could be conducted. Thus the facility meets this element of the standard..

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. Policy 6.372 mandates training on cross gender searches and searches of transgender and intersex inmates. The Rock County Detention Facility provided documentation that officers had received this training and interviews of staff establish that staff have received this training. Thus the facility meets this element.

RECOMMENDATION: None

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

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

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

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

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. Policy #6.375 has this requirement. However, the facility did not produce any written materials available for hearing impaired inmates or material for those inmates with developmental disabilities developed by the American University, and provided video for those who are sight impaired on preventing, detecting, and responding to sexual abuse. As corrective action, the facility acquired written and video training materials, and acquired materials for developmentally disabled inmates developed by the American University. Thus the facility now meets this element of the standard.

The second element of the standard requires that the agency shall take *reasonable* steps to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. The facility has designated bilingual staff who can interpret for inmates and in interviews, staff indicated that they had access to telephonic interpreter services that can be readily accessed.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. No policy statement was provided that reflects this requirement, though interviews with staff confirmed the availability of translation services that can provide interpreter services for LEP inmates. Staff indicated in interviews that in the case of a sexual assault, they do not use other inmates to interpret for the victim. As corrective action, policy was amended to prohibit the use of inmate interpreters and identify the alternative interpretation services that are available.

RECOMMENDATIONS: None

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

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

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

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

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates and who has engaged in certain prohibited behaviors. The application packet does not ask interviewees about prohibited behaviors and there is no policy statement that the facility will not hire or promote any

employees or contractors who have engaged in the prohibited behaviors. Chief Deputy Barbara Tillman indicated in her interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. As corrective action the facility application packet was revised to ask applicants and promotion candidates about any allegations of incidents of sexual abuse as part of the hiring and promotion process.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. There was no policy statement that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. In an interview, Chief Deputy Tillman confirmed that the facility considers incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. As corrective action, policy was revised to require the facility to consider incidents of sexual harassment in the hiring and promotion process.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. The facility produced documentation of background checks and documentation that candidates grant consent so that prior institutional employers are contacted to acquire information related to substantiated allegations of sexual abuse or any resignation. Thus the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. There was no policy statement that the facility requires background checks on contractors. Chief Deputy Tillman indicated in her interview that a background check is performed on all contractors, and an interview with contract medical staff confirmed that a criminal background check was performed. Thus the facility meets this element.

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. RCDC did not produce any policy language requiring background checks on employees at least every five years. Because the standards requiring the 5-year background check went into force only four years ago there has not been a sufficient passage of time to measure whether the 5-year background checks have been performed. Chief Deputy Tillman indicated in her interview that the facility conducts background checks on staff annually. Based on the annual background checks, the facility is determined to be meeting the intent of this element.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. No policy language was produced to support this requirement. As corrective action, policy was amended to require that RCDC ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct.

The seventh element requires that material omissions or false information are grounds for termination. The facility did not provide a policy statement that material omissions or false information are grounds for termination. As corrective action, policy was revised to require that material omissions or false information are grounds for termination.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. Chief Deputy Tillman administrator indicated in her interview that the facility provides information about substantiated allegations involving former employees for whom the former employee has applied to work. Thus the facility meets this element of the standard.

RECOMMENDATION: None

Standard**Number here: 115.18** Upgrades to facilities and technologies.

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

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

Standard 115.18 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect inmates. The facility has not experienced any new expansion or modification in the past 12 months and the audit tool directs that if there have been no expansions or modifications, then this element is N/A. Thus the facility meets this element of the standard.

The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. The facility has not initiated any upgrade of video monitoring and the audit tool directs that if there have been no expansions or modifications, then this element is N/A. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.21** Evidence protocol and forensic medical exams.

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

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

Standard 115.21 has eight elements that a facility must meet for a finding of "meets standard".

The first element requires the facility follow a uniform evidence protocol. The facility provided an extensively developed evidence collection protocol. Thus the facility exceeds the requirements of this element of the standard.

The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. The interviews with Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press confirmed that the protocol for gathering evidence is based on the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press confirmed that SANE exams are provided without cost and that they receive and examine victims of sexual abuse from the Rock County Detention Facility. Thus the facility meets this element.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press confirmed that victim advocates provide services to victims from the facility in coordination with the SANE exams. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The facility allow the victim advocate to support the victim throughout the exam and investigation, and the interview with Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press confirmed that a victim advocate may accompany the victim through the exam process and investigatory process if the victim requests. In view of the interview with Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press, the facility is meeting the intent of this element.

The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. An interview with Pamela Hibbert LPN confirms that in the event of a sexual abuse investigation, the Rock County Sheriff's Office complies with elements a through e. An interview with Detective Reilly also confirmed in his interview that the Rock County Sheriff's Office complies with elements a through e. Thus, the facility is meeting the intent of this element.

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

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

RECOMMENDATIONS: None.

Standard

Number here: 115.22 Policies to ensure referrals for investigations.

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

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

Standard 115.22 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that an administrative or criminal investigation be completed for all allegations. Policies 7.140 and 6.375 require that a thorough investigation shall be completed for all allegations of sexual abuse and sexual harassment. A review of investigation records shows that investigations are completed on all allegations. Based on the policy statement and review of investigation records, the facility meets this element.

The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations, that the referral is documented, and that the policy is on the website. Policies #7.140 and 6.375 address referrals for criminal investigations and a review of investigation packets shows that

allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations and that the referral is documented with the result that the referrals are successfully prosecuted. However, the policy was not posted on the facility website. As corrective action, policy 6.375 was posted to the facility website.

The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. The Rock County Detention Facility relies on the Rock County Sheriff's Office to conduct investigations and Detective Reilly indicated in his interview that he performs criminal investigation at the Detention Facility. Thus the facility meets this element.

The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A.

The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.31 Employee Training

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

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

Standard 115.31 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency train all employees on 10 different topics related to PREA. Policy #6.375 requires employees to receive training and the facility provided a copy of the power point presentation used for the training. Thus the facility meets this element.

The second element requires that training is tailored to the gender of the inmates at the employee's facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. The facility houses male and female inmates. The training materials used to train employees included a gender-specific training component and interviews with Correctional Supervisor Klusmeyer and his staff evidenced that they were trained in gender-specific correctional dynamics. The facility also provided electronic training rosters. Thus the facility meets this element of the standard.

The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. Interviews with staff confirmed that the facility provides refresher training, and a tour of the facility shows that PREA information was available to staff. Thus the facility meets this element of the standard.

The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. Correctional Supervisor Klusmeyer produced electronic records in support this element. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.32** Volunteer and contractor training.

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

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

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

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. Correctional Supervisor Klusmeyer produced electronic records showing that volunteers and contractors have received training on their responsibilities under the agency's PREA policy. Interviews with medical, mental health, and food service contractors confirmed that they have received training on PREA, and understood the training they had received. Additionally, the facility provided training certificates for contract medical staff. Thus the facility meets this element.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and how to report sexual abuse. The Power Point Presentation slides provided by the facility for contractors and volunteers presented relevant and comprehensive information for those contractors and volunteers having contact with inmates. Thus the facility meets this element of the standard.

The third element requires that the facility maintain documentation confirming that contractors/volunteers understand the training they have received. The facility provided electronic documentation that contractors/volunteers understand the training they have received.

RECOMMENDATION: None.

Standard**Number here: 115.33** Inmate Education

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

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

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

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. Policy #6.375 requires that inmates receive and this information in the form of an orientation booklet at. Interviews with inmates indicate that inmates do not receive notification of the zero-tolerance policy, but in interviews seem to be aware of how to report such incidents. The facility did not provide records showing that inmates have received this information at intake in the inmate handbook. As corrective action, the facility provided documentation that inmates are informed at intake of the zero-tolerance policy and how to report an incident of sexual abuse.

The second element requires that within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video on their right to be free from sexual abuse and retaliation and regarding agency policies and procedures for responding to such incidents. There is no policy requirement that inmates receive comprehensive training within 30 days of intake. Interviews with inmates did not indicate that they had received the comprehensive training. As corrective action the facility acquired the video produced by JDI for training inmates, and provided documentation that they deliver the training, and that inmates acknowledge that they have received the training.

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and receive training upon transfer to another facility to the extent that the policies and procedures of the new facility differ from the previous facility. Interviews with a sample of inmates confirmed that they had not received the comprehensive training required by this element of the standard. As corrective action the facility acquired a video for training inmates, delivered the training, and produced documents showing that inmates sign acknowledgement forms that they have received the training.

The fourth element of the standard requires that the agency provide inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, or otherwise disabled. The facility did not provide any materials for visually impaired inmates or inmates who are developmentally disabled. As corrective action, RCDC acquired written and video materials for inmates who are LEP, visually impaired, or otherwise disabled.

The fifth element of the standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility did not produce any documents signed by inmates showing that they received the training. As corrective action, the facility delivered the comprehensive training and produced documentation that inmates have received the training.

The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. The facility produced no documentation showing that this information was available to inmates. A tour of the facility evidenced that even though information was posted in the housing units it was torn down by inmates by the time of audit tour. As corrective action, the facility developed written materials for inmates, acquire materials for developmentally disabled inmates from American University, and provided signage in the units.

RECOMMENDATION: None.

Standard

Number here: 115.34 Specialized training: investigations.

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

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

Standard 115.34 has four elements that the facility must meet for a finding of "meets standard". The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. The facility produced training certificates showing that detectives had successfully completed on line NIC training courses for investigators. Investigator Reilly confirmed in his interview that he has received the training. Thus the facility meets this element.

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

The third element requires that the facility maintain documentation that the investigators have completed the training. The facility provided documents showing that detectives at the Rock County Sheriff's Department have completed the training. Thus the facility meets this element.

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

RECOMMENDATIONS: None.

Standard

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

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

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

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

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. The Rock County Detention Facility provided training documentation as evidence that this training has taken place. An interview with Nurse Hibbert and Courtney Stewart, (the mental health provider) indicated that they had received PREA-specific training. Thus the facility meets this element of the standard.

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

The third element requires that the agency maintain documentation that medical and mental health staff received the training. The facility provided certificates for medical and mental health staff who have received the specialized training required by this standard. Thus the facility meets this element.

The fourth element requires that medical and mental health staff also receive the training mandated for employees. The facility provided documentation that demonstrates that the medical and mental health staff at the Rock County Detention Facility received this training. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

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

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

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

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

The first element requires that all inmates are screened during the intake process and upon transfer to another facility. Policy 901 requires screening of inmates. However, the facility has not produced a completed screening tools showing that inmates have received this screening. As corrective action, a screening tool was developed, and the facility produced documentation that the inmate population was screened with the screening tool. Thus the facility now meets this element of the standard.

The second element requires that the screening take place within 72 hours of arrival. Policy 901 requires screening within 72 hours. However, the facility has not produced documentation showing that inmates have been screened for risk of sexual victimization or being sexually abusive. As corrective action, the screening tool needs was developed and the facility produced documentation that inmates are screened within 72 hours of arrival. Thus the facility now meets this element of the standard.

The third element requires that the assessments shall be conducted using an objective screening instrument. Initially, the facility had not provided a copy of a screening tool. As corrective action, the facility developed and implemented an objective screening tool, and providing completed copies as evidence that inmates are being screened. The facility now meets this element of the standard.

The fourth element requires that the screening consider ten criteria for the risk of sexual victimization. Initially, the facility had not produced a screening tool with the ten criteria required by this element of the standard. As corrective action, the facility developed and implemented a screening tool that includes at a minimum the ten elements required by this standard. The facility now meets this element of the standard.

The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. Initially, the facility had not produced a screening tool with the three criteria required by this element of the standard. As corrective action, the facility developed and implemented a screening tool that includes at a minimum the three elements required by this standard, and provided completed screening tools as evidence that inmates are being screened. The facility now meets this element of the standard.

The sixth element requires that inmates are re-screened within 30 days. Initially, the facility did not produce any documentation in support of this element of the standard. As corrective action, the facility developed and implemented a screening tool and began re-screen inmates within 30 days of the initial screening, providing copies of completed 30-day re-screens. The facility now meets this element of the standard.

The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. There was no policy statement requiring that an inmate's risk level will be re-assessed when warranted, requested, or when additional information is received. As corrective action policy was amended to require that an inmate's risk level will be re-assessed when warranted, requested, or when additional information is received. The facility now meets this element of the standard.

The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. Policy 6.205 prohibits the disciplining of inmates for refusing to

disclose or answer questions. When interviewed, program staff indicated that inmates are not disciplined for refusing to answer questions on the screening tool. No evidence was produced that inmates had been disciplined for refusing to answer or disclose, and no inmates indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element of the standard.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. The policy statement in 6.205 requires that dissemination of sensitive information is controlled and is not exploited to an inmate's detriment. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here 115.42: Use of screening information.

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

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

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

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Policy #6.205 has a statement that screening information is to be used to inform housing and program decisions with regard to the inmates' safety. Interviews with booking staff at the Rock County Detention Facility also confirmed that this is the practice. Thus the facility meets this element of the standard.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. Policy #6.205 has this requirement and interviews with staff confirm that this is the practice at Rock County Detention Facility. Thus the facility meets this element of the standard.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered inmates in male or female facilities. Policy #6.205 has this requirement and the training material for officers requires that placement decisions for transgendered inmates is made on a case-by-case basis. Interviews with staff confirm that this is the practice at the facility. Thus the facility meets this element of the standard.

The fourth element requires that placement and programming assignments for each transgender or intersex inmate be reviewed every six months. Policy #6.205 has a statement requiring that placement and programming assignments for transgender or intersex inmates are reviewed every six months. Thus the facility meets this element of the standard.

The fifth element requires that a transgender or intersex inmate's views are given consideration. Policy 6.205 requires that a transgender or intersex inmate's views are given consideration. Thus the facility meets this element of the standard.

The sixth element requires that transgender and intersex inmates can shower separately from other inmates. Policy 6.205 has a statement that supports a finding of meets for this element of the standard. A physical inspection of the shower facilities confirmed that there were housing units that have a shower that can only be used by one inmate at a time, providing the ability for transgender and intersex inmates to shower separately from the rest of the inmate population. Thus the facility meets this element.

The seventh element requires that the agency does not place LGBTBI inmates in dedicated facilities, wings, or units based solely on such identification or status. Policy 6.205 has a statement that supports a finding of meets for this element of the standard. Correctional Supervisor Klusmeyer indicated in his interview that no such units exist in the facility. The facility indicated that though they have housed one transgendered inmate in the past, there are currently no transgendered inmates housed in the facility that the auditor could have interviewed. The facility did not identify and gay or lesbian inmates and interviews with the inmate population did not reveal an gay or lesbian inmates. Interviews with staff indicated that gay and lesbian inmates were not placed in dedicated units or denied access to programs or out-of-cell activities, but were placed in general population. Interviews with the inmate population did not result in the identification of any transgendered inmates. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.43 Protective custody

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

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

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

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policies 6.270 and 6.205 govern segregation and housing but state that only LGBTBI inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made and is not inclusive of heterosexual inmates who may be at risk. Interviews of staff indicate that placements in involuntary segregation require an assessment of alternative placements. As corrective action, policy was amended to require that all inmates at high risk will not be placed in segregation unless an assessment of alternative placement has been made and documented. The facility now meets this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy 6.270 requires that when privileges and programs are limited the reasons are documented. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. There was no policy statement provided in support of this element of the standard. As corrective action policy was amended to require that inmates shall not be placed into involuntary segregation for more than 30 days. The facility now meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy 6.270 requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety, but does not require documentation of why no alternatives are available. As corrective action, policy was amended to require that the facility document why no alternatives are available. The facility now meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy 6.270 requires that inmates who are placed in segregation have their placement reviewed every 7 days to determine if there is a continuing need for placement. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.51 Inmate reporting

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

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

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

The first element requires that the agency provide multiple ways for inmates to privately report sexual abuse and harassment, retaliation, or staff neglect. A review of investigations indicates that inmates at the Rock County Detention Facility have multiple ways to report sexual victimization, including a reporting hotline, telling any staff person, reporting it to outside contacts, submitting a complaint, or making a third party report. Thus the facility meets this element.

The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. RCDF did not provide any documentation showing that inmates could make a report to a private entity or office that is not a part of the agency that is able to immediately forward reports to the agency. As corrective action, the facility identified the Walworth County Jail as the outside agency to whom inmates may make a report, thus the facility now meets this element of the standard.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Policy #6.205 requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third party reports will be accepted. Staff acknowledged this requirement in interviews. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. Policy #6.205 allows staff to privately report incidents of sexual abuse. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to the Rock County Sheriff's Office. Thus the facility meets this element.

RECOMMENDATION: None.

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

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

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

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

The facility grievance policy states that it is not intended to exhaust administrative remedies for complaints of sexual abuse. Therefore, the facility does not have an administrative procedure to address inmate grievances regarding sexual abuse and the instructions on the audit tool state that standard 115.52 does not apply in this case and does not mean the facility is in non-compliance.

RECOMMENDATION: None.

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

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

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

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

The first element states that facilities shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and for persons detained solely for immigration purposes, immigrant service agencies. There was no MOU between the Rock County Detention Facility and any of the advocacy groups in Rock County. In interviews, inmates stated that they were unaware of how to contact advocacy services. As corrective action, the facility provided a copy of an MOU with the Sexual Assault Recovery Program and the contact information for the Sexual Assault Recovery Program and the Beloit Domestic Violence Survivor Center to the inmates in the inmate training materials. The facility now meets this element of the standard.

The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. Inmates indicated in their interviews that this information is provided in printed material and is given by a recorded message on the inmate phones. Thus the facility meets this element of the standard.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. The Rock County Detention Facility had not entered into an MOU with either the Sexual Assault Recovery Program and the Beloit Domestic Violence Survivor Center. As corrective action, the facility entered into an MOU with Sexual Assault Recovery Program and provided a copy of the MOU.

RECOMMENDATION: None

Standard

Number here: 115.54 Third-party reporting.

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

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

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

The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of an inmate. During interviews, inmates also indicated that they knew how to make third-party reports. Staff also indicated in interviews that inmates are allowed to make third-party reports. However, facility's webpage did not have information on making a third-party reports. For corrective action, the facility posted information on making third-party reports on its website.

RECOMMENDATION: None.

Standard

Number here: 115.61 Staff and agency reporting duties

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

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

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

The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Policies 6.375 and 901 require staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment. Policy 901 requires staff to report incidents of retaliation, or staff neglect of duties. Interviews with staff confirm that they are informed of this duty in training they receive. Thus the facility meets this element of the standard

The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. Policy 6.205 has this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. The interviews with Nurse Hibbet and Courtney Stewart support a finding of meets for this element.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency.

Interviews with the facility administrator and Correctional Supervisor Klusmeyer confirm that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Thus the facility meets this element of the standard.

The fifth element requires that all third-party reports are reported to the designated investigators. Policy# 5.400 contains this requirement and the interview with Detective Reilly confirms that this is the practice at the facility. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.62 Agency protection duties

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

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

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard". The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. There was no policy statement in either policy 6.375 or 6.270 requiring that when the agency learns that an inmate is subject to a substantial risk of imminent abuse that it takes action to protect the inmate. Interviews with facility staff indicate that this is the established practice at the Rock County Detention Facility and that the inmate is separated from the potential threat. As corrective action, policy was amended to require the facility staff to take immediate action to take steps to protect inmates who are at imminent risk.

RECOMMENDATION: None.

Standard

Number here: 115.63 Reporting to other confinement facilities.

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

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

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard". The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. There is no policy statement that requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. As corrective action, policy 6.375 was amended to require that upon receiving an allegation that an inmate was sexually

abused at another facility, the head of the facility shall notify the facility where the abuse occurred. The facility now meets this element of the standard.

The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation. Policy 240.12.E requires that notification is provided as soon as possible but no later than 72 hours after receiving the allegation. There is no policy statement requiring that the notification be made within 72 hours. As corrective action, policy 6.375 was amended to require notification within 72 hours. The facility now meets this element of the standard.

The third element requires that the agency shall document that it has provided such notification. There was no policy statement requiring documentation of notification. As corrective action, policy 6.375 was amended to require documentation of the notification. The facility now meets this element of the standard.

The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. There was no policy statement requiring that the facility that receives notification investigate the allegation. As corrective action, policy 6.375 was amended to require that notifications received by the facility are investigated. The facility now meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.64 Staff first responder duties.

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

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

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

The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. Policy #5.400 details the coordinated response plan, and the lesson plan for employees include the requirement to preserve the crime scene and to instruct the victim to take no actions that could destroy evidence. Interviews with inmates and staff show that this is the practice at the facility. Thus the facility meets this element.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. An interview with Nurse Hibbert confirms that this is the practice at this facility. Policy 5.400 requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard**Number here: 115.65** Coordinated response.

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

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

Standard 115.65 has one element that a facility must meet for a finding of "meets standard".

This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical practitioners, investigators, and facility leadership. Policy #7.252 and policy 901 have a written institutional plan to coordinate actions in response to an incident of sexual abuse. Interviews with facility staff confirm that they are familiar with this plan. Thus the facility meets this standard.

RECOMMENDATION: None.

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

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

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

Standard 115.66 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. A review of the collective bargaining agreement shows that the facility is not limited on its ability to remove alleged staff abusers from contact with inmates pending the outcome of the investigation. Thus the facility meets this element.

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

RECOMMENDATION: None.

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

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

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

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

The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. Policy 901 requires the facility protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff. However, no person was identified with the responsibility to monitor for retaliation. As corrective action, policy 6.375 now designates a supervisor to monitor for retaliation. The facility now meets this element.

The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating and that the facility provide emotional support services for inmates or staff who fear retaliation. The policy statement in 901 requires that the agency employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. Thus the facility meets this element of the standard.

The third element requires monitoring those staff or inmates who make reports or cooperate with investigations are monitored for retaliation for 90 days. There was no policy statement that requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. As corrective action, policy 6.375 was revised to require that monitoring continuing for at least 90 days. The facility now meets this element of the standard.

The fourth element requires that monitoring includes periodic status checks. Policy 901 requires periodic status checks. Thus the facility meets this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Policy 901 includes "other individuals". Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.68 Post-allegation protective custody.

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

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

Standard 115.68 requires that inmates placed into segregation are subject to the requirements of standard 115.43. Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policies 6.270 and 6.205 govern segregation and housing but state that only LGBTBI inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made and is not inclusive of heterosexual inmates who may be at risk. Interviews of staff indicate that placements in involuntary segregation require an assessment of alternative placements. As corrective action, policy was amended to require that all inmates

at high risk will not be placed in segregation unless an assessment of alternative placement has been made and documented. The facility now meets this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy 6.270 requires that when privileges and programs are limited the reasons are documented. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. There was no policy statement provided in support of this element of the standard. As corrective action policy was amended to require that inmates shall not be placed into involuntary segregation for more than 30 days. The facility now meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy 6.270 requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety, but does not require documentation of why no alternatives are available. As corrective action, policy was amended to require that the facility document why no alternatives are available. The facility now meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy 6.270 requires that inmates who are placed in segregation have their placement reviewed every 7 days to determine if there is a continuing need for placement. Thus the facility meets this element of the standard.

RECOMMENDATION: None

Standard

Number here: 115.71 Criminal and administrative agency investigations

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

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

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

The first element requires that when an agency conducts its own investigations, it does so promptly. Policy #5.400 includes an investigation protocol and requires that investigations are initiated promptly for all allegations, including third-party and anonymous reports. A review of investigation documents confirms that allegations are promptly investigated. Thus the facility meets this element of the standard.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. The facility provided NIC training certificates for investigators in support this element. Thus the facility meets this element of the standard.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. Policy 5.400 requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. Additionally, a review of investigation reports shows that this is the practice at RCDF. Thus the facility meets this element of the standard.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Policy #5.400 has language to support this requirement. Detective Reilly stated in his interview that if the evidence supports a criminal investigation, that he meets with the district attorney and interviews for administrative investigations are suspended. Thus the facility meets this element of the standard.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. Detective Reilly indicated in his interview that the credibility of inmates, staff, and other witnesses is not determined by their status and that there is no requirement that a person submit to a polygraph test or truth-telling device as a condition of proceeding with the investigation. However, there was no policy statement that requires that the credibility of an alleged victim, suspect, or witness is not determined by their status as an inmate or staff member and that they are not required to submit to a truth-telling device as a condition of continuing the investigation. As corrective action, policy 6.375 was amended to require that credibility assessments are not based on the witness' status and that there is no requirement that witnesses submit to a truth telling device. The facility now meets this element of the standard.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. There was not policy statement that requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. As corrective action, policy 6.375 was amended to require that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. The facility now meets this element of the standard.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. The facility provided copies of written investigation reports. Thus the facility meets this element of the standard.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Detective Reilly indicated in his interview that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy 5.400 also has language that supports this element of the standard. Thus the facility is found to meet this element of the standard.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. There was not policy statement requiring that case files are retained pursuant to PREA standards for as long as the abuser is incarcerated or employed plus 5 years. Even though the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date, policy needs to be amended to require that case files are retained pursuant to PREA standards for as long as the abuser is incarcerated or employed plus 5 years. Policy 6.375 was amended to require the retention of records for as long as the abuser was incarcerated plus 5 years, and the facility now meets this element of the standard.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. Interviews with the investigators confirm that this is the practice. However, there was no policy statement to support this element. Detective Reilly stated in his interview that the departure of the accused employee does not provide a basis for terminating the investigation. As

corrective action, policy 6.375 was amended to require that the departure of an accused employee does not provide a basis for terminating an investigation. The facility now meets this element of the standard. The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, the facility is not held accountable for other State investigation components.

The twelfth element requires that when outside agencies investigate, the facility cooperates with outside investigators and remain informed of the progress of the investigations. The Rock County Sheriff's Office conducts internal investigations and Detective Reilly indicated that his supervising lieutenant is the person who ensures cooperation with investigators and communicates with them on the status of investigations. The facility also has cultivated a very close relationship with the district attorney's office with the result that the district attorney actively prosecutes sexual abuse cases referred from the Rock County Detention Facility. For this reason, the facility is found to have exceeded this element of the standard.

RECOMMENDATIONS: None

Standard

Number here: 115.72 Evidentiary standard for administrative investigations.

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

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

Standard 115.72 has one element that the facility must meet for a finding of "substantial compliance". The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. The interview with Detective Reilly confirms that this is the standard of evidence used to make a finding of substantiated. Policy 901 establishes the preponderance of evidence as the standard of evidence in determining when allegations are substantiated. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.73 Reporting to inmates.

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

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

Standard 115.73 has six elements a facility must meet for a finding of "meets standard". The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. There was no policy statement

to support this element. As corrective action, policy 6.375 was amended to require that inmates are informed of the outcome of the investigation. The facility now meets this element of the standard.

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

The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. There was no policy statement to support this requirement. As corrective action, policy 6.375 was amended to require that the inmate is informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. The facility now meets this element of the standard.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. There was not a policy statement to support this element of the standard. As corrective action, policy 6.375 was amended to require that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. The facility now meets this element of the standard.

The fifth element requires that all such notifications are documented. There was no policy statement to support this element. As corrective action, policy 6.375 amended to require that all notifications are documented. The facility now meets this element of the standard.

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

RECOMMENDATION: None.

Standard

Number here: 115.76 Disciplinary sanctions for staff.

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

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

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

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Policy #6.375 has a policy statement to support this element. However, there have been no findings of substantiated on investigations of staff members. Based on the policy statement and the available documentation, the facility is determined to have met the intent of this element. The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Policy #6.375 includes this requirement. Based on the policy statement, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Policy 6.375 has a policy statement to support this element of the standard. The interview with Jail Commander Chellevold confirmed that disciplinary action is

commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Thus the facility meets this element of the standard. The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. Policy 240.12 has a policy statement to support this element. Though all terminations and resignations are reported to the sheriff's office, and policy 910 requires reporting to licensing agencies. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.77 Corrective actions for contractors and volunteers.

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

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

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard". The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Policy 6.375 requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal. Policy 910 requires reporting to relevant licensing bodies. As corrective action, policy 6.375 was amended to require that contractors and volunteers who engage in sexual abuse will be prohibited from contact with inmates. Thus the facility meets this element of the standard. The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies. Jail Commander Chellevoid confirmed that volunteers and contractors who violate sexual abuse and sexual harassment policies are prohibited from further contact with inmates. Policy 6.375 has a policy statement to meet this element of the standard. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.78 Disciplinary sanctions for Inmates

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

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

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

The first element requires a formal disciplinary process for inmates who engage in sexual abuse. Policy# 6.160 is the policy statement requiring a formal disciplinary process used for inmates who engage in sexual abuse. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. Policy #6.610 supports this element. Thus the facility meets this element.

The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. Policy 910 requires that an inmate's mental disability or mental illness is considered when determining what type of sanction is imposed. Jail Commander Chellevoid also indicated in his interview that an inmate's mental disability or mental illness is considered when determining what type of sanction is imposed. Thus the facility meets this element of the standard.

The fourth element requires that *if* the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming or other benefits. Mental Health Provider Courtney Stewart indicated that the facility does not offer interventions to address abuse. Based on the conditional requirement of the element, the facility is meeting this element of the standard.

The fifth element requires that inmates are sanctioned for sexual contact with staff only if staff did not consent to it. There was no policy statement to support this element of the standard. As corrective action, policy 6.375 was amended to require that inmates are sanctioned for sexual contact with staff only if staff did not consent to it. The facility now meets this element of the standard.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. There was no policy statement that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. As corrective action, policy 6.3758 was amended to require that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. The facility now meets this element of the standard.

The seventh element requires that a facility may prohibit all sexual activity between inmates, but that non-coerced activity does not constitute sexual abuse. Correctional Supervisor Klusmeyer indicated in his interview that the Rock County Detention Facility prohibits sexual activity between inmates and the practice at the Rock County Detention Facility is that non-coerced activity does not constitute sexual abuse under the ambit of PREA. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

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

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

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

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

The first and third elements require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. In her interview, Nurse Hibbert indicated that this is the practice at Rock County Detention Facility. However, there was no policy statement to support this requirement. As corrective action, policy 6.110 was amended to require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening.

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

The third element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Interviews with staff who perform screenings indicate that the information is used only to inform treatment plans and security/management decisions. Policy 6.205 requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Thus the facility meets this element of the standard.

The fourth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. In her interview, Nurse Hibbert indicated that her staff obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. However, there was no policy statement that requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. As corrective action, policy needs to be revised to require that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

RECOMMENDATIONS: None.

Standard

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

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

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

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

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with Nurse Hibbert, Amanda Insunza, Kelsey Hood, Jamie Counsel, and

Betsy Press indicate that inmates at the Rock County Detention Facility have unimpeded and timely access to medical and mental health services as determined by their professional judgment. Thus the facility meets this element.

The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. Nurse Hibbert indicated in her interview that this was the practice at Rock County Detention Facility. Interviews with staff also confirm that medical and mental health staff are notified. Thus the facility meets this element of the standard.

The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. Interviews with Nurse Hibbert, Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press also confirmed that this is the practice in place. Thus the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. Interviews with Nurse Hibbert, Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press confirmed that this is the practice at the Rock County Detention Facility. Policy 901 provides that services are provided to inmates without cost.

RECOMMENDATION: None.

Standard

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

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

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

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

The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. Policy 6.375 has a statement that supports this element and that this is the practice at the Rock County Detention Facility. Thus the facility meets this element.

The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for continued care following transfer, placement in, or release from custody. The interview with Nurse Hibbert confirmed that evaluations, treatment, and referrals are made for inmates. Thus the facility meets this element.

The third element requires that the level of care provided is consistent with community levels of care. Nurse Hibbert in her interview indicated that the level of care provided is consistent with community levels of care. Thus the facility meets this element of the standard.

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. Policy #7.400 has a statement that meets this element. An interview with Nurse Hibbert, Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press confirmed that pregnancy tests are offered to victims. Thus the facility meets this element.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all

lawful pregnancy related services. Policy 7.400 provides for access to all legal pregnancy services. In their interviews, Nurse Hibbert, Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press also stated that victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Thus the facility meets this element.

The sixth element requires that victims are offered tests for STIs as medically appropriate. Interviews with Nurse Hibbert, Amanda Insunza, Kelsey Hood, Jamie Counsel, and Betsy Press confirmed that this is the practice. However, there is no policy statement to support this element of the standard. As corrective action, policy was revised to require that victims are offered tests for STIs as medically appropriate. The facility now meets this element of the standard.

The seventh element requires that on-going treatment is provided without cost. Policy 901 states that services will be provided without cost. Thus the facility meets this element of the standard.

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

RECOMMENDATIONS: None.

Standard

Number here: 115.86 Sexual abuse incident reviews.

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

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

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

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. Policy 901 requires an incident review within 30 days of the conclusion of each investigation. However, the facility did not produce any incident reviews for this element of the standard. As corrective action, policy 6.375 was revised to require that an incident review team begin conducting incident reviews. The facility now meets this element of the standard.

The second element requires that such a review will occur within 30 days of the conclusion of the investigation. Policy 901 requires an incident review within 30 days of the conclusion of each investigation. However, the facility did not produce any incident reviews for this element of the standard. As corrective action, policy 6.375 was revised to require that an incident review team begin conducting incident reviews. The facility now meets this element of the standard.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. Policy 901 requires the review team to include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. However, no incident reviews could be produced. As corrective action, policy 6.375 was revised to require that an incident review team begin conducting incident reviews. The facility now meets this element of the standard.

The fourth element requires the incident review team to include six specific requirements in the incident review. There was no policy statement to support this element including the six specific elements. Policy 901 requires the facility to review the six specific requirements. However, no incident reviews could be produced. As corrective action, policy 6.375 was revised to require that an incident review team begin conducting incident reviews. The facility now meets this element of the standard.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Policy 901 requires that recommendations for improvement will be implemented or shall document the reasons for not doing so. However, no incident reviews could be produced. As corrective action, policy 6.375 was revised to require that an incident review team begin conducting incident reviews. The facility now meets this element of the standard.

RECOMMENDATION: None

Standard

Number here: 115.87 Data Collection

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

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

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

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

The second element requires that the agency shall aggregate incident based data annually. No documentation of aggregated the data was provided. As corrective action, the facility adopted the SSV as the tool with which to collect data. The facility now meets this element of the standard.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. Policy 901 that requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. Thus the facility meets this element of the standard.

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

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

RECOMMENDATIONS: None.

Standard**Number here: 115.88** Data review for corrective action.

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

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

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

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. The facility did not provide an annual report with all the elements listed above. As corrective action, the facility documented and reviewed aggregated data to identify problem areas and corrective action, and prepared a report of its findings and corrective action.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. The facility has not produced a report comparing the data to the data from the previous year. As corrective action, the facility developed a report comparing current data to the data of the previous year and provided an assessment of the agency's progress in addressing sexual abuse.

The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website. The facility produced the annual report signed by the agency's head and published it on its website.

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. The facility produced the annual report without any personal identifiers.

RECOMMENDATION: None.

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

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

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

Standard 115.89 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency ensure that the data collected is securely retained. There was no policy statement regarding the collection and retention of data. As corrective action, policy was revised to require that the collected data is securely retained.

The second element requires that the agency makes aggregated data available to the public at least annually through its website or if it does not have a website, through other means. The data has not yet

been aggregated and is not posted on the agency website. As corrective action, the data was aggregated and published on the agency website.

The third element requires the agency to remove all personal identifiers before making the data publicly available. As corrective action. The report with redacted identifiers was developed and published on the agency website.

The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. Any data collected by the agency could only go back to 2013, so the ten-year threshold has not yet been met. The data had not yet been gathered and aggregated. As corrective action, the data was gathered, aggregated, and published in a report on the agency website, and policy was revised to require that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise.

RECOMMENDATION: None

AUDITOR CERTIFICATION:

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



Auditor Signature

May 8, 2017
Date