

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report December 19, 2021

Auditor Information

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Telephone: 330-618-7456	Date of Facility Visit: March 1-3, 2021

Agency Information

Name of Agency: Rock County Sheriff's Office		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 200 E. Highway 14		City, State, Zip: Janesville, Wisconsin 53545	
Mailing Address: 200 E. Highway 14		City, State, Zip: Janesville, Wisconsin 53545	
Telephone: 608-757-8000		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission:

The mission of the Rock County Sheriff's Office is to enhance the quality of life in Rock County by working cooperatively with the public to enforce the law, preserve the peace, reduce the fear of crime, and provide for a safe environment. Also, through the effective operations of the Rock County Jail, we must provide a safe, secure, and humane environment for those persons consigned to our custody. To accomplish this mission, we are committed to a set of values that guide our work and decisions and help us contribute to the quality of life in Rock County.

Agency Website with PREA Information: www.CO.ROCK.WI.US

Agency Chief Executive Officer

Name: Troy Knudson	Title: Sheriff
Email: Troy.Knudsin@co.rock.wi.us	Telephone: 608-757-8000

Agency-Wide PREA Coordinator/Compliance Manager

Name: Maria Amador	Title: Sergeant / LEP Coordinator
Email: Maria.Amador@co.rock.wi.us	Telephone: 508-830-6200
PREA Coordinator/Compliance Manager Reports to: Kimberly Litsheim, Captain Erik D. Chellevoid, Jail Commander	Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager

Facility Information

Name of Facility: Rock County Sheriff's Office Jail			
Physical Address: 200 E. Highway 14 Janesville, Wisconsin 53545			
Mailing Address (if different than above):			
Telephone Number: 608-757-8000			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission:
The mission of the Rock County Sheriff's Office is to enhance the quality of life in Rock County by working cooperatively with the public to enforce the law, preserve the peace, reduce the fear of crime, and provide for a safe environment. Also, through the effective operations of the Rock County Jail, we must provide a safe, secure, and humane environment for those persons consigned to our custody. To accomplish this mission, we are committed to a set of values that guide our work and decisions and help us contribute to the quality of life in Rock County.

Facility Website with PREA Information: www.CO.ROCK.WI.US

Warden/Superintendent

Name: Erik D. Chellevoid	Title: Jail Commander
Email: Erik.Chellevoid@co.rock.wi.us	Telephone: 608-757-7916

Facility PREA Compliance Manager

Name: Maria Amador	Title: Sergeant / LEP Coordinator
Email: Maria.Amador@co.rock.wi.us	Telephone: 508-830-6200

Facility Health Service Administrator

Name: Brandi Malcook	Title: Health Services Administrator
Email: Brandi.Malcook@co.rock.wi.us	Telephone: 608-757-8028

Facility Characteristics			
Designated Facility Capacity: 494		Current Population of Facility: 295 (first day of audit)	
Number of inmates admitted to facility during the past 12 months			3,578
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			837
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2,068
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 17	Adults: 18-80+	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			42
Average length of stay or time under supervision:			34 days
Facility security level/inmate custody levels:			Minimum Medium Maximum
Number of staff currently employed by the facility who may have contact with inmates:			93
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			17
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			6
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		17	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		8	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and outside of the buildings. There was a camera project in 2021 that added 100 additional cameras and updated existing cameras. There are now 140 cameras that provides full coverage of the facility. Cameras are located throughout the facility including each housing unit, booking, holding cells, medical holding cells, medical dayroom, secure hallways, sallyport, intake area, medical triage, court holding cells, kitchen, laundry and property room, loading dock, medical corridors, and exterior building cameras. The housing pods have two cameras above the housing pod entrance door with one viewing the upper range and one viewing the lower range.</p>			
Medical			

Type of Medical Facility:	Full-time medical services on-site through the health care department with full time medical and mental health staff. Medical services available 24 hour/7 days a week.
Forensic sexual assault medical exams are conducted at:	Local hospital: Mercy Health System Corporation
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	781 volunteers 26 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2 – Criminal 13 - Administrative

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit of the Rock County Sheriff's Office Jail (RCSOJ) in Janesville, Wisconsin, a facility under the operation of the Rock County Sheriff's Office (RCSO) was conducted on March 1-3, 2021, by Barbara King, a Department of Justice (DOJ) certified PREA Auditor. The purpose of the audit was to determine compliance with the DOJ PREA standards. The audit process began with communication between the agency's PREA Coordinator and the Auditor in October 2019. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. This was the second PREA audit for the facility. The initial audit dates changed numerous times due to COVID. The audit on-site visit was conducted during the COVID pandemic and under the facility's COVID operating protocols.

Once audit dates were confirmed, the audit notices in English and Spanish were sent to the facility through the facility's PREA Coordinator on January 7, 2021. The facility acknowledged receiving the audit notices and the postings were placed throughout the facility. The facility's PREA Coordinator emailed photos of the postings for verification to the Auditor on January 22, 2021. The Auditor observed the postings throughout the facility during the tour of the facility.

About four weeks prior to the initial audit date in November 2020, the Auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency. The thumb drive contained a master folder of supporting documentation for the PREA standards. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance. After the review of the Pre-Audit Questionnaire and supporting documentation, on October 27, 2020, the Auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. The November 2020 audit was again postponed due to COVID. The audit was rescheduled numerous times due to COVID. The facility continued to provide supporting documentation to the Auditor electronically during this postponement. Once the confirmed audit date was set for March 1, 2021, the Auditor provided the facility further review notes on February 8, 2021, of the outstanding documentation needed for review. Some of the requested information was provided electronically prior to the audit and the remaining documentation was provided during the audit visit.

The Auditor reviewed the PREA information, the PREA Annual Stat Reports for 2015 through 2019, and the previous PREA Report on the Rock County Sheriff's Office website (www.co.rock.wi.us/sheriff) prior to the audit. The website includes general PREA information; the facility's PREA Policy 606 Prison Rape Elimination Act which outlines the facility's procedures for prevention, detection, reporting, and responding to sexual abuse and sexual harassment including the investigative protocols; 2015 through 2019 PREA Annual Stat Reports; the PREA application for volunteers; PREA training video for volunteers; and the PREA Coordinator's phone number for reporting an incident. The Auditor contacted Just Detention International about any information regarding the facility; none was noted. Prior to the on-site visit, contact was made with the facility's Jail Administrator and the facility's PREA Coordinator to discuss the audit process and set a tentative time schedule for the on-site audit.

The facility's policies utilized for the policy and procedure review and documentation were:

- 606 Prison Rape Elimination Act, RCSO Custody Manual
- 109 Special Assignments and Promotion, RCSO Custody Manual
- 110 Standards of Conduct, RCSO Custody Manual

- 115 Limited English Proficiency Services, RCSO Custody Manual
- 116 Communications with Persons with Disabilities, RCSO Custody Manual
- 201 Financial Practices, RCSO Custody Manual
- 304 Recruitment and Selection RCSO Custody Manual
- 308 Prison Rape Elimination Act Training, RCSO Custody Manual
- 310 Volunteers, RCSO Custody Manual
- 502 Inmate Reception, RCSO Custody Manual
- 506 Special Management Inmates, RCSO Custody Manual
- 507 Juvenile Housing, RCSO Custody Manual
- 509 Inmate Classification, RCSO Custody Manual
- 515 Searches, RCSO Custody Manual
- 600 Inmate Discipline, RCSO Custody Manual
- 602 Inmates with Disabilities, RCSO Custody Manual
- 609 Inmate Grievances, RCSO Custody Manual
- 712 Mental Health Screening and Evaluation, RCSO Custody Manual
- 807 Inmate Hygiene, RCSO Custody Manual
- 1005 Inmate Education, RCSO Custody Manual
- 901 Prison Rape Elimination, RCSO Policy Manual
- General Orders 6.375 Prison Rape Elimination Act
- General Operating Procedures 5.400 Sexual Assault
- Standard Operating Procedures 6.030 Booking Procedures
- Standard Operating Procedure 6.110 Health Services
- Standard Operating Procedures 6.150 Inmate Classification
- Standard Operating Procedures 6.160 Inmate Discipline
- Standard Operating Procedure 6.205 LGBTI, Transgender, Non-Gender Conforming Intake and Housing
- Standard Operating Procedure 6.260 Local Control
- Standard Operating Procedures 6.320 Medical/Mental Health Intake Clearance
- Standard Operating Procedures 6.410 Strip-Search

On February 9, 2021 the Auditor requested the following information be provided: the daily population staff roster to include all departments (include title, shift, and good days), inmate roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of inmates with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of inmates that reported sexual abuse, list of disabled and limited English proficient (LEP) inmates, list of the first responders from the reported allegations, and a list of how the allegations were reported (i.e. verbal to staff, grievance, hotline...). The facility provided the requested facility information the day prior to the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed (random and specific interviews protocols). Prior to the on-site visit, the Auditor and the PREA Coordinator discussed the on-site visit and the COVID pandemic measures in place and the safety requirements to enter the facility.

Before the start of the audit, an in-briefing was held. In attendance were the Sheriff, Chief Deputy, Commanders, Jail Administrator/Captain, and the PREA Coordinator. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the

knowledge and practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour and facility practices, documentation review, and conducting both staff and inmate interviews. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would meet with the PREA Coordinator and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no correspondence was received from an inmate prior to the audit.

The facility administration provided information to the Auditor regarding the facility and the audit period. The facility administration shared there were no cross-gender pat-down searches conducted during the audit year. The facility does house youthful inmates. The age of majority in the state of Wisconsin is 17. The facility will house inmates that are 17 years of age per the state law.

Due to COVID, the Auditor and facility discussed the best way to conduct inmate and staff interviews. The facility was operating under restricted inmate movement. It was determined the interviews would be held in a conference room with the Auditor and interviewee masked and maintaining a safe distance. Since COVID, the facility is only housing felons and serious offense misdemeanors to reduce the number of inmates to maintain social-distancing as much as possible. The inmates were provided masks for safety and must wear outside of their housing dorm/unit. The Jail Administrator shared in the annual report, "Since the start of the facility's COVID-19 protocol in March 2020, the jail went through a transformation that continued throughout the year. This consisted of shifting the population around by closing the Huber dorm and by constantly monitoring new intakes and quarantine units. Regular daily activities were paused until it was determined how to accommodate for court, visits, programming, school, etc. The first line staff implemented these plans and dealt with these daily changes in stride! As new guidelines from the county and/or CDC came out, adjustments to the plans were made, and our staff just rolled with the changes. The jail became the main contact for courts, probation, diversion, programming, outside agency calls, dispatch calls, and general public inquiries. As the virus continued to spread throughout our state and nation, general public and media calls started coming in on a regular basis, seeking information on how we were keeping our facility safe and clean. Family and friends continued to call as well to check the status of their loved ones. The staff answered these calls and handled them extremely well. Housing numbers were cut in half at our facility, but the job duties did not subside. The jail implemented numerous cleaning measures to mitigate the entrance and spread of COVID-19. Correctional Officers spearheaded these operations and took on numerous additional cleaning and sanitizing projects throughout the year. This included utilizing two Skytron UVC units, daily use of an Electromagnetic Sprayer, wiping all door handles and common touch areas, mopping section floors, daily cleaning all workstations, cleaning and/or daily inspections of conference and visitation booths, and cleaning administrative offices. Week-to-week and at times, day-to-day operations were tweaked in an effort to remain proactive and stay ahead of the virus."

The facility tour was completed over the three day on-site visit. The housing units, program areas, service areas, laundry, food service, control center, medical, visitation, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of cameras, mirrors, PREA postings, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor observed cross-gender viewing potential in all the holding cells, medical cells, Housing unit A-2 lower-level barred door cells, toilets in the Housing E unit bathrooms, and in housing units where the policy requires the doors to be open at all times exposing the toilets. The Auditor closely reviewed video camera footage and identified potential cross-gender camera views; camera monitors in booking shows the toilets in the holding cells, camera monitors in medical show toilets in the medical holding cells, and camera monitors in central control show holding and medical cell toilets. The

Auditor also observed blind spots; the educational computer labs have blind corners; food service has a blind area right of the door from kitchen and the alcove at the end of the ovens; and in the laundry room the area right of the door. The facility corrected all the cross-gender viewing and blind spots during the corrective action period (corrective action taken will be discussed further within the report under the appropriate standards).

During the course of the tour the Auditor conducted several informal interviews with both staff and inmates, interviewing them on their knowledge of PREA, reporting methods, response to an allegation, and facility practices. The Auditor observed opposite gender staff announcing their presence when entering the housing units. The PREA audit notices were observed throughout the facility including in each housing unit, common areas, program areas, and administrative areas.

The housing units did not have PREA information including the emotional support and hotline numbers available within the housing pods. The facility has added the PREA information to the inmate tablets and on the KIOSK within the unit providing inmates readily accessible PREA educational information, zero tolerance policy, emotional support services available, how to report an incident, methods for reporting sexual misconduct, PREA reporting number, and the PREA Coordinator's name. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English and Spanish. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit and in the End the Silence brochure. Inmates may report internally by pressing #9. Reporting numbers for external reporting are provided for the Walworth County Sheriff's Office and the Sexual Assault Recovery Program. All phone lines connected for reporting. The internal hotline number required a pin, which would identify an inmate and not allow an anonymous call.

The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff. The logbooks documented that unannounced rounds were conducted by immediate line supervisors and supervision rounds by officers. However, if there is only a single line supervisor on duty, the supervisor does not enter the housing pods and will observe the pods from the housing unit control room.

All required facility staff and inmate interviews were conducted on-site during the three-day audit. Staff interviews were held in an administrative conference room which afforded privacy for the staff interviews. The inmate interviews were held in an office that afforded privacy. The Auditor utilized the PREA Auditor Handbook table for determination of the number of inmate interviews to be held at the facility based on inmate population of 251-500. The inmate population of 295 on the first day of the audit required at least 26 inmate interviews with at least 13 from the target groups and 13 random interviews. Thirty-two (32) formal inmate interviews were conducted for 41 interview protocols and 30 inmates were informally interviewed during the facility tours, (21% of the 295-inmate population). The random inmate interviewees were selected by the Auditor from the housing unit rosters and designated lists of inmates provided by the facility. Random inmate interviews from different housing dorms (15), limited English proficient (3), disabled (1), youthful offenders (2), gay/bisexual/lesbian (6), and who disclosed sexual victimization (5) were interviewed. One inmate refused an interview. Interviews were not conducted for inmates placed in segregation housing for risk or reported sexual abuse. There were no inmates placed or housed in involuntary segregation housing for risk during the audit period. There were no inmates still housed at the facility that reported sexual abuse. The inmates interviewed knew the numerous methods to report, they acknowledged the zero-tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. The inmates indicated they felt safe at the facility, and they felt staff would be responsive if an incident occurred.

A total of 38 formal staff interviews was conducted and an additional 14 informal staff interviews were also conducted during the facility tours (56% of 93 staff). Staff was randomly selected from the three shift rosters and different departments within the facility (9). Additionally, specialized staff were interviewed including the Sheriff and Chief Deputy (Agency Head), Commander (Facility Administrator), PREA

Coordinator/Compliance Manager, Intermediate-Higher Level staff (3), Medical and Mental Health staff (3), Human Resource Manager, Contractors (4), Investigator, Program Staff for Youthful Offenders (1), Line staff Supervision for Youthful Offenders (1), Staff Who Perform Risk Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (1), Staff Who Monitor for Retaliation (1), First Responders (3), Intake staff (2), and Staff Who Perform Cross-gender Strip Searches (2). The Agency Head interview protocol was conducted with the Sheriff and Chief Deputy. Interview for Contract Administrator was not held; the agency does not contract to house inmates with another agency therefore does not have this position. No volunteers were interviewed, at the time of the audit, volunteers were not able to enter the facility due to COVID. There were no staff that conducted cross-gender searches during the audit period, however, the Auditor interviewed two staff on the process. The random staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

The Mercy Health System Corporation is utilized for forensic examinations by a SANE/SAFE provider and emergency medical care. The facility has an agreement with the hospital that was documented through a Memorandum of Understanding (MOU) from the Mercy Health System Corporation Vice President of Operations and the Sheriff dated July 7, 2021. Prior to a formal MOU the facility utilized the hospital as needed. An interview was conducted with a SANE nurse from Mercy Health Emergency Room regarding the SANE services provided at the hospital. The SANE stated the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list, or a trained emergency department provider could complete the sexual abuse examinations and evidence collection. There were no allegations that required a forensic examination at the local hospital during the audit period.

The facility has a MOU with Family Services of S. WI and N. IL (Sexual Assault Recovery Program - SARP) for victim advocacy services. This MOU outlines the victim advocacy services that would be provided through the forensic medical examination process and investigatory interviews including provide an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview process as requested by the victim; provide emotional support services to include emotional support, crisis intervention, information and referral; and work with the RECAP (Rock County Education and Criminal Addiction Program) facilitator to identify and provide services to sexual assault survivors who are participating in the RECAP program. The MOU outlines the emotional support services may be conducted by mail, in person, by telephone, or an approved telecommunication method. The victim advocate will obtain consent and a release of information from the victim before reporting an incident of sexual abuse, any fears or concerns the victim has related to safety or disclosing other confidential information to the facility. The Auditor interviewed a representative from the Sexual Assault Recovery Program who confirmed the services provided to the facility.

There were six allegations reported during the audit period, five within the facility and one report from another facility of an incident that occurred at Rock County Jail. The five of the allegations reported at the facility were one staff-on-inmate sexual assault, three inmate-on-inmate sexual harassment, and one staff-on-inmate sexual harassment. All the cases had completed investigations. The staff-on-inmate sexual assault was found unsubstantiated. Of the three inmate-on-inmate sexual harassment; one was unfounded and two were unsubstantiated. The one staff-on-inmate sexual harassment was determined unfounded. The incident reported by another agency was an inmate-on-inmate sexual abuse. The case was investigated and determined unfounded. The Auditor reviewed the six investigation files.

An exit meeting was conducted by the Auditor at the completion of the on-site audit with the Chief Deputy, Commander, Jail Administrator, and the PREA Coordinator. The Auditor discussed observations made

during the on-site portion of the audit and was able to give some preliminary findings. Within the facility, tension was nonexistent between staff and inmates, especially under the current COVID situation and restricted movement at the facility. The Auditor observed constant positive interactions between staff and inmates throughout the on-site visit. Both staff and inmates interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual abuse or harassment if needed. The inmates stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared the staff was professional and trained in their PREA knowledge and responsibilities. Key facility staff during the audit included the PREA Coordinator, Jail Administrator, Commander, and Chief Deputy.

While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance on 25 standards: 115.13, 115.14, 115.15, 115.16, 115.17, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.41, 115.42, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.67, 115.71, 115.81, and 115.88. The compliance issues and actions taken for compliance will be addressed under the appropriate standard in the narrative section. Recommendations were also shared with the facility. The recommendations will also be shared under the appropriate standard. The Auditor thanked the Chief Deputy, Commander, Jail Administrator, PREA Coordinator, and the staff of the Rock County Sheriff's Office for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked the facility for the hospitality received and the professionalism provided by all staff during the visit.

The initial forty-five days from the day of the on-site audit for the interim or final report was extended upon mutual agreement between the agency and the Auditor, based on the Auditor's request. The Auditor had unforeseen on-going medical concerns for herself and family that extended beyond the 45 days and the corrective action period. The Auditor thanks the agency in their understanding of this situation. The facility provided all the requested information for compliance by the extended date agreed upon and before the corrective action period.

The Auditor based the decision of standard compliance on data gathered during the on-site audit; review of documentation; observations during the tour of the facility; interviews with staff and inmates; staff and inmate file reviews; review of investigative files, and the agency and facility's policy and practices review. The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

Facility Characteristics

The Rock County Jail is a county jail under the authority of the Rock County Sheriff's Office. The facility is located within the city of Janesville, Wisconsin. The facility has a designed facility capacity to hold 494 inmates. The facility houses custody levels of minimum, medium, and maximum. The facility holds both pretrial and sentenced inmates, which include inmates with local charges, probation/parole inmates, and occasionally inmates housed for other jails. The facility houses juveniles/youthful inmates. The age of majority in the state of Wisconsin is 17. The facility will house inmates that are 17 years of age per the state law. The age range of the inmate population during the audit year was 17-80 years old. The inmate population was 295 on the first day of the audit. The average daily population for the audit period was 358 inmates. The average length of stay is 34 days. There were 3,578 inmates admitted to the facility during the last 12 months with 2,068 inmates whose length of stay was over 30 days. At the time of the audit, the facility population was reduced due to the COVID-19 pandemic.

The facility's jail operations are contained within one building which has four floors. Within the facility, there

are operational support areas for administration, visiting, food service, education, property storage, inmate housing, medical, garage, laundry, booking/intake/discharge, central control, and courtrooms. The housing unit types are general housing, special management housing, segregation, and general dorms. What inmate movement is required through the facility, it is accommodated through corridors and is monitored by correctional officers, master control by cameras, and by the housing unit control room.

The secure side of the facility is the inmate housing with four floors. There are four housing units A, B, C, and D. Housing units A and C are on the first floor. B and D housing units are on the third floor. All the housing units are of the same design consisting of four housing pods (A, B, D) and one housing unit with five housing pods (C). Each of the housing units are two tiered. The housing pods are centered around a housing unit control center that has visibility into each housing pod. Housing Unit A, B, and D housing consists of pod 1 with 12 double bunked cells, pod 2 with 8 double bunked cells, pod 3 with 8 double bunked cells, and pod 4 with 12 double bunked cells. In Housing Unit A pod 1, the four lower-level cells have barred doors. Housing Unit D pod D3 houses females. Housing Unit C housing consists of pod 1 with 12 double bunked cells, pod 2 with 8 double bunked cells, pod 3 with 8 double bunked cells, pod 4 with 8 double bunked cells, and pod 5 with 4 double bunked cells. Housing Unit C, pod C2 is utilized as a segregation unit and the facility's practice is to only use each cell for a single housing placement. Pod C5 is for female housing after booking and before classification occurs. The facility changed the use of Pod C5 after the on-site audit to a youthful/juvenile housing unit as needed. These housing units are under direct supervision from the housing unit control center and indirect supervision by roving staff. Each cell has a toilet and wash basin. Each housing pod has two showers with doors. Each housing pod has an intercom directly into the housing unit control center and the main control center. The housing pods have two cameras above the housing pod entrance door with one viewing the upper range and one viewing the lower range. The dayrooms contain two telephones and a KIOSK that contains the Inmate Rule Book.

The Huber program utilizes the E and F housing units. Each housing unit consist of three dorms, East, West, and North. Housing Unit E is located on the second floor and Housing Unit F is located on the third floor. The Housing Unit E East dorm consists of 38 beds, West dorm 38 beds, and North dorm broken into four sections with two sections housing 8 and the other two sections housing 4. The West dorm houses females. The Housing Unit F East dorm consists of 28 beds, West dorm 28 beds, and North dorm broken into four sections with three sections housing 4 and the other section housing 12. These housing units are under direct supervision. The bathrooms consist of three toilets with half wall barriers between the toilets and one shower stall with curtains. Housing Unit F was closed during the on-site audit.

The medical unit is located on the first floor with six individual cells and a dorm with three housing sections with 2 beds. The booking area has nine holding cells and the intake area has one holding cell. Master Control is centrally located in the secure area of the jail, with Central Control being located in the front of facility in the lobby area to address the public. In addition, this facility has a full-service kitchen, as well as visitor's video visitation room which is set up with kiosks, and a professional visitor's visitation booth. The second floor is utilized by courts for the in-house Jail Court. The fourth floor has program rooms for educational purposes and storage. The facility also includes a vehicular sally port which is located adjacent to the intake (Booking) area.

Areas where inmates work are the kitchen, laundry, and the garage. During the audit, inmate workers were at a minimum to a no work level. The kitchen has an open design that allows direct supervision by staff with mirrors to assist with observation of the inmates. The kitchen coolers, freezers, and dry storage are always locked and accessed only by staff and inmates working in those areas are under direct supervision. The current staff posts and the staff roving through the area provides supervision coverage. The laundry area is separated into two areas by a wall which created a blind spot into one area. The

facility installed a mirror to eliminate the blind spot. Supervision is provided through random security rounds by staff and staff passing through the hall. The education rooms have direct supervision by program staff when classes are occurring and roving correctional officers. The education lab rooms had blind spots in the corners, the facility eliminated the blind spots by the installation of mirrors. All program and service areas have staff supervision through post assignments or roving and supplemental supervision through cameras.

The master control center is manned by staff 24 hours a day 7 days a week with one to two officers that observe all the facility cameras and controls doors. The central control center monitors the entry into the facility and monitors the cameras, all radio traffic, and intercom system. The Auditor observed the camera monitors and there was cross-gender viewing of the toilets in the medical and booking holding cells.

The facility has 93 staff positions who may have contact with inmates. The security section consists of the Jail Commander, Jail Administrator (Captain), Sergeants (5), Corporals correctional supervisors (5), and correctional officers. First shift has one assigned Sergeant and three Corporals, one of which is assigned as a Classification supervisor. Second shift has three assigned Sergeants. Third shift has one Sergeant and two Corporals. This allows for coverage seven days a week. Each shift is responsible for the oversight of the entire facility. Should there be no supervisor, Patrol Division Sergeant will cover the Jail. In case a Patrol Sergeant not being available, the Jail will be covered by overtime. The facility operates three shifts, first shift 6:30 am – 3:00 pm, second shift 2:30 pm to 11:00 pm, third shift 10:30 pm – 7:00 am. Correctional officer assignments are not fixed assignments and officers are rotated throughout the facility on a daily basis and could work in multiple locations throughout their work week. Minimum staffing levels in the jail have been established as fourteen officers on 1st and 2nd shift. Additionally, there are two Classification Officers, Monday through Friday, aside from classification duties, these officers assist with emergency calls and are utilized as manpower in case of an unexpected call-in sick. There are two Court Rovers scheduled from 11:00 am to 8:00 pm Monday through Friday, who also assist when needed and in case of emergencies. The minimum staffing level on 3rd shift are ten officers. Additionally, the facility has a minimum of one assigned healthcare nurse, and one supervisor for 1st and 2nd shift. Staffing levels on weekends and holidays for 1st and 2nd shift are fifteen officers, one supervisor, and one healthcare staff member. On 1st and 2nd shift, each housing unit is staffed with one correctional officer (Unit Officer) in the housing unit control center which is centrally located. The assigned officer has visual and audio oversight of each housing pod. This post is tasked with supervising all pods within the housing unit, feeding and retrieving dinner utensils, tending to inmates' requests, and has control of all section doors. In addition, there are two rovers assigned to the secure side. These officers are responsible for making safety security checks in each pod every hour at irregular intervals. This requires the officers enter and walk through all pods of the housing unit. The Unit Officer monitors the officer's conducting the safety security checks and controls the doors through each section. Video and audio monitoring enhances the Unit Officer with supervision of all inmates and the safety security checks. On 3rd shift, there is one officer assigned to Housing A and B Units and one officer assigned to Housing C and D Units.

Unit positions are workstations within the Jail that must be filled for 8 ½ hours a shift, 24 hours a day seven days a week (Master Control, Housing Units A, B, C, D, E, F, F-East direct supervision, medical unit, and Booking). Other assigned positions are three Rover positions, four Classification Officers scheduled Monday through Friday 7:00 am to 11:00 pm. Central and the Desk are clerical positions which are staffed Monday through Friday from 7:00 am to 11:00 pm. Central Control is manned by a correctional officer on weekends from 7:00 am to 11:00 pm. Master Control handles desk duties throughout the weekend. Shift Sergeants and Corporals are responsible for scheduling correctional officers to their daily assigned shift duties. If there are extra activities on any shift occurring in the jail, these positions are filled

by overtime. The minimum staffing number of officers must be maintained in the building. For scheduling shortfalls, such as vacation, family medical leave, etc., positions are filled by overtime to ensure proper staffing levels are maintained. In case of unforeseen events, such as a natural disaster, pandemic, etc., upper administration will develop a temporary staffing plan according to circumstance and event as needed.

Correctional officers assigned to units maintain visual and direct supervision monitoring of the inmates in their assigned housing areas. Officers enter the housing units once per hour to make direct safety security checks in each housing unit/pod. All security checks in Units A, B, C, D, Medical, and Booking can be tracked, reviewed, and monitored by Unit Officer, Master Control, and Supervisory staff by video. E and F-Unit are not equipped with video play back recording, however, video monitoring is available to the unit officer to assist in supervising the inmate population. Regardless of the video monitoring, officers are required to do hourly safety security checks and document each security check in their unit log. Shift supervisors are required to make unannounced rounds on each shift to all housing areas which are to be documented in the housing unit control logbooks by the officers. The logs were reviewed during the tour demonstrated the correctional officer housing pods rounds and the unannounced rounds by intermediate-level and higher-level supervisors into the housing unit. However, if there is only a single line supervisor on duty, the supervisor does not enter the housing pods and will observe the pods from the housing unit control room. The facility is equipped with an electronic system for recording rounds by officers and video monitoring cameras to supplement inmate supervision.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and outside of the buildings. There was a camera project in 2021 that added 100 additional cameras and updated existing cameras. There are now 140 cameras that provides full coverage of the facility. Cameras are located throughout the facility including each housing unit, booking, holding cells, medical holding cells, medical dayroom, secure hallways, sallyport, intake area, medical triage, court holding cells, kitchen, laundry and property room, loading dock, medical corridors, and exterior building cameras. The housing pods have two cameras above the housing pod entrance door with one viewing the upper range and one viewing the lower range.

All essential services within the jail are provided by outside contractors, including medical, food services, laundry, inmate counseling, and some educational services. County staff and volunteers provide other educational services.

The mission of the Rock County Sheriff's Office is to enhance the quality of life in Rock County by working cooperatively with the public to enforce the law, preserve the peace, reduce the fear of crime, and provide for a safe environment. Also, through the effective operations of the Rock County Jail, we must provide a safe, secure, and humane environment for those persons consigned to our custody. To accomplish this mission, we are committed to a set of values that guide our work and decisions and help us contribute to the quality of life in Rock County.

The facility is managed by a Jail Commander and a Jail Administrator (Captain).

Summary of Audit Findings

The PREA Audit of the Rock County Correctional Jail found forty-five (45) standards in compliance after the corrective action period. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in the narrative section of the report.

Number of Exceeds Standards: 0

Number of Standards Met: 45

- 115.11 Zero Tolerance of Sexual Abuse, PREA Coordinator
- 115.12 Contracting with other Entities for the Confinement of Inmates
- 115.13 Supervision and Monitoring
- 115.14 Youthful Inmates
- 115.15 Limited to Cross-Gender Viewing and Searches
- 115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient
- 115.17 Hiring and Promotion Decisions
- 115.18 Upgrades to Facilities and Technologies
- 115.21 Evidence Protocols and Forensic Medical Examinations
- 115.22 Policies to Ensure Investigation of Allegations for Investigation
- 115.31 Staff Training
- 115.32 Volunteer and Contractor Training
- 115.33 Inmate Training
- 115.34 Specialized Training: Investigations
- 115.35 Specialized Training: Medical and Mental Health
- 115.41 Screening for Risk of Victimization and Abusiveness
- 115.42 Use of Screening Information
- 115.43 Protective Custody
- 115.51 Inmate Reporting
- 115.52 Exhaustion of Administrative Remedies
- 115.53 Inmate Access to Outside Confidential Support Services
- 115.54 Third Party Reporting
- 115.61 Staff and Agency Reporting Duties
- 115.62 Agency Protective Duties
- 115.63 Reporting to Other Confinement Facilities
- 115.64 Staff First Responder Duties
- 115.65 Coordinated Response
- 115.66 Preservation of Ability to Protect of Inmates from Contact with Alleged Abusers
- 115.67 Agency Protection Against Retaliation
- 115.68 Post-Allegation Protective Custody
- 115.71 Criminal and Administrative Agency Investigations
- 115.72 Evidentiary Standard for Administrative Investigations
- 115.73 Reporting to Inmates
- 115.76 Disciplinary Sanctions for Staff
- 115.77 Corrective Action for Contractors and Volunteers
- 115.78 Disciplinary Sanctions for Offenders
- 115.81 Medical and Mental Health Assessments, History of Sexual Abuse

115.82 Access to Emergency Medical and Mental Health Services
115.83 Ongoing Medical and Mental Health Care for Sexual Abuse
115.86 Sexual Abuse Incident Reviews
115.87 Data Collection
115.88 Data Review for Corrective Action
115.89 Data Storage, Publication, and Destruction
115.401 Frequency and Scope of Audits
115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.13(a)(c) Supervision and Monitoring

- The facility had not developed a staffing plan that addressed all elements of the standard or completed an annual review.
- The facility developed and submitted a staffing plan that addresses all elements of the standard with an annual review. The staffing plan was submitted to the Auditor for review and the staffing plan demonstrated compliance with the standard subparts. The facility has met substantial compliance.

115.13(b) Supervision and Monitoring

- Unannounced rounds are not completed within the housing pods. Supervisors make rounds to the housing unit control center but noted they do not make rounds within the housing pods, also confirmed through officers and inmates' interviews.
- The facility addressed unannounced rounds through an email dated April 20, 2021, from the PREA Coordinator directed to all supervisors that stated, "The minimum standard is at least 1 per month per shift, however, auditors tend to fail agencies if they do fewer than two. At least two are recommended. Therefore, I'm changing the requirements to this standard. We will no longer do unannounced checks every day. We will be doing 3 unannounced checks month, no less than that! You can do more if you have time and would like to, however, 3 unannounced checks will be our minimum. I have put together a binder with three tabs, one per shift. Each tab contains a form from DOJ that we will be utilizing for documenting our checks. You can continue to log your checks in your Spillman log, though it is not necessary. The form contains an area where we will be able to document anything noteworthy. The binder is white, and it will be located on the 2nd shift desk with a label, Unannounced Rounds." The Auditor informed the facility that the practice did not meet the standard. The PREA Coordinator then addressed unannounced rounds again through an email on May 5, 2021, that stated, "we will have to go back to daily unannounced walk-through checks. After checking with DOJ/DOC to seek a 2nd opinion, I was notified daily checks are needed. This is what the auditor told me as well, but I wanted that second opinion. I know this is not ideal and it takes a lot of time, but there is no way around it. Also, we will continue to document the unannounced checks in the binder. NOTE: unannounced checks must be random. The auditor will be checking for patterns and if we are always doing the checks at a specific time, we will not be compliant, therefore, please do the checks randomly." The Jail Administrator (Captain) further directed supervisors through an email, that stated, "During the PREA audit, it was determined that supervisor security checks to the local unit checks are not sufficient per PREA standards, and we are uncompliant. Supervisor checks must be unannounced and must be in each section. Effective

immediately, supervisors will go back to doing walk-through checks through all sections, providing we have two supervisor working the shift. These checks must be unannounced and random on each shift (Policy 606.4(m)). Per PREA, section 115.13, these checks will be unannounced unless it is necessary for operational consideration. Supervisors doing the unannounced checks will be required to log their checks in their daily log. Unit officers will continue to document the supervisor check with the name of supervisor with an added notation that the supervisor walked through the sections.” The PREA Coordinator shared with the Auditor through conversations and emails, that our agency will not compromise the safety when one supervisor is working per shift and in those situations the supervisor will enter the housing unit and observe the pods through the housing unit control without walking through the pods. The walk-through checks of the pods will occur when there are two supervisors on the shift. The facility is finding strategies to complete unannounced rounds when there is only one supervisor including during head count or a lock down time. The facility also developed a tracking form, PREA Unannounced Round Documentation, for the supervisor to complete each shift. The facility provided documentation of the documented unannounced rounds through completed forms. The facility has met substantial compliance.

- Supervisors were not aware of the policy or post orders regarding that any staff member found providing notice to other staff regarding supervisory or executive rounds shall be subject to disciplinary action.
 - The supervisor staff received refresher training on policy and a memo to the Supervisors from the Captain stated, “there was concerns with Supervisors not being aware that officers will be subject to discipline if it is found they are alerting other unit officers of supervisors coming through for unannounced checks. Officers need to be made aware that this is a violation and progressive discipline will be followed.” The facility has met substantial compliance.
- The Auditor identified blind spots during the facility tour: blind corners in each of the educational computer labs; dry storage in food service has blind area right of the door from kitchen; the alcove at the end of the ovens in the kitchen is a blind spot, and the laundry room area right of the door.
 - The facility eliminated the blind spots through the installation of mirrors. The facility provided photos of the mirrors installed and the supervision coverage of the areas. The facility has met substantial compliance.
- The Auditor observed that staff supervision and monitoring is compromised to protect inmates through the acceptable practice of allowing inmates to create blind areas through homemade clothesline with sheets and towels hanging and also reducing appropriate lighting by the coverage of lights in the cells.
 - The facility addressed the issue by refresher training through a memo to all correctional staff and supervisors that stated, “with respect to Supervision and Monitoring in the Huber Dorms, inmates are not allowed to hang sheets, towels, or clothing on their bunks. This blocks the ability for Officers to see through the bunks, creates a safety concern, and creates a PREA violation. This needs to be enforced without exception.” The facility has met substantial compliance.

115.14 Youthful Inmates

- Youthful inmates are housed with adult inmates. A youthful inmate shall not be placed in a housing unit where the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower, or sleeping quarters.
 - The facility has developed a housing plan for youthful offenders by establishing Housing Unit C pod 5 as housing for youthful offenders. The plan was provided to the Auditor on May 26, 2021. The memo was shared with all correctional staff and supervisors and directed; “youthful offenders will be held in Housing Unit C pod 5. Anytime a youth offender is placed in the section, a correctional

officer must walk him directly into the section. In situations where the facility has to house male and female youthful offenders, juvenile males will continue to be housed in Housing Unit C pod 5 and youth females may be housed in medical. Should there be no juvenile males, youth females will be housed in Housing Unit C pod 5. This plan has been implemented until a new plan is developed when the building project is completed.” The facility’s new youthful housing plan separates adult and youthful offenders by sight, sound, and physical contact. The facility met substantial compliance.

115.15(f) Limits to Cross Gender Viewing and Searches

- The Auditor observed cross gender viewing of toilets in multi areas during the tour. In housing areas where the policy requires having doors open at all times exposed the toilets for viewing; Housing Unit pod 2 lower-level cells have barred doors that allow viewing of the toilets; all holding cells in intake and booking; all medical holding cells; and Housing Unit E bathroom toilets.
- The facility has installed film to the medical and holding cell windows to block the view of the toilet eliminating the potential cross-gender viewing. In Housing Unit E and F, a partial barrier was installed that blocked viewing of the toilets. The facility is working on a solution for the Housing Unit A barred doors, including the replacement of doors. A memo to correctional officers and supervisors noted that “inmates must be given privacy when they are utilizing the toilet. Therefore, we will allow them to hang a sheet to cover only the view of the toilet. We will not allow them to hang the sheets covering the entire door or covering more than half the cell door. We must be able to see into the cells when walking through safety security checks and the unit local. The rule of thumb will be as follows: when the inmate is sitting on the toilet, you must be able to see their shoulder and above.” The facility also updated jail rule book to reflect the practice and it was added to the inmate tablets. The facility provided photographs for documentation. A memo from the PREA Coordinator also stated, “The cross-gender viewing of toilets in Booking holding cells and medical cells have been corrected by installing film across doors, blocking all toilet areas from view.” The facility has met substantial compliance.
- The Auditor observed cross gender viewing of toilets in multi areas of the facility through cameras/monitors in the control centers. Camera monitors in at the booking control center shows toilets views in the holding cells. The medical desk monitors show toilets views in the medical holding cells. The master control shows toilets views of the booking and medical holding cell toilets.
- The facility eliminated all potential cross gender viewing of toilets in the booking holding cells and medical cells by blocking the view of the toilets through placing a black square within the monitoring system. The facility submitted photos of the monitors from the medical desk, booking area, and the master control showing the black squares over the toilets. The facility has met substantial compliance.

115.15(f) Limits to Cross Gender Viewing and Searches

- Overall staff interviewed lacked knowledge of the proper procedures for transgender pat searches. Staff interviewed were not clear on how to complete a transgender search or would conduct a transgender search with a male and female staff member. Staff need refresher training on the appropriate method to conduct transgender pat-down searches.
- The facility developed a lesson plan, Understanding LGBTI Inmates and Residents. This lesson plan covered definitions and proper search procedures. The training covered that it is prohibited to search or physically examine a transgender or intersex inmate or resident for the sole purpose of determining genital status; cross-gender, transgender, and intersex pat-down searches must be done in a professional and respectful manner; best practices is to allow transgender and intersex inmates to choose the gender of the person to search them. Staff received refresher training through

the lesson plan at briefing and fall in-service training. The submitted lesson plan and training documentation demonstrated compliance. The facility has met substantial compliance.

115.16(a/b) Inmates with Disabilities and inmates who are limited English Proficient

- Inmates interviewed stated they did not receive information in a language they understand. The facility could not demonstrate the LEP inmates received information in a manner they understood. Disabled and limited English proficient (LEP) inmates are not provided opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment
- The facility provided refresher training in providing how to communicate with LEP inmates through the use of an interpretation line, staff interpreters, or other methods which includes providing PREA information/education the inmate can understand. A memo was sent to all correctional and supervisors that stated, "Anytime we have Limited English Proficient speaker (LEP), they must be given the same information. Realizing that the bulk of LEP are Spanish speaking, this will be accomplished by utilizing a Spanish speaking officer when available. If none is available, you must use the Language Line found in the booking area. The same will apply for LEP inmates of languages other than Spanish. Employees being utilized as interpreters for PREA purposes must generate a report in Spillman. We have created a PREA option as a "Nature" of incident. It goes without saying that another inmate cannot be utilized as an interpreter for this form." The facility submitted documentation of the Rock County Correctional Facility Personal Information Sheet for LEP inmates along with a report from the inmate's computerized file showing staff provided translation during the booking process including explaining PREA in Spanish and providing the PREA brochure in Spanish to the inmate. The facility has purchased a television and DVD player to play the PREA video in the booking area, the video has captions for the hearing impaired. The newly developed PREA Risk Assessment Screening has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided. The facility provided documentation of the PREA Risk Assessment form with the signatures of the inmates verifying the viewing of the video and receiving the brochure in a language they understand. The facility has met substantial compliance.

115.17(a) (f) Hiring and Promotion Decisions

- The application form nor the Personal History Questionnaire address the three administrative adjudication questions listed in the standard for contractors. The background packet has general criminal record questions.
- The facility updated the RCSO Personal History Questionnaire as part of the application process for applicants and contractors to include the three administrative adjudication questions. The Questionnaire requires the applicant and contractors to answer questions of: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; have you been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse, and have you ever been civilly or administratively to have engaged in the activity described." The facility provided documentation of three examples of the new form utilized asking applicants the three administrative questions. The facility has met substantial compliance.

115.17 (e) Hiring and Promotion Decisions

- The agency has not completed five-year background checks on current employees and contractors who may have contact with inmates.
- The facility completed the five-year background checks on all employees by March 9, 2021, and contractors and volunteers by March 11, 2021. The statement from the Sergeant conducting the

background checks stated, the background checks showed no offenses that were sexual in nature or suggestive of sexual misconduct. This information will be maintained in a secure folder labeled Background Checks 5 Years and place all pertinent paperwork and a copy of the Administrative Report in the folder. The facility has met substantial compliance.

115.21 (a/b) Evidence Protocol and Forensic Medical Examinations

- The facility did not provide the uniform evidence protocols utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions for compliance review.
- The facility utilizes the evidence collection protocols that are part of the DOJ training and the agency's evidence collection protocols for sexual abuse. The trained evidence technicians collect evidence. The PREA policy 606 also states, "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." The facility has met substantial compliance.

115.21(e) Evidence Protocol and Forensic Medical Examinations

- The agency must request that an outside agency follow the requirements of paragraph (a) through (e) of this standard when completing an investigation.
- Incorrect information was provided pre-audit and on-site about outside agencies conducting investigations. The agency has corrected the information provided to the Auditor. The agency does not use outside agencies for investigations. The agency utilizes the agency's Detective Bureau as needed for sexual assault investigations. Two detectives are trained to conduct PREA investigations. The facility has met substantial compliance.

115.22(a) Policies to Ensure Referrals of Allegations for Investigations

- All allegations of sexual abuse and sexual harassment must be referred for investigation and an investigation completed.
- The facility staff received refresher training that all allegations must be referred for investigation through in-service and briefings. The facility provided the in-service lesson plan, PREA Training for Correctional Staff and documented training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

115.31 (c) Staff Education

- All staff have not completed PREA training every two years to ensure all employees know the agency's current sexual abuse and sexual reassessment policies and procedures. Also, any law enforcement staff that may work in the facility and have contact with inmates must complete the PREA training.
- All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

115.32 Volunteer and Contractor Training

- All contractors and volunteers have not completed PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies.
- The facility has completed the training of all contractors and active volunteers. The training transcripts of two contractors was provided that documented PREA training in August of 2020. The facility has met substantial compliance.

115.33(a)(d) Inmate Education

- During the intake process, inmates are not receiving the facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The inmates currently sign acknowledge receiving PREA information prior to receiving the information (Personal Information Sheet). Inmates stated they did not receive the information.
- The facility has provided refresher training through written directive to all correctional staff and supervisors on providing inmates PREA information during the intake/booking process. The memo refresher training stated, "The risk assessment form will be completed during the actual booking process in the cubicle. During this time, the English brochure or Spanish material (if applicable,) will be given to each subject. Further, officers need to notify the inmate that we have a Zero Tolerance policy for sexual assault/harassment. Officers must also inform inmates that important phone numbers can be found in the material for reporting said allegations." The facility has purchased a television and DVD player to play the PREA video in the booking area for education. The newly developed PREA Risk Assessment Screening has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided. The facility provided documentation of the PREA Risk Assessment form with the signatures of the inmates verifying the viewing of the video and receiving the brochure. The facility has met substantial compliance.

115.33(b) Inmate Education

- Inmates are not provided comprehensive education within 30 days of intake. The practice is for inmates to observe the PREA video PREA What You Need to Know in booking. Inmates indicated they are not viewing the video in booking and other inmates acknowledged it playing however was not able to view since numerous inmates were shown the video at the same time on the small DVD player. Some other inmates stated the booking officers discourage them from watching the video by stating it is 30 minutes and boring. Officers acknowledged the video is not always offered to the inmate for viewing or they ask if the inmate wants to watch it.
- The facility has purchased a television and DVD player to play the PREA video in the booking area for comprehensive education. The correctional staff and supervisors received procedural direction stating, "When the video is being played, the regular television must be turned off. After the video is played, inmates will be required to sign off on the personal information sheet that they viewed the video. I realize that inmates typically fill out this form right at the on-set, which they can continue to do, however, they will have to wait and sign the form until after the PREA video is played. Booking officers will need to explain to each individual that they must wait to sign off on the sheet. The process of signing the personal information sheet will occur during the process of completing the PREA risk assessment form and after the PREA video is provided." The newly developed PREA Risk Assessment Screening has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided. The facility provided documentation of the PREA Risk Assessment form with the signatures of the inmates verifying the viewing of the PREA video and receiving the PREA brochure. The facility has met substantial compliance.

115.33(e) Inmate Education

- The agency must maintain documentation of inmate participation in these education sessions (intake process, comprehensive education).
- The facility developed a new PREA Risk Assessment Screening that has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided to document the inmate education. The facility

provided documentation of the PREA Risk Assessment form with the signatures of the inmates demonstrating the documentation of the inmate's participation in the PREA education. The facility has met substantial compliance.

115.33(f) Inmate Education

- In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Posters were not visible in the housing pods; they were taken down by inmates.
- The facility has posted the PREA educational information in the inmate housing areas and throughout the facility. The posters are under plexiglass to ensure they are not removed by inmates. The posters provide that the agency has zero tolerance for any form of sexual abuse or sexual harassment; how to report sexual abuse with phone numbers and addresses; and victim support services information. The facility provided photographs of the postings. The facility has also uploaded PREA information and the Jail Rule Book to the inmates' tablets. The facility has met substantial compliance.

115.34(c) Specialized Training: Investigations

- Not all investigators have received specialized training for investigations in a confinement setting. An investigation was completed by an untrained investigator.
- The agency determined all Sergeants, Corporals, Classification Officers, and Detectives will complete the investigative training through National Institute of Corrections (NIC). A directive was forwarded to the supervisors, Detective Bureau and Classification that stated, "All Supervisors, Detectives, and Classification will be required to take the PREA Investigator training through National Institute of Corrections at <https://nic.learn.com>. You will have to create an account and will receive an approval to utilize the site. There will be a variety of courses. You will all need to take the course titled, "Investigating Sexual Abuse in a Confinement Setting," located in under the PREA learning center. There is also a class for "Advanced Investigations (Detectives)," which is beneficial for all take. Once you complete the course, you will receive a certificate that you can print out." The facility has submitted training certificates of 12 staff who completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting class and one staff member that also completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting Advanced Investigation to demonstrate compliance. The facility has met substantial compliance.

115.41 (a) Screening for risk of victimization and abusiveness

- Although the risk assessment considers all the screening criteria required by the standard, the scoring of the instrument for victimization and abusiveness requires a high score where the offender would have to provide positive answers to all questions to identify at risk. This does not address the intent of the standard.
- The facility developed a new risk screening instrument, Rock County Correctional Facility PREA Risk Assessment Screening, for initial risk assessments and the 30-day reassessment. This form identifies five questions in the section of Risk of Victimization where a positive response and/or a score of four or more scores the inmate at risk of victimization and must also be referred to mental health. In the section of Risk of Being Sexually Abusiveness, if an inmate scores three or more positive responses, the inmate is considered at risk for abusiveness. Procedural direction was also provided to all correctional staff and supervisors that stated, "Review risk assessment forms via a face-to-face with-in 72 hrs to determine sexual victimization screening and abusiveness. Make appropriate housing determination based on PREA criteria to separate inmates with high risk of being sexually victimized from inmates with high risk of being sexual abusers. The risk assessment form will be utilized to make appropriate decisions reference housing, work, education, and program

assignments. Make referrals to Mental Health Specialist based on risk assessment form and individual screening. The referral will be made by providing the Mental Health Specialist with a copy of the risk assessment form.” The facility provided documentation of the new Rock County Correctional Facility PREA Risk Assessment Screening being utilized. The facility has met substantial compliance.

115.41 (g) Screening for risk of victimization and abusiveness

- The facility is not consistently conducting reassessments of inmates within 30 days of arrival determined by staff interviews and inmate file review. The facility is not completing reassessments of the inmate’s risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.
- The facility developed a new risk screening instrument, Rock County Correctional Facility PREA Risk Assessment Screening to be utilized for initial risk assessments and the 30-day reassessment. Procedural direction was provided to all correctional staff and supervisors that stated, “Conduct a face-to-face reassessment 30-days after initial assessment. Classification will reevaluate all PREA questionnaire and make any additional referrals to Mental Health Specialist if appropriate. If the individual identifies as transgender and is in our facility for an extended period of time, a reassessment must be completed at minimum twice per year.” The facility provided documentation of the new Rock County Correctional Facility PREA Risk Assessment Screening form being utilized for initial and 30-day reassessments to demonstrate compliance. The facility has met substantial compliance.

115.41 (i) Screening for risk of victimization and abusiveness

- The facility is not providing appropriate controls on the dissemination of the PREA risk screening form in order to ensure sensitive information is not exploited by staff or other inmates. The information is maintained in the inmate’s file and classification file that is accessible to all staff.
- The facility developed a method for appropriate controls of the PREA risk screening form in order to ensure sensitive information is not exploited by staff or other inmates. The facility requires the PREA Risk Assessment form to be forwarded to Classification to be maintained in a designated file cabinet with limited access. Upon the release of the inmate, all risk assessments forms will be forwarded to record keeping for storage. This procedural direction was shared with all correctional staff and supervisors through a memo on May 26, 2021. The facility has met substantial compliance.

115.42 (a)(b) Use of Screening Information

- The facility must use information from the risk screening to make individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. There is no documentation how the PREA risk screening is considered to make individualized determination. The housing determinations are based on security classifications.
- The facility developed a new risk screening instrument, Rock County Correctional Facility PREA Risk Assessment Screening, for initial risk assessments and the 30-day reassessment that identifies inmates at risk for victimization and risk of sexual abusiveness. This form is utilized by the booking officers when making initial housing placement to maintain the separation between victims/potential victims and abusers/potential abusers. With the classification reviewing the forms, it triggers them to do further victimization/predator assessments for housing. Classification reviews the form along with the custody level review to make final housing and programming placements. The facility provided documentation of the risk assessment screening with determined housing placements for compliance review; the new form, procedural direction, and sample files demonstrated compliance. The facility has met substantial compliance.

115.42 (d) Use of Screening Information

- Staff were not aware of the standard and policy requirements for completing reassessments on transgender inmates at least twice a year.
- The facility developed a new risk screening instrument, Rock County Correctional Facility PREA Risk Assessment Screening to be utilized for all initial assessments and reassessments. Procedural direction was provided to all correctional staff and supervisors that stated, “If the individual identifies as transgender and is in our facility for an extended period of time, a reassessment must be completed at minimum twice per year.” The facility has not housed a transgender inmate for a period of time that required a reassessment at six months. The new Rock County Correctional Facility PREA Risk Assessment Screening being utilized for reassessments and the procedural direction given to staff demonstrate compliance. The facility has met substantial compliance.

115.51 (b) Inmate Reporting

- There is not a method for the inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The current PREA hotline messages are forwarded to the classification office.
- The facility has developed a MOU with Walworth County Sheriff’s Office to receive confidential outside reporting from the public or from inmates wishing to report a PREA allegation that occurred at Rock County Jail. The MOU was signed on April 26, 2021. The MOU outlines the Walworth County Sheriff’s Office will receive the complaint in a confidential manner if the reporting person so requests which allows inmates to report anonymously. The inmates are provided this information on a posting with the phone number for Walworth County Sheriff’s number. The correctional staff and supervisors were informed of the new process through a procedural directive memo. The facility has met substantial compliance.

115.51 (d) Inmate Reporting

- Staff were unaware how they could report privately report sexual abuse and sexual harassment of inmates. The current method of documenting and submitting information through the electronic system allows other staff to view the reports.
- The facility provides a method for staff to privately report sexual abuse and sexual harassment of inmates to the Jail Commander, the agency’s Detective Bureau (outside entity from the facility), and the Walworth County Sheriff’s Office. This information is available to staff in the PREA policy and presented during annual training. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

115.52 Exhaustion of Administrative Remedies

- The policy needs to address timeframes for sexual abuse and harassment grievances decisions including emergency grievances.
- The facility has updated Policy 609 Inmate Grievances to include the required timeframes for sexual abuse and sexual harassment grievances that mirror the standard. The updated policy states, “Inmates may submit a grievance regarding an allegation of sexual abuse at any time, no limit shall be imposed... The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the

inmate in writing of any such extension and provide a date by which a decision will be made... Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Jail Captain, who will investigate and issue a final decision within 5 calendar days." Policy updates were provided to all correctional staff and supervisors through shift briefings and annual in-service. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility had no grievances related to sexual abuse during the corrective action period. The facility has met substantial compliance.

115.52 (b) Exhaustion of Administrative Remedies

- The policy needs to address standard provisions (d)(2), (d)(3), and (d)(4).
- The facility has updated Policy 609 Inmate Grievances to include language that addresses all provisions of 115.52(b). Policy 609 Inmate Grievances states, "The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired." Policy updates were provided to all correctional staff and supervisors through shift briefings and annual in-service. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility had no grievances related to sexual abuse during the corrective action period. The facility has met substantial compliance.

115.52 (d) Exhaustion of Administrative Remedies

- The policy needs to address standard provisions (f)(1) and (f)(2) regarding the timeframe for the final decision of an emergency grievance.
- The facility has updated Policy 609 Inmate Grievances to include the required timeframes for sexual abuse and sexual harassment grievances that mirror the standard. The updated policy states, "The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made." Policy updates were provided to all correctional staff and supervisors through shift briefings and annual in-service. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility had no grievances related to sexual abuse during the corrective action period. The facility has met substantial compliance.

115.53 (b) Inmate Access to Outside Confidential Support Services

- The policy cited for compliance addressing victim advocacy services during the forensic exam process and does not address accessibility of emotional support services at other times for inmates.
- The facility updated Policy 606 to address emotional support service information available other than during the forensic exam, "The facility 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, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.” A memo from the PREA Coordinator dated May 26, 2021, to provide refresher training to all correctional staff stated, “The purpose is to provide all staff training with respect to access to outside confidential support services. In compliance to PREA (28 CFR 115.53(b)), we must offer victims of sexual abuse the ability to seek confidential emotional support services outside of this facility. Although this information is provided to each inmate in the brochure during the booking process, it is important everyone has this information readily available. This resource is in addition to our in-house Mental Health Specialist and Sexual Assault Recovery Program advocate (SARP). Rock County Sheriff’s Office is partnered with the following outside provider: Family Services Main Office, 416 College St, Beloit, WI 53511, (608) 365-1244 or Family Services Janesville Office, 205 N. Main St, Janesville, WI 53546, (608) 365-1244. This resource should be provided to inmates any time there is an incident of sexual abuse. It should also be provided to offenders that may need emotional support services for incidents that occurred previously to incarceration.” This information is also available to inmates on postings in the housing units. The MOU, refresher training memo, and photo of the posting demonstrated compliance. The facility has met substantial compliance.

115.54 Third Party Reporting

- The agency does not distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.
- The facility has updated the website information to provide reporting methods for the public. The website information states, “If you, or someone you know, is a victim of a sexual assault that occurred while housed in the Rock County Jail, we want you to REPORT IT IMMEDIATELY. Reports can be made verbally, in writing and may remain anonymous. However, the more detailed information you provide, including your name, the name of others involved and the specific locations of the incident, the better we can investigate the actions. A PREA Hotline phone number has been established for you to directly report such incidents of sexual misconduct. To make a report of sexual misconduct utilizing the PREA hotline number: From outside the facility dial: 608-757-8039: From inside the facility: Press 1 for English, 2 for Spanish, then * 91; To make a report to an outside source of sexual misconduct utilizing the Walworth County Sheriff’s Office: From outside the facility dial: 262-741-4520.” The facility met substantial compliance.

115.61 (a) Staff and agency reporting

- Staff need to report all allegations of sexual abuse or harassment. A staff member stated that all allegations are not reported. In the RCAP program there are numerous allegations of sexual harassment, when reported these allegations are reviewed with the supervisor and they a determination whether to remove the offender from the program. These are not reported to the investigators.
- All correctional staff and supervisors were provided refresher training through a memo dated May 26, 2021. The memo to all correctional staff and supervisors stated, “The purpose is to provide all staff with refresher training in respect to reporting all allegations of sexual abuse or sexual harassment. During the PREA audit and interviews, it was disclosed that not all allegations of sexual harassment are reported to a PREA Investigator. The Rock County Sheriff’s Office has absolutely ZERO tolerance against any acts of sexual abuse or harassment regardless of how minor it may be. There is no exception to this rule. Per our PREA policy 606, any knowledge, suspicion, or information regarding an incident involving sexual abuse or sexual harassment must be reported to your immediate supervisor. Every allegation must be investigated by a PREA Investigator. It is important that each Officer review the policy and pay close attention to section 606.7 (First Responders). All Officers are considered First Responders and this section applies to each and

every one of you. Anytime you receive a complaint, allegation, or report of sexual abuse or sexual harassment, you will be required to generate an Admin Report. These reports will no longer be entered into Spillman. This information must be maintained confidential and shall be distributed on a need to know basis. Your Admin Report will be given to your supervisor, which will be attached to the PREA investigation.” Reporting requirements are also provided through the PREA policy and presented during annual training and briefings. All correctional employees have completed training through in-service in 2021. The facility has provided the refresher training memo, lesson plan, PREA Training for Correctional Staff, and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

115.61 (d) Staff and agency reporting

- Medical and mental health staff were not aware that for a youthful offender (under the age of 18), the agency must report the allegation to the designated State or local service agency under applicable reporting laws. Staff considers all inmates as adults.
- The facility provided refresher training to all nursing staff and jail Supervisors through a memo dated May 26, 2021. The refresher training memo stated, “The State of Wisconsin adjudicates youth offenders under the age of 18, who commit adult crimes, as adults for the purpose of prosecution. However, per PREA standards, individuals housed in our facility who are 17 years of age or younger are considered minors. Therefore, mandated reporting laws continue to apply for said subjects. Wisconsin law (48.981(2)) requires that any mandated reporter who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected, or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that the abuse or neglect of the child will occur, make a report to the county CPS or law enforcement. Additionally, Wisconsin Law (175.32) requires that any mandated reporter who believes in good faith, based on a threat made by an individual seen in the course of professional duties regarding violence in or targeted at a school, that there is a serious and imminent threat to the health or safety of a student or school employee or the public, make a report to law enforcement. Reports of suspected child abuse and neglect can be made to the county where the child resides or to the law enforcement of where the child resides or to the law enforcement of where the possible abuse and/or neglect occurred. Reports of suspected school violence must be made to law enforcement. It’s important to note the following: Persons making reports in good faith are immune from criminal and civil liability; A person who is mandated to report suspected child abuse or neglect will be informed by the county what action, if any, was taken to protect the health, safety, and welfare of the child who is the subject of the report; Penalty: Persons required to report, who intentionally fail to report suspected child abuse or neglect or threats of school violence may be fined not more than \$1,000 or imprisoned not more than 6 months or both (§ 48.981(6)).” The medical staff also has completed PREA and HIPAA in Correctional Health Care as documented through submitted training transcripts. With the refresher training for medical staff, the facility has demonstrated compliance. The facility has met substantial compliance.

115.62 Agency Protection Duties

- The policy addresses when an allegation is made, it does not address when an inmate is subject to a substantial risk of imminent sexual abuse and the action taken to protect the offender. Staff were not aware of the actions to take if an inmate is subject to a substantial risk of imminent sexual abuse and the action taken to protect the inmate in the housing units. They all addressed the booking process if an inmate discusses sexual abuse or fear of abuse.
- The facility updated Policy 509 Inmate Classification. The policy update states, “If an inmates is identified as being in substantial risk of imminent sexual abuse, decisive and corrective measures will be taken on a timely manner to protect those inmates at high risk from sexual abuse. Staff

identifying an at risk inmate of sexual abuse, based on but not limited to, inmate behavior, information received, or observations, must remove the at risk inmate from said risk. The inmate must be placed in a safe location pending a thorough review or investigation. When necessary, keep separates shall be documented, monitored, and extended as necessary. PREA keep separates shall be reviewed by Classification and PREA Coordinator prior to removal.” The facility has provided the refresher training memo, lesson plan, PREA Training for Correctional Staff, and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

116.63 (d) Reporting to Other Confinement Facilities

- The facility’s policy does not address the actions taken when the facility is notified of a sexual allegation by another facility that occurred at your facility.
- The facility has updated Policy 606 PREA to include the procedural directives when the facility is notified by another agency that an incident occurred at the Rock County Jail. The updated policy states, “If another facility notifies the Rock County Sheriff’s Office of a report of sexual abuse or sexual harassment which occurred while the inmate was in our facility, the allegation must be investigated according to 28 CFR 115.81. Every step will be made to determine: When the incident occurred; Where the incident occurred; All parties involved in the incident; Notify the victim of confidential victim advocacy providers and emotional support services related to sexual abuse and sexual harassment; Determine if the incident was previously reported and investigated by our facility; Notify the reporting facility by providing them with the necessary documentation that the allegation has been investigated, and Notify the victim of the outcome of the investigation.” The facility has provided refresher training through briefings, policy updates, and annual in-service with lesson plan, PREA Training for Correctional Staff. Training certificates of 221 employees were provided along with the updated policy to demonstrate compliance. The facility has met substantial compliance.

115.65 Coordinated Response

- The agency does not have a facility written institutional plan for coordinated response of a sexual abuse incident.
- The facility developed a facility written institutional plan, PREA Coordinated Response Plan, that outlines the actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility has provided training of the PREA Coordinated Response Plan through staff briefings, policy updates, and annual in-service with lesson plan, PREA Training for Correctional Staff. Training certificates of 221 employees were provided along with the updated policy to demonstrate compliance. The facility has met substantial compliance.

115.67 Agency Protection Against Retaliation

- The facility did not provide documentation to demonstrate retaliation monitoring on the victims and/or involved individuals in a sexual abuse incident. Staff acknowledged retaliation monitoring was not occurring. The agency has not designated a staff members charged with monitoring retaliation.
- The facility developed a form to document retaliation monitoring, Retaliation Monitoring Form. The form captures the name of the individual being monitored; the staff monitoring; reason for monitoring; sections for review notes every 30 days including the monitoring actions taken and documentation that was reviewed as part of the monitoring; and additional comments. The form also captures the staff member conducting the monitoring interview, the date, and the location of the interview. The form directs staff that, “Pursuant to PREA standard 115.67, it is RCSO’s policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with

sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The alleged victim and reporter of sexual abuse or harassment shall be monitored for a minimum of 90 days for any evidence of retaliation. RCSO shall act promptly to remedy any such retaliation. In accordance with this PREA standard, the obligation to monitor shall terminate if RCSO determines that the allegation is unfounded.” The agency has designated the PREA Coordinator as the individual responsible to monitor retaliation. The facility provided eight examples of retaliation monitoring utilizing the Retaliation Monitoring Form completed through interviews with the PREA Coordinator. It was noted that all inmates shared no retaliation occurred. The facility has met substantial compliance.

115.71 (b) Criminal and administrative agency Investigations

- A sexual harassment investigation was completed by an investigation that had not completed special training for sexual abuse investigations pursuant to 115.34.
- The facility required investigator training for all Sergeants, Corporals, Classification Officers, and Detectives to ensure adequate number of investigators on each shift and within the facility to conduct PREA investigations. A directive was forwarded to the supervisors, Detective Bureau and Classification that stated, “All Supervisors, Detectives, and Classification will be required to take the PREA Investigator training through National Institute of Corrections at <https://nic.learn.com>. You will have to create an account and will receive an approval to utilize the site. There will be a variety of courses. You will all need to take the course titled, “Investigating Sexual Abuse in a Confinement Setting,” located in under the PREA learning center. There is also a class for “Advanced Investigations (Detectives),” which is beneficial for all take. Once you complete the course, you will receive a certificate that you can print out.” All Sergeants, Corporals, Classification Officers, and Detectives completed the investigative training through National Institute of Corrections (NIC). The facility has submitted training certificates of 12 staff who completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting class and one staff member that also completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting Advanced Investigation to demonstrate compliance. Policy 606 PREA requires all allegations shall be investigated by staff that has received training. The facility has met substantial compliance.

115.81 Medical and Mental Health Screening for Prior Victimization of Sexual Abuse

- Inmates that disclosed sexual victimization are not referred to medical and mental health to be seen by medical and mental health within 14 days of intake screening. This was confirmed through interviews and documentation review of medical and mental health files.
- The facility revised the procedure for the referral to medical/mental health of inmates that disclose previously sexual abuse. The revised protocol directs the booking officers send all PREA Risk Assessment Forms to Classification. Classification are the only ones who make the referrals to mental health by reviewing the forms and all forms that note a referral need will be forwarded to mental health. The new PREA Risk Assessment Screening Form contains a section, Referral to Mental Health Specialist, that records if a referral is made; the staff member that made the referral, and date of referral. In the examples provided to the Auditor, the mental health practitioner noted on the form the date the referral was received and the date of the mental health contact. The facility also provided mental health notes for the referred inmates to document mental health referral and contact within 14 days. The facility has met substantial compliance.

115.88 (b) Data Review for Corrective Action

- The website has the annual Stat reports. The Stat report does not address the requirements of an annual report. The annual report needs to include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

- The facility has expanded their Annual Report format to include narrative that outlines Rock County Sheriff's Office zero tolerance policy, investigation process including disciplinary sanctions and prosecution for violations for inmates, staff, contractors, and volunteers. The report explains the different outcomes with definitions. The statistics include the total number of inmate-on-inmate non-consensual abusive sexual contacts, inmate-on-inmate sexual harassment, staff sexual misconduct, and the staff-on-inmate sexual harassment allegations. It compares data from the previous year, noting that the overall number of reported PREA complaints have decreased from 11 in 2019 to 5 in 2020. The 2020 PREA Stats Report include the location of the incident, number of victims, number of perpetrators, age and race of victim and perpetrator, if injuries were sustained, type of incident, outcome of investigation, and if referred for charges for each incident. The website contains the reports for public information. The facility has met substantial compliance.

The facility has met substantial compliance with all standards.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator/Compliance Manager

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator/Compliance Manager? Yes No
- Is the PREA Coordinator/Compliance Manager position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator/Compliance Manager have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11(c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policy 606 Prison Rape Elimination Act mandates zero-tolerance towards all forms of sexual abuse and sexual harassment. Policy 606 states, "This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.11)." The policy also states, "This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." The policy provides definitions of sexual abuse and general PREA definitions. The policy also provides procedural direction within sections of preservation of ability to protect inmates; PREA Coordinator; reporting sexual abuse, harassment, and retaliation; reporting to other facilities; reporting from another facility; retaliation; first responders; sexual abuse victims; emotional support services; examination, testing, and treatment; sexual abuse and sexual harassment investigations; investigation findings: reporting to inmates; sexual abuse by contractor or volunteer; protective custody; sexual abuse incident review; data reviews; and records. Through the PREA information available for viewing including the PREA informational postings (Zero Tolerance, No Means No, and Speak Up), PREA brochure End the Silence, PREA video What You Need to Know, and the Inmate Rule Book, along with interviews with staff and inmates it was apparent that the agency is committed to zero tolerance of sexual abuse, sexual assault, sexual harassment, and retaliation.

The agency operates one facility and has appointed a PREA Coordinator that oversees the facility's PREA compliance. Policy 606 states, "The Jail Commander shall appoint a supervisor with sufficient time and authority to develop, implement, and oversee office efforts to comply with PREA standards. The PREA Coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Jail Commander." A Sergeant is the agency's PREA Coordinator. She was new to the position in November 2020, about three months prior to the on-site visit. She reports directly to the Jail Administrator and has access to the Jail Commander as needed for PREA issues. The Jail Commander and Sheriff indicated in their interviews that the PREA Coordinator has the authority to manage the facility's PREA Program. The PREA Coordinator shared the PREA responsibilities include investigations, conducting rounds in the housing units, interviews with any inmates with PREA related concerns, monitors for any instances of retaliation, educates staff, monitors the facility for compliance through spot checks, and the audit process.

The PREA Coordinator said she has enough time to manage all the PREA responsibilities, although it is challenging completing the PREA responsibilities working second shift. During the interview with the PREA Coordinator, she was knowledgeable of the facility's PREA policies and procedures and her responsibilities for coordinating the facility's efforts for compliance with the PREA standards. The PREA Coordinator said if a PREA standard compliance concern was identified, she would take action to correct the issue, inform the Jail Administrator and Jail Commander of the issue, develop a corrective action plan with appropriate staff, and follow-up to ensure the corrective action was completed. The PREA Coordinator was knowledgeable and active in the audit process. Although the PREA Coordinator's position was not reflected on the organization chart, the facility has acknowledged the position within policy.

The Auditor determined compliance through the interview with the PREA Coordinator, review of PREA information available to staff and inmates, and review of agency's policies.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 states, "Ensuring that any contract for the confinement of Rock County Sheriff's Office detainees or inmates includes the requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28CFR 115.187. Any new contract or contract renewal shall provide for office contract monitoring to ensure that the contractor is complying with the PREA standards." The agency does not contract for the confinement of inmates with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator and the Jail Commander.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the

need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13(d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act outlines the requirement of a staffing plan. The policy states, "Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated; the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors." Policy 201 Financial Practices states, "The Sheriff shall prepare and present an annual budget request identifying the resources and

costs associated with the judicious operation of the facility... The Jail Commander should maintain an up-to-date staffing plan for the purpose of exercising position control. The staffing plan should include a comprehensive list of all positions in this facility.” The agency submitted the Staffing Agreement for Operations of the Rock County Jail for 2020 and 2021 along with Correctional Services Supervisor Staff Meeting notes to demonstrate staffing decisions. These reports address the staffing plan for facility coverage. The plans did not address all the required standard components, they were staffing analysis for budgeting. The staffing plan was based on the designed facility capacity of 494. The inmate population during the audit was 295 inmates and the average population for the audit period was 455.

Did Not Meet: The facility had not developed a staffing plan that addressed all elements of the standard or completed an annual review.

Corrective Action Taken: The facility developed and submitted a staffing plan that addresses all elements of the standard with an annual review. The staffing plan was submitted by the PREA Coordinator for review and the staffing plan demonstrated compliance with the standard subparts. The facility has met substantial compliance.

The developed Staffing Plan addressed the eleven criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including “blind spots” or areas where staff or inmates may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The staffing plan noted the facility complies with standards for its design, construction, and operation based on State of Wisconsin statutes and acceptable jail standards and practices. The jail has undergone and passed all annual state jail inspections. The facility has no findings of inadequacies from internal or external agencies or oversight bodies. The plan outlines the physical plant of the facility including any areas of concern and the supervision of the areas. The composition of the inmate population is shown as booking by race and security levels. The report acknowledges the sexual orientation of inmates were not tracked. The report states, “All aspects of the inmate population listed above are taken into consideration with regards to staffing levels. Due to the larger number of male population compared to female population, a larger number of male CO’s are required to maintain availability for searches of inmates.” The report also states, “RCSO will comply with the PREA standard and will conduct annual review of the sexual abuse and sexual harassment incidents reported in our facility. Said annual review will assist our facility in determining the need for staffing and any changes that may be needed. RCSO has been tracking PREA data since 2015 of the reported incidents. The reports have varied, however, the substantiated and unsubstantiated cases have decreased over time as evidenced below.” The Sheriff said the facility has fixed posts that never change, and the staffing is mandated by state agreement between the Sheriff and the County Board. The staffing plan was developed by the PREA Coordinator with input from agency administration. The Correctional Services Supervisory Meeting notes demonstrated the agency leadership with jail supervisors including the PREA Coordinator discuss jail issues and staffing coverage. The PREA Coordinator said these meetings are quarterly and the upper administration conducts daily meetings. The PREA Staffing Plan is a written document that is kept by the Sheriff, Jail Commander, Jail Administrator, and PREA Coordinator. The Staffing Agreement for Operations of the Rock County Jail is maintained by the Rock County Sheriff’s Office and the County Administration Office. The facility staff interviewed acknowledged until COVID, the facility had minimal deviations from the staffing plan. The PREA Coordinator said staffing levels are deviated when we have construction projects, staff illness, jail academy training, and preventative measures during the COVID pandemic and staff positions are always covered with overtime. The Sheriff said if staff shortage occurred, the facility would first shut down areas not required for mandatory operations and extra activities to maintain minimum staffing. The facility has maintained the minimum staffing levels through overtime

during the COVID pandemic. The PREA Coordinator said the facility implemented different staffing tiers with a minimum level of staff allocated during the COVID pandemic, and positions are filled with overtime as needed. The Sheriff explained that the staffing plan is reviewed for compliance by the Jail Administrator and Jail Commander and all overtime is captured in the shift staffing book.

The Sheriff explained the agency identified the need for additional cameras to enhance supervision in the jail. In 2011, the facility added 100 cameras taking the camera count to 140. He also shared the agency is planning an expansion to the building for jail operations which includes specific housing for juveniles.

The facility has 93 staff positions who may have contact with inmates. The security section consists of the Jail Commander, Jail Administrator (Captain), Sergeants (5), Corporals correctional supervisors (5), and correctional officers. The facility operates three shifts, first shift 6:30 am – 3:00 pm, second shift 2:30 pm to 11:00 pm, third shift 10:30 pm – 7:00 am. First shift has one assigned Sergeant and three Corporals, one of which is assigned as a Classification supervisor. Second shift has three assigned Sergeants. Third shift has one Sergeant and two Corporals. This allows for coverage seven days a week. Each shift is responsible for the oversight of the entire facility. Should there be no supervisor, a Patrol Division Sergeant will cover the Jail. In case a Patrol Sergeant not being available, the Jail will be covered by overtime. Correctional officer assignments are not fixed assignments and officers are rotated throughout the facility on a daily basis and could work in multiple locations throughout their work week. Minimum staffing levels in the jail have been established as fourteen officers on 1st and 2nd shift. Additionally, there are two Classification Officers, Monday through Friday, aside from classification duties, these officers assist with emergency calls and are utilized as manpower in case of an unexpected call-in sick. There are two Court Rovers scheduled from 11:00 am to 8:00 pm Monday through Friday, who also assist when needed and in case of emergencies. The minimum staffing level on 3rd shift are ten officers. Additionally, the facility has a minimum of one assigned healthcare nurse, and one supervisor for 1st and 2nd shift. Staffing levels on weekends and holidays for 1st and 2nd shift are fifteen officers, one supervisor, and one healthcare staff member. On 1st and 2nd shift, each housing unit is staffed with one correctional officer (Unit Officer) in the housing unit control center which is centrally located for observation into all housing pods. The assigned officer has visual and audio oversight of each housing pod. This post is tasked with supervising all pods within the housing unit, feeding and retrieving dinner utensils, tending to inmates' requests, and has control of all section doors. In addition, there are two rovers assigned to the secure side. These officers are responsible for making safety security checks in each pod every hour at irregular intervals. This requires the officers enter and walk through all pods of the housing unit. The Unit Officer monitors the officers conducting the safety security checks and controls the doors through each section. Video and audio monitoring enhances the Unit Officer with supervision of all inmates and the safety security checks. On 3rd shift, there is one officer assigned to Housing A and B Units and one officer assigned to Housing C and D Units.

The Auditor observed correctional officers and supervisors making rounds and interacting with inmates during the on-site tour. Policy 606 states, the facility implements a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations." The rounds are documented in the housing unit logbook and within the electronic Spillman log. The Shift supervisors interviewed for the intermediate or higher-level facility staff interviews said they conduct rounds daily to conduct unit checks with officers. They said unannounced rounds are completed by changing the times and vary the pattern of rounds to every area that houses inmates and program and service areas. They also said the unannounced rounds require them to go into the housing control center and occasionally in the housing pods. Housing unit officers and inmates noted that supervisors do not make rounds in the housing pods. The logs were reviewed during the tour and the logs showed correctional officers are making consistent rounds in the housing pods. The unannounced rounds by intermediate-level and higher-level supervisors showed

documented rounds, however, the Auditor could not verify rounds within the housing pods.

Did Not Met: Unannounced rounds are not completed within the housing pods by supervisors. Supervisors make rounds to the housing unit control center but noted they do not make rounds within the housing pods, also confirmed through officers and inmates' interviews.

Corrective Action Taken: The facility addressed unannounced rounds through an email dated April 20, 2021, from the PREA Coordinator directed to all supervisors that stated, "The minimum standard is at least 1 per month per shift, however, auditors tend to fail agencies if they do fewer than two. At least two are recommended. Therefore, I'm changing the requirements to this standard. We will no longer do unannounced checks every day. We will be doing 3 unannounced checks month, no less than that! You can do more if you have time and would like to, however, 3 unannounced checks will be our minimum. I have put together a binder with three tabs, one per shift. Each tab contains a form from DOJ that we will be utilizing for documenting our checks. You can continue to log your checks in your Spillman log, though it is not necessary. The form contains an area where we will be able to document anything noteworthy. The binder is white, and it will be located on the 2nd shift desk with a label, Unannounced Rounds." The Auditor informed the facility that the practice did not meet the standard. The PREA Coordinator then addressed unannounced rounds again through an email on May 5, 2021, that stated, "we will have to go back to daily unannounced walk-through checks. After checking with DOJ/DOC to seek a 2nd opinion, I was notified daily checks are needed. This is what the auditor told me as well, but I wanted that second opinion. I know this is not ideal and it takes a lot of time, but there is no way around it. Also, we will continue to document the unannounced checks in the binder. NOTE: unannounced checks must be random. The auditor will be checking for patterns and if we are always doing the checks at a specific time, we will not be compliant, therefore, please do the checks randomly." The Jail Administrator (Captain) further directed supervisors through an email, that stated, "During the PREA audit, it was determined that supervisor security checks to the local unit checks are not sufficient per PREA standards, and we are uncompliant. Supervisor checks must be unannounced and must be in each section. Effective immediately, supervisors will go back to doing walk-through checks through all sections, providing we have two supervisor working the shift. These checks must be unannounced and random on each shift (Policy 606.4(m)). Per PREA, section 115.13, these checks will be unannounced unless it is necessary for operational consideration. Supervisors doing the unannounced checks will be required to log their checks in their daily log. Unit officers will continue to document the supervisor check with the name of supervisor with an added notation that the supervisor walked through the sections." The PREA Coordinator shared with the Auditor through conversations and emails, that our agency will not compromise the safety when one supervisor is working per shift and in those situations the supervisor will enter the housing unit and observe the pods through the housing unit control without walking through the pods. The walk-through checks of the pods will occur when there are two supervisors on the shift. The facility is finding strategies to complete unannounced rounds when there is only one supervisor including during head count or a lock down time. The facility also developed a tracking form, PREA Unannounced Round Documentation, for the supervisor to complete each shift. The facility provided examples of the documented unannounced rounds through completed forms. The facility has met substantial compliance.

During the interviews with supervisors, the supervisors were not aware that staff were not to alert other staff when unannounced rounds are conducted. They stated staff should just know it is not acceptable. They also stated officers know when checks are conducted on each shift as part of the count process.

Did Not Met: The supervisors were not aware of the policy or post orders regarding that any staff member found providing notice to other staff regarding supervisory or executive rounds shall be subject to disciplinary action.

Corrective Action Taken: The supervisor staff received refresher training on policy and a memo to the Supervisors from the Captain stated, “there was concerns with Supervisors not being aware that officers will be subject to discipline if it is found they are alerting other unit officers of supervisors coming through for unannounced checks. Officers need to be made aware that this is a violation and progressive discipline will be followed.” The facility has met substantial compliance.

During the facility tour the Auditor examined sight lines for potential blind-spots, the officer’s post sight lines, and camera locations. The Auditor observed blind spots that may compromise supervision; the educational computer labs have blind corners; dry storage in food service has a blind area right of the door from the kitchen and the alcove at the end of the ovens; and in the laundry room the area right of the door. The Auditor observed that staff supervision and monitoring may be compromised to protect inmates through the acceptable practice of allowing inmates to create blind areas through homemade clothesline with sheets and towels hanging around the bunks and also reducing appropriate lighting by the coverage of lights in the cells.

Did Not Met: The Auditor identified blind spots during the facility tour: blind corners in each of the educational computer labs; dry storage in food service has blind area right of the door from kitchen; the alcove at the end of the ovens in the kitchen is a blind spot, and the laundry room area right of the door.

Corrective Action Taken: The facility eliminated the blind spots through the installation of mirrors. The facility provided photos of the mirrors installed and the supervision coverage of the areas. The facility has met substantial compliance.

Did Not Met: Staff supervision and monitoring is compromised to protect inmates through the acceptable practice of allowing inmates to create blind areas through homemade clotheslines with sheets and towels hanging and reducing appropriate lighting by the coverage of lights in the cells.

Corrective Action Taken: The facility addressed the issue by refresher training through a memo to all correctional staff and supervisors that stated, “with respect to Supervision and Monitoring in the Huber Dorms, inmates are not allowed to hang sheets, towels, or clothing on their bunks. This blocks the ability for Officers to see through the bunks, creates a safety concern, and creates a PREA violation. This needs to be enforced without exception.” The facility has met substantial compliance.

Standard 115.14: Youthful offenders

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates)

[inmates <18 years old].) Yes No NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility houses youthful offenders. The age of majority in the state of Wisconsin is 17. The facility houses inmates that are 17 years of age per the state law. During the audit period, the facility housed 42 youthful offenders all 17 years old. Policy 507 Juvenile Housing outlines the housing of a youthful offender. The policy states, "All juveniles shall be housed separately from adults. The Office will seek to provide accommodations and services to juvenile inmates equal to those provided to adults or, when appropriate, modified to benefit a juvenile due to his/her age." The policy further states, "Juvenile housing area shall not allow for sight, sound, or physical contact between juvenile and adult inmates through the use of a shared dayroom or other common space, shower area, or sleeping area. Juvenile inmates should not have sight, sound, or physical contact with adult inmates outside of the housing unit. Any incidental or accidental contact should be minimal and brief. Where sight, sound, or physical contact separation cannot be maintained, facility staff (trained in the supervision of inmates) shall provide direct supervision of the juvenile."

During the on-site visit, the Auditor interviewed two youthful offenders. Both youthful offenders said they were housed in a cell with an adult. This was also confirmed through the inmate housing roster. The staff member interviewed said in general 17-year-olds are treated like adults and housed in general population and youthful offenders will be screened for risk of victimization and may be held in booking if there was a

risk identified. The staff member also stated that no youthful offender was housed in disciplinary housing for separation and all programming occurs with adults. The youthful offenders interviewed also shared they are within sight and sound of adults during education classes, however, there is always direct supervision by staff. The one youthful offender was housed in segregation during the on-site visit, for a disciplinary charge for fighting. He was in a single cell and allowed one hour of dayroom per day by himself. This youthful offender had a “keep separate” from another inmate in the facility. Of the youthful offenders housed during the audit period, nine were released the same day as booking, eighteen were held for one day, thirteen were housed between 2-11 days, and two inmates were held longer. The two youthful offenders interviewed were housed longer at the facility. one for one month and the other for six months.

Policy 507 states, “Juvenile inmates should be monitored and supervised to ensure their safety and security. Supervision should include but is not limited to being able to hear and respond to juvenile inmates at all times; conducting direct visual observation safety checks of all juveniles at least once every 30 minutes, at irregular intervals; audio/video electronic surveillance systems may supplement but shall not replace direct visual observation; observing the juvenile and his/her movement during safety checks; and documenting all safety checks.” Staff interviewed acknowledged that security checks are conducted hourly through the housing units, which does not comply with policy for safety checks on youthful offenders, although the housing unit control center officer provides indirect supervision into the housing pods. The staff also said that youthful offenders are under direct supervision while escorted in the facility and during programming.

The Sheriff shared the agency is planning an expansion to the building for jail operations which includes specific housing for juveniles.

Did Not Meet: Youthful inmates are housed with adult inmates. A youthful inmate shall not be placed in a housing unit where the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower, or sleeping quarters.

Corrective Action Taken: The facility has developed a housing plan for youthful offenders by establishing Housing Unit C pod 5 as housing for youthful offenders. The plan was provided to the Auditor on May 26, 2021. The memo was shared with all correctional staff and supervisors and directed; “youthful offenders will be held in Housing Unit C pod 5. Anytime a youth offender is placed in the section, a correctional officer must walk him directly into the section. In situations where the facility has to house male and female youthful offenders, juvenile males will continue to be housed in Housing Unit C pod 5 and youth females may be housed in medical. Should there be no juvenile males, youth females will be housed in Housing Unit C pod 5. This plan has been implemented until a new plan is developed when the building project is completed.” The facility’s new youthful housing plan separates adult and youthful offenders by sight, sound, and physical contact. The facility met substantial compliance.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of

transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Policy 515 Searches and General Order 6.410 Strip Search address inmate pat-down searches, strip searches, body cavity searches, and the limits of cross-gender viewing and searches. The department's policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. General Order 6.410 states, "It is the policy of the Rock County Sheriff's Department to perform strip searches of inmates in order to maintain safety and security of the Jail. Strip searches of inmates serving a sentence, pursuant to a conviction including inmates incarcerated as a condition of probation, shall be conducted as deemed appropriate. Strip searches of pre-sentenced detainees will be conducted in accordance with Wisconsin State Statute §968.255. Strip searches of pre-sentenced detainees shall be documented by completing the RSCO strip search form. Only designated health care professionals shall conduct body cavity searches. Strip searches of all inmates shall be conducted with consideration for the dignity and feelings of the subject of the search. There shall be routine administrative review of all completed strip search forms and reports in order to ensure policy compliance. Furthermore, the intent of the administrative review will be to identify any problems that may need to be addressed." The General Order 6.410 also states, "The officer conducting the strip search is of the same sex as the person detained. The detained person is not exposed to the view of any person not conducting the search. Strip searches are not to be reproduced through visual or sound recordings (i.e., videotapes, audio tapes, closed-circuit TVs, still photographs, etc.)." Although the facility had no cross-gender strip searches, two staff members were interviewed for the non-medical staff involved in cross-gender strip or visual search interview protocols for procedure. The officers said a cross-gender strip-search would only occur if there was an imminent threat of a weapon or harm, and it would be documented on the strip-search form and an incident report including the justification for the search. They also expanded that all strip-searches must be approved in writing by a supervisor. It was also shared that if a female staff was not working in the booking area, a female staff would be called to report to booking to conduct a strip-search on a female as needed. If a strip search occurs the search if required to be documented on the Strip Search Report for Detained Persons which has sections for the reason for the search, request for authorization, authorization for strip search that includes the type of search approved and signed by a supervisor, the names of all individuals involved in the execution of the search, the demeanor of the inmate, and the results of the search. The PAQ and the PREA Coordinator stated there were no cross-gender strip searches, visual body cavity searches, or pat-down searches conducted or logged for exigent situations during this audit period. The procedures were verified through the review of the department's policies and interviews with staff and inmates. Inmates interviewed stated they were not searched by staff of the opposite gender. Interviews with female inmates confirmed they are not pat searched by male officers and a female officer always conducts any searches. They also shared a female officer is always present and they are not restricted from programs, they expanded that currently programming is limited due to COVID protocols.

The General Order 6.410 also addresses body cavity searches by stating, "Body cavity searches may be performed as a part of a strip search if there is probable cause to believe that the person to be

searched may be concealing a weapon, contraband or evidence in a body cavity. A jail supervisor shall authorize a body cavity search. The jail medical staff shall perform all body cavity searches. If the jail medical staff is unable to perform the search, the inmate will be transported to the nearest medical facility capable of performing the search. A body cavity search can only be conducted by a physician, physician's assistant or a registered nurse licensed to practice in Wisconsin. An officer shall be present during a body cavity search in order to provide security and control. The officer does not have to be the same gender as the subject of the body cavity search. An officer shall complete the body cavity search form documenting the contraband discovered." An officer interviewed said correctional staff do not conduct body cavity searches, this type of search would occur at the hospital by medical staff. There were no body cavity searches conducted during the audit period. If a body cavity search occurs the search if required to be documented on the Strip Search Report for Detained Persons.

Policy 515 states, "Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the facility. Additionally, pat-down searches shall occur frequently within the facility. At a minimum, the staff shall conduct pat-down searches in circumstances that include: when inmates leave their housing units to participate in activities elsewhere in the facility (e.g., exercise yard, medical, program, visiting) and when they return; during physical planned searches of entire housing units; when inmates come into contact with other inmates housed outside of their housing units, such as work details; and any time the staff believes the inmates may have contraband on their persons. Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. Absent the availability of a same sex member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented." The Staffing Agreement for Operation of the Rock County Jail requires "in compliance with WI Statute §302.41, there shall be at least one officer/deputy on duty of the same gender as those incarcerated in the jail."

The agency's policies, 807 Inmate Hygiene and Standard Operating Procedure 6.260 Local Control, and practices observed allows all inmates the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Policy 807 states, "Inmates shall be permitted to shower, perform bodily functions and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates." Standard Operating Procedure 6.260 states, "The local control officer will provide the opportunity for all inmates to shower on a regular basis, on a set schedule. Inmates are allowed to shower, dress, and perform bodily functions without being viewed by opposite gender staff." During the facility tour, the Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor observed cross-gender viewing potential in all the holding cells, medical cells, Housing unit A-2 lower-level barred door cells, toilets in the Housing E unit bathrooms, and in housing units where the policy requires the doors to be open at all times exposing the toilets. The Auditor closely reviewed video camera footage and identified potential cross-gender camera views; camera monitors in booking shows the toilets in the holding cells, camera monitors in medical show toilets in the medical holding cells, and camera monitors in central control show holding and medical cell toilets.

Did Not Meet: The Auditor observed cross gender viewing of toilets in multi areas during the tour. In housing areas where the policy requires having doors open at all times exposed the toilets for viewing; Housing Unit pod 2 lower-level cells have barred doors that allow viewing of the toilets; all holding cells in intake and booking; all medical holding cells; and Housing Unit E bathroom toilets.

Corrective Action Taken: The facility has installed film to the medical and holding cell windows to block the view of the toilet eliminating the potential cross-gender viewing. In Housing Unit E and F, a partial

barrier was installed that blocked viewing of the toilets. The facility is working on a solution for the Housing Unit A barred doors, including the replacement of doors. A memo to correctional officers and supervisors noted that “inmates must be given privacy when they are utilizing the toilet. Therefore, we will allow them to hang a sheet to cover only the view of the toilet. We will not allow them to hang the sheets covering the entire door or covering more than half the cell door. We must be able to see into the cells when walking through safety security checks and the unit local. The rule of thumb will be as follows: when the inmate is sitting on the toilet, you must be able to see their shoulder and above.” The facility also updated jail rule book to reflect the practice and it was added to the inmate tablets. The facility provided photographs for documentation. A memo from the PREA Coordinator also stated, “The cross-gender viewing of toilets in Booking holding cells and medical cells have been corrected by installing film across doors, blocking all toilet areas from view.” The facility has met substantial compliance.

Did Not Meet: The Auditor observed cross gender viewing of toilets in multi areas of the facility through cameras/monitors in the control centers. Camera monitors at the booking control center shows toilets views in the holding cells. The medical desk monitors show toilets views in the medical holding cells. The master control shows toilets views of the booking and medical holding cell toilets.

Corrective Action Taken: The facility eliminated all potential cross gender viewing of toilets in the booking holding cells and medical cells by blocking the view of the toilets through placing a black square within the monitoring system. The facility submitted photos of the monitors from the medical desk, booking area, and the master control showing the black squares over the toilets eliminating the view of the toilets. The facility has met substantial compliance.

Policy 807 states, “Staff of the opposite sex shall announce their presence when entering an inmate housing unit.” The Auditor observed opposite gender staff announcing their presence when entering the housing units. During the random inmate interviews, most inmates stated that announcements are made when a staff member of the opposite gender enters the housing unit by the staff member loudly stating “male/female in unit.” The inmates also acknowledged they are never fully naked in front of an opposite gender staff member. The majority of staff interviewed said opposite gender announcements are made when entering the housing pods. There were a few staff that acknowledged they did not make announcements.

Recommendation: The facility should provide refresher training on the requirement by policy and standard that staff of the opposite gender are required to announce their presence when entering an inmate housing unit.

Policy 515 states, “Staff shall not search or physically exam a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified health care professional.” Interviews with staff confirmed these practices and their knowledge of the policy language. The review of the policy and training lesson plans demonstrated the reinforcement of these policies during the annual training. The facility noted there were no searches of this manner during the audit period.

Policy 515 states, “The Rock County Jail shall provide training for staff in how to conduct pat-down searches and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs (Wis. Stat. §968.255). This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates.” Staff acknowledged search training was conducted during orientation, annual in-service, and briefings. Documentation of the strip-search training during in-service was reviewed and documented staff received the training in 2020. The training is documented through training roster reports, Fall 2020 Correctional

Staff In-Service Training.

When staff were interviewed on how a transgender pat-down search would be completed, staff lacked knowledge of the proper procedures for transgender pat searches. Staff interviewed were not clear on how to complete a transgender search or would conduct a transgender search with a male and female staff member pat searching different areas of the inmate. Staff also said transgender searches would be conducted by the gender of staff that are the same as the inmate's gender at birth. There were no transgender or intersex inmates housed at the facility during the on-site visit, therefore no interviews could be conducted.

Did Not Met: Overall staff interviewed lacked knowledge of the proper procedures for transgender pat searches. Staff interviewed were not clear on how to complete a transgender search or would conduct a transgender search with a male and female staff member. Staff need refresher training on the appropriate method to conduct transgender pat-down searches.

Corrective Action Taken: The facility developed a lesson plan, Understanding LGBTI Inmates and Residents. This lesson plan covered definitions and proper search procedures. The training covered that it is prohibited to search or physically examine a transgender or intersex inmate or resident for the sole purpose of determining genital status; cross-gender, transgender, and intersex pat-down searches must be done in a professional and respectful manner; best practices is to allow transgender and intersex inmates to choose the gender of the person to search them. Staff received refresher training through the lesson plan at briefing and fall in-service training. The submitted lesson plan and training documentation demonstrated compliance. The facility has met substantial compliance.

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

15.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.16(c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first- response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies 115 Limited English Proficiency Services and Policy 116 Communications with Persons with Disabilities outlines the appropriate steps to ensure that inmates that are limited English proficient (LEP) and inmates with disabilities (deaf, hard of hearing, blind, have low vision, limited reading skills and/or cognitive disabilities) have the opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy 116 states, "It is the policy of the Rock County Sheriff's Office to reasonably ensure that people with disabilities including victims, witnesses, suspects, and arrestees have equal access to law enforcement services, programs, and activities. Members must make efforts to communicate effectively with individuals with disabilities...Members should carefully balance all known factors in an effort to reasonably ensure people who are disabled have equal access to services, programs, and activities. These factors may include, but not limited to members should always assume that effective communication is being achieved. The fact that an individual appears to be nodding in agreement does not always mean he/she completely understands the message. When there is doubt, members should ask the individual to communicate back or otherwise demonstrate their understanding; the nature of the disability (e.g., deafness of blindness vs. hard of hearing or low vision); the availability of auxiliary aids. The fact that a particular aid is not available does not eliminate the obligation to reasonably ensure access. However, in an emergency, availability may factor into the type of aid." The policy outlines the types of assistance available including audio recording to assist people who are blind or have a visual impairment; staff reading the information; a qualified interpreter; TTY/TDD telephone devices; community interpreters, and staff interpreters. The PREA information is available to the deaf or hard of hearing inmates through written materials (closed caption PREA video, PREA brochure End the Silence, and Inmate Rule Book) and American Sign Language interpreter if needed. The blind and sight impaired inmates receive the information through the sound on the PREA video and staff who reads the material to the inmate. Staff explain the PREA information to inmates with low cognitive skills ensuring the inmate understands the information by asking the inmate to communicate the information back to the officer. Policy 116 also states, "To ensure that all members who have contact with individuals who are disabled are properly trained, the Office will provide periodic training that should include: awareness and understanding of this policy and related procedures, related forms, and available resources; procedures for accessing qualified interpreters and other available resources; and working with in-person and telephone interpreters and related equipment." The policy also requires that individuals should receive refresher training at least once every two years. The agency has a designated American with Disabilities (ADA) Coordinator whose responsibilities include working with the County ADA Coordinator to ensure equal access to services, programs, and activities for inmates with disabilities and ensuring that a list of qualified interpreter services is maintained and available to each Shift Sergeant and Communications Director. The facility's Foreign and Sign Language list provides contact information for the American Sign Language Services for the Deaf, the TDD/TTY numbers, and American Sign Language interpreters. The Auditor interviewed one inmate with low cognitive skills, the inmate said he was able to comprehend the PREA information provided, read the Inmate Rule Book, and would ask staff for help if needed. He said he would report an allegation to a correctional officer or someone who cares about him.

Policy 115 Limited English Proficiency Services states, "It is the policy of the Rock County Sheriff's Office to reasonably ensure that LEP individuals have meaningful access to law enforcement services, programs, and activities, while not imposing undue burdens on its members." The agency has a

designated LEP Coordinator whose responsibilities include coordinating and implementing all aspects of the Rock County Sheriff's Office LEP services to LEP individuals and ensuring that a list of all bilingual members and authorized interpreters is maintained and available to each Shift Supervisor and Communications Director. The PREA Coordinator is also the LEP Coordinator for the agency. The policy also states, "Rock County Sheriff's Office members should never refuse service to an LEP individual who is requesting assistance, nor should they require an LEP individual to furnish an interpreter as a condition of receiving assistance. The Office will make every reasonable effort to provide meaningful and timely assistance to LEP individuals through a variety of services...LEP individuals may choose to accept office provided LEP services at no cost or they may choose to provide their own." The PREA Coordinator/LEP Coordinator said the facility receives very few LEP inmates and Spanish is the main language of the LEP inmates. The facility provides PREA information to LEP inmates through written information translated in Spanish (Rock County Jail Inmate Rule Book, PREA Brochure End the Silence, PREA handout), viewing the PREA video in Spanish, and qualified bilingual staff, and interpreters. Other languages would be provided through interpreter services. The facility has a contract with Language Line for interpretation services. The facility's Foreign and Sign Language list provides contact information for fluent Spanish staff interpreters (9), county-wide employee interpreters (Spanish Albanian, French, Korean, Russian, and Italian), and community interpretation services. The list identifies if the interpreter can provide translation services. Policy 115 also states, "To ensure that all members who have contact with LEP individuals are properly trained, the Office will provide periodic training on this policy and related procedures, including how to access office-authorized telephonic and in-person interpreters and other available resources." The policy also requires that individuals should receive refresher training at least once every two years. All staff interpreters must pass minimum standards established for interpreters by the Rock County Human Resources Department. The facility posted PREA information in Spanish in the housing areas after the on-site audit. The Auditor interviewed three Spanish LEP inmates through an interpreter, two of the three inmates said they did not receive information in a language they understood, the information was provided in English. The other LEP inmate said he received the PREA information in Spanish and English. All the LEP inmates said they could go to an officer that is bilingual to assist them or request assistance through a request or staff member for assistance. All the inmates knew how to report an allegation through telling an officer.

Did Not Meet: Inmates interviewed stated they did not receive information in a language they understand. The facility could not demonstrate the limited English proficient (LEP) inmates received information in a manner they understood. LEP inmates are not provided opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment

Corrective Action Taken: The facility provided refresher training to staff in providing how to communicate with LEP inmates through the use of an interpretation line, staff interpreters, or other methods which includes providing PREA information/education the inmate can understand. A memo was sent to all correctional and supervisors that stated, "Anytime we have Limited English Proficient speaker (LEP), they must be given the same information. Realizing that the bulk of LEP are Spanish speaking, this will be accomplished by utilizing a Spanish speaking officer when available. If none is available, you must use the Language Line found in the booking area. The same will apply for LEP inmates of languages other than Spanish. Employees being utilized as interpreters for PREA purposes must generate a report in Spillman. We have created a PREA option as a "Nature" of incident. It goes without saying that another inmate cannot be utilized as an interpreter for this form." The facility submitted documentation of the Rock County Correctional Facility Personal Information Sheet for LEP inmates along with a report from the inmate's computerized file showing staff provided translation during the booking process including explaining PREA in Spanish and providing the PREA brochure in Spanish to the inmate. The facility has purchased a television and DVD player to play the PREA video in the booking area, the video has captions for the hearing impaired. The newly developed PREA Risk Assessment Screening has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided. The facility provided examples of the PREA Risk

Assessment form with the signatures of the inmates verifying the viewing of the video and receiving the brochure in a language they understand (Spanish). The facility has met substantial compliance.

The staff interviews indicated that staff were aware how to provide meaningful access to inmates on all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in a manner they could understand. Staff also stated they would communicate with inmates through a staff interpreter and /or the language line services if there was a language barrier. They would not use an inmate interpreter and to the best of their knowledge they do not know of an instance when an inmate was utilized. The General Orders 6.375 states, "should an investigation involve inmates who have disabilities or who have limited English proficiency, responding officers shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of the officer's duties or the investigation of sexual abuse or sexual harassment allegations." The Sheriff said staff should not rely on inmate interpreters except when an extended delay of an interpreter would compromise inmate safety, the first responder duties, or the investigation process. He noted staff interpreters or community interpreters would be utilized. The facility noted there were no instances where inmate interpreters or readers were utilized during the audit period. This directive is provided to staff through orientation and annual in-service training.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
 Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Through review of the Policy 304 Recruitment and Selection and Policy 109 Special Assignments and Promotions it was determined that the agency has established a system for conducting criminal background checks for new employees, contractors, and volunteers who have contact with inmates to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in such sexual activity. Policy 304 states, "No members or contractors shall be hired who have engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent to refuse; or been civilly or administratively adjudicated to have engaged in in the activity." The agency asks candidates as part of the application process on the Personal History Questionnaire "have you ever been accused of sexual assault or sexual harassment? If yes, give details (include when, where, and why)." The applicant or contractor is not asked the three administration adjudication questions as part of the application and hiring process. Policy 109 states, "The Rock County Sheriff's Office shall not promote, assign, or transfer members to a position that may allow contact with inmates if the member has engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent to refuse; or been civilly or administratively adjudicated to have engaged in in the activity." The Human Resource staff said the agency would consider prior incidents of sexual abuse and sexual harassment when deterring to hire or promote as part of the information collected during the background check process. The Human Resource staff stated that all employees must complete the Personal History Questionnaire, be interviewed, and a background check completed before promoted. It was also stated through the

interview that the agency would consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contract who may have contact with the inmates. Policy 304 states, "Material omissions regarding such misconduct, or the provision of materially false information are grounds for disqualification.

Did Not Meet: The application form nor the Personal History Questionnaire address the three administrative adjudication questions listed in the standard for applicants or contractors. The background packet has general criminal record questions.

Corrective Action Taken: The facility updated the RCSO Personal History Questionnaire as part of the application process for applicants and contractors to include the three administrative adjudication questions. The Questionnaire requires the applicant and contractors to answer questions of: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; have you been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse, and have you ever been civilly or administratively to have engaged in the activity described." This Questionnaire is utilized for new hires, contractors, and promotions. The facility provided three examples of the new form utilized asking applicants the three administrative questions. The facility has met substantial compliance.

Policy 304 states, "Every candidate shall undergo a thorough background investigation to verify his/her personal integrity and high ethical standards and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Rock County Sheriff's Office. Background investigators shall ensure that investigations are conducted. The background report and all supporting documentation shall be maintained in accordance with the established records retention schedule." The Human Resource staff stated the background checks are conducted through the review of the Wisconsin State DOT, Interstate Identification Index, Query of probation and parole, Transunion, Wisconsin Circuit Court System, and review of social media. The Auditor reviewed nine staff, three contractors, and one volunteer personnel files. The files demonstrated staff, contractors, and the volunteer had background checks prior to employment or enlisting of services. Two of the employees had promotions where background checks were conducted prior to the promotion. The facility hired 17 new employees and 12 contractors during the audit period, all had completed background checks.

Policy 606 Prison Rape Elimination Act states, "the Office conducts follow-up criminal background checks at least once every five-years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information." Of the nine personnel files reviewed, six employees and two contractors were employed longer than five years and did not have five-year background checks completed. The Human Resource staff interviewed said the agency was not currently conducting five-year background checks on employees and contractors.

Did Not Meet: The agency has not completed five-year background checks on current employees and contractors who may have contact with inmates.

Corrective Action Taken: The facility completed the five-year background checks on all employees by March 9, 2021, and contractors and volunteers by March 11, 2021. The statement from the Sergeant conducting the background checks stated, the background checks showed no offenses that were sexual in nature or suggestive of sexual misconduct. This information will be maintained in a secure folder labeled Background Checks 5 Years and place all pertinent paperwork and a copy of the Administrative Report in the folder. The facility has met substantial compliance.

Policy 110 Standards of Conduct states, "Members have a continuing affirmative duty to notify their supervisor in writing if they have engaged in sexual abuse in a prison, jail, community confinement facility,

juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent to refuse; or been the subject of any civil or administrative adjudication finding that the member engaged in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was able to consent or refuse.” The Human Resource staff interviewed said an employee or contractor has to report within 24-hours to an immediate supervisor/administrator any arrest or charges and then to Human Resources. The employee would be placed on administrative leave during the investigation. The findings of the investigation could lead to termination. The Human Resource staff also stated there were no occurrences during this audit period where a disclosure was made for a PREA related issue.

Policy 304 states, “The Office shall make reasonable efforts to contact with institutions that the candidate has been employed by to inquire about sexual abuse allegations.” This information is also collected as part of the background process. The Human Resource staff stated the agency will contact other institutions and usually receives information. Of the nine employee files reviewed, three employees had worked at other correctional agencies and the agency requested the information. The Human Resource staff also indicated the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving an employee or former employee upon receiving a request from an institutional employer. The Human Resource staff stated there were no instances during this audit period.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways*)

with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "Ensuring that, when designing, acquiring, expanding, or when installing or updating a video-monitoring system, electronic surveillance system or other monitoring technology, consideration is given to the office's ability to protect inmates from sexual abuse." The Sheriff shared, we are in the process of designing new construction as well as making modifications to our current infrastructure and protecting inmates from sexual abuse is of the utmost concern during this process. Not only are we looking at the most effective designs; we are also considering how the use of video monitoring throughout the new facility will enhance the safety of the inmate population. The Sheriff also shared the facility has utilized video monitoring since 2010 to ensure the safety of the inmate population, the system was upgraded to include new cameras and additional camera coverage changing the locations of some cameras in 2019. The camera placements were taken into consideration to ensure the safety of the inmate population while being conscious of the privacy needed on a day-to-day basis. The Commander noted there has been no expansion or modification to the existing facility and also shared the agency is planning for an expansion. The Correctional Services Supervisory Meeting notes demonstrated the agency leadership discussing expansion issues including staffing, design, and electronic monitoring to ensure the safety of the inmate population. The meeting notes for the Rock County Pinehurst Replacement from May 20 through June 24, 2020, document discussion on design for safe supervision, electronic monitoring, and mirrors.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and outside of the buildings. There was a camera project in 2021 that added 100 additional cameras and updated existing cameras. There are now 140 cameras that provides full coverage of the facility. Cameras are located throughout the facility including each housing unit, booking, holding cells, medical holding cells, medical dayroom, secure hallways, sallyport, intake area, medical triage, court holding cells, kitchen, laundry, and property room, loading dock, medical corridors, and exterior building cameras. The housing pods have two cameras above the housing pod entrance door with one viewing the upper range and one viewing the lower range.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention,

information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21(h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act covers evidence protocols and forensic medical examinations. The policy states, "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." The policy provides an extensive guideline for staff to follow for investigations including preserving and obtaining usable physical evidence and referring an allegation for investigation. The policy directs staff that "If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating)." Random staff interviewed understood the protocols for obtaining usable physical evidence. They stated the area where the allegation occurred would be secured as a crime scene until an investigator arrived on scene, the inmates would be separated, and the involved inmates would be asked not to destroy evidence including not washing, bathing, brushing teeth, and changing clothes. The Auditor interviewed the facility's Investigator/PREA Coordinator who conducts inmate-on-inmate and staff-on-inmate administrative investigations. The Sheriff's Office Detective Bureau conducts the criminal investigations. The Investigator's interview confirmed the practices for

PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol.

Did Not Meet: The facility did not provide the uniform evidence protocols utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions for compliance review.

Corrective Action Taken: The facility utilizes the evidence collection protocols that are part of the DOJ training and the agency's evidence collection protocols for sexual abuse. The trained evidence technicians or Detectives collect evidence. The PREA policy 606 also states, "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." The facility has met substantial compliance.

The facility's Policy 606 states, "Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services... Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs." All alleged victims of sexual assault who require a forensic exam are taken to the Mercy Health System for completion of the forensic exam and emergency medical healthcare with no cost to the inmate. The PREA Coordinator and healthcare staff confirmed the forensic exams are conducted at an outside hospital. The Sheriff stated both the victim and suspect are taken to separate hospitals for evidence collection. The Detective Bureau is responsible for the collection of SANE evidence. The Mercy Health System Corporation is utilized for emergency medical care and forensic examinations conducted by a SANE/SAFE provider. The facility has an agreement with the hospital that was documented through a Memorandum of Understanding (MOU) from the Mercy Health System Corporation Vice President of Operations and the Sheriff dated July 7, 2021. Prior to a formal MOU the facility utilized the hospital as needed. An interview was conducted with a SANE nurse from Mercy Health Emergency Room regarding the SANE services provided at the hospital. The SANE stated the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list, or a trained emergency department provider could complete the sexual abuse examinations and evidence collection. There were no allegations that required a forensic examination at the local hospital during the audit period confirmed through interviews with the PREA Coordinator and medical staff and also noted in the PAQ.

Policy 606 states, "If requested by the victim, a victim advocate, a qualified office staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals... A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Office shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Office, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 USC § 12511, to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used as long as it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services." The facility has a MOU with Family Services of S. WI and N. IL (Sexual Assault Recovery Program - SARP) for victim advocacy services.

This MOU outlines the victim advocacy services that would be provided through the forensic medical examination process and investigatory interviews including provide an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview process as requested by the victim; provide emotional support services to include emotional support, crisis intervention, information and referral; and work with the RECAP (Rock County Education and Criminal Addiction Program) facilitator to identify and provide services to sexual assault survivors who are participating in the RECAP program. The MOU outlines the emotional support services may be conducted by mail, in person, by telephone, or an approved telecommunication method. The victim advocate will obtain consent and a release of information from the victim before reporting an incident of sexual abuse, any fears or concerns the victim has related to safety or disclosing other confidential information to the facility. The Auditor interviewed a representative from the Sexual Assault Recovery Program who confirmed the services provided to the facility. The PREA Coordinator stated the victim advocates are trained through the Family Services of S. WI and N. IL (Sexual Assault Recovery Program - SARP) to conduct victim advocacy and crisis services. The PREA Coordinator also stated that the facility has a trained qualified staff member that could provide victim advocacy services if Family Services was not available. The Mental Health Coordinator is trained as documented through a training certificate.

All investigations are conducted by the agency. The facility's Investigators conduct the administrative investigations and the Sheriff's Office Detective Bureau conducts the criminal investigations. During the pre-audit review, it was noted that Dane County would conduct investigations and confirmed through the PREA Coordinator. The facility did not have documentation requesting Dane County to follow the requirements of the standard when completing an investigation.

Did Not Meet: The agency must request that an outside agency follow the requirements of paragraph (a) through (e) of this standard when completing an investigation.

Corrective Action Taken: Incorrect information was provided pre-audit and on-site about outside agencies conducting investigations. The agency has corrected the information provided to the Auditor. The agency does not use outside agencies for investigations. The agency utilizes the agency's Detective Bureau as needed for sexual assault investigations. Two detectives are trained to conduct PREA investigations. The facility has met substantial compliance.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]
 Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22(e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Policy 606 Prison Rape Elimination Act states, “An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Allegations of sexual harassment and 4th Degree Sexual Assault may be investigated by a Patrol Deputy or sworn Jail Sergeant. All other allegations of Sexual Abuse shall be investigated by a Detective that has received training in confinement settings.” The Sheriff stated all allegations of sexual abuse or sexual harassment are investigated. Upon notification of an allegation of sexual abuse or harassment the first step is to separate the parties involved and notify the supervisor. Depending on the severity of the incident several departments could be called in to include the Bureau of Identification, Detective Bureau, and Command Staff. The Detective Bureau completes investigative interviews, collects of SANE evidence, and makes arrests as deemed necessary. As the PREA Coordinator shared, the facility’s Investigators conduct the administrative investigations and the Sheriff’s Office Detective Bureau conducts the criminal investigations. Once an allegation is reported and the supervisor is notified, an investigation would be started immediately by a facility investigator. The Investigator stated the investigation would be started immediately after notification following a report of sexual abuse or harassment. If after work hours, if a trained investigator is not available on shift, a trained investigator would be called-in for the investigation. All allegations are investigated and reported with outcome findings through written investigative reports.

Documentation of the administrative investigations is maintained in the PREA Coordinator's office. The interviews with the Investigator/PREA Coordinator who conducts inmate-on-inmate and staff-on-inmate administrative investigations demonstrated knowledge of facility's investigation responsibilities and the investigation partnership with the Detective Bureau. A few staff interviewed noted they would not report an allegation of sexual abuse or sexual harassment. They would remove the inmate from the facility's program instead as corrective action.

Did Not Meet: All allegations of sexual abuse and sexual harassment must be referred for investigation and an investigation completed.

Corrective Action Taken: The facility staff received refresher training that all allegations must be referred for investigation through in-service and briefings. The facility provided the in-service lesson plan, PREA Training for Correctional Staff and documented training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

The agency's Policy 606 Prison Rape Elimination Act is available on the Sheriff's Office website www.co.rock.wi.us/sheriff. The PREA information is under the Jail page on the PREA tab. The policy states, "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Allegations of sexual harassment and 4th Degree Sexual Assault may be investigated by a Patrol Deputy or sworn Jail Sergeant. All other allegations of Sexual Abuse shall be investigated by a Detective that has received training in confinement settings...If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71). If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges."

There were six allegations reported during the audit period, five within the facility and one report from another facility of an incident that occurred at Rock County Jail. Agency staff conducted investigations on all allegations. The five of the allegations reported at the facility were one staff-on-inmate sexual assault, three inmate-on-inmate sexual harassment, and one staff-on-inmate sexual harassment. All the cases had completed investigations. The staff-on-inmate sexual assault was found unsubstantiated. Of the three inmate-on-inmate sexual harassment; one was unfounded and two were unsubstantiated. The one staff-on-inmate sexual harassment was determined unfounded. The incident reported by another agency was an inmate-on-inmate sexual abuse. The case was investigated and determined unfounded. The Auditor reviewed the six investigation files.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to

fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?
 Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?
 Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?
 Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Policy 308 Prison Rape Elimination Act Training and the training lesson plans PREA, Rock County Sheriff's Office PREA Staff Training, Strip Searches, Understanding LGBTI Inmates and Residents, and PREA Training for Correctional Staff (EDUCORR) address all the PREA requirements and outlines the training requirements. Policy 308 states, "All staff, volunteers, and contractors who have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Sergeant shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of sexual assault or abuse. The Training Sergeant shall be responsible for developing and administering this training, covering at minimum the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; an individual's right to be free from sexual abuse and sexual harassment; the right of the inmates to be free from retaliation for reporting sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, transgender, intersex, or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; how to avoid inappropriate relationships with inmates. Staff should receive training on security measures and the separation of male and female populations within the same facility." The training lesson plans cover all the standard requirements. One lesson plan was developed by EDUCORR, PREA Training for Correctional Staff. An EDUCORR representative shared with the Auditor the training is on-line and requires quizzes at the end of each unit, and a final exam to complete the training. Training records, staff interviews, policies, and the training curriculums reviewed indicated the training includes all training elements of the standard. The Training Sergeant shared that employees must take a test at the end of the course and receive a pass or fail. The employee must pass the course or would need to retake the course.

Policy 308 states, "The Training Sergeant shall ensure that members undergo annual refresher training

that covers the office's sexual abuse and sexual harassment policies and related procedures." The initial training occurs at Jail Officer Basic Training (JTO)/orientation, each staff member attends this training prior to being assigned to the facility. PREA training is also provided annually through the annual in-service training for all staff. Each employee is required to attend annual in-service. Additional training occurs during staff briefings and general PREA information refreshers. The first year of the two-year PREA training, the staff complete the EDUCORR training PREA Training for Correctional Staff. The other year, the staff complete a refresher training through annual in-service training, Rock County Sheriff's Office Staff Training which is an hour course. Staff during interviews acknowledged the numerous methods they received training including annual in-service, through email alerts, on-line course, policy and procedure reviews, and various monthly training topics through computer training. The Pre-Audit Questionnaire indicated all staff had completed training as well as documented through training rosters and training certificates. A review of nine staff training files demonstrated that all staff had not completed the annual PREA training or refresher training. Three staff had not completed the PREA training in 2020, and one staff did not have documented training for numerous years. The agency did not conduct annual in-service in 2019 which would have been the facility's two-year requirement for PREA due to COVID protocols. In-service training started again in 2020. After discussion with the Training Sergeant, he explained the Sergeants can take annual training with corrections or the law enforcement division and the law enforcement division does not include PREA. The agency needs to ensure all correctional staff (Sergeants and law enforcement division transferred staff) complete PREA training at least every two years and annual refresher to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures.

Did Not Meet: All correctional staff have not completed PREA training every two years or annual refresher to ensure all employees know the agency's current sexual abuse and sexual reassessment policies and procedures. Also, any law enforcement staff that may work in the facility and have contact with inmates must complete the PREA training.

Corrective Action Taken: All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

Policy 308 states, "Training should include written testing to validate knowledge and understanding of the material. The Training Sergeant shall document through signature or electronic verification that staff, volunteers, and contractors have received and understand the training. The Training Bureau will maintain training records on all those receiving in accordance with procedures developed by the Training Sergeant." New employees receive the training as part of the JTO/orientation training. Training is documented through training certificates and signature of the employee on the Correctional Staff In-Service Training Form. All training is maintained in the facility's training database for each employee.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?
 Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32(c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All contractors and volunteers who have contact with inmates receive PREA training prior to assuming their responsibilities. The Policy 308 Prison Rape Elimination Act Training and the training lesson plans PREA, Rock County Sheriff's Office PREA Staff Training, and Understanding LGBTI Inmates and Residents address all the PREA requirements and outlines the training requirements. Policy 308 states, "All staff, volunteers, and contractors who have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Sergeant shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of sexual assault or abuse." Contractors take the same annual PREA training as staff. The initial training covers at minimum the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; an individual's right to be free from sexual abuse and sexual harassment; the right of the inmates to be free from retaliation for reporting sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, transgender, intersex, or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; how to avoid inappropriate relationships with inmates." The training lesson plans cover all the standard requirements for contractors. The contractors are required to complete a PREA test with a passing score to receive credit for the PREA training. The Training Sergeant provided electronic training files that demonstrated contractors have completed PREA training. Medical, mental health, education, and food services are provided through contractors, (Advanced Correctional

Healthcare, Aramark, RECAP). The Aramark food service staff also conduct on-line computer PREA training through their company. The Advance Correctional Healthcare medical and mental health staff stated they also receive PREA training annually through module courses provided by their company. The contractors acknowledged their requirement of attending the facility's annual training with employees. They indicated if they were informed of an incident, they are to separate the inmates, preserve the crime scene, and report immediately to the shift supervisor and/or the PREA Coordinator. The contractors interviewed were knowledgeable on PREA, the responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. Training records of four contractors were reviewed, two files demonstrated the contractors received training and documented through training transcripts and two contractors had not completed the PREA training.

Policy 310 Volunteers states, "The program coordinator or the authorized designee shall be responsible for developing and maintaining training curriculum and any related forms specific to volunteer assignments. The program coordinator or the authorized designee shall be responsible for ensuring that volunteers are acquainted with the Office, personnel, and policies and procedures that have a direct impact on their work assignment. The orientation will include, but not limited to, the following topics: office policies and procedures; rules related to contraband in the facility; prohibition on carrying weapons in the facility; volunteer/offender relationship and general rules of conduct; safety and emergency information; and overview and history of the Office, and PREA. Volunteers should receive position training to ensure they have adequate knowledge and skills to complete tasks by the position. They should receive periodic ongoing training as deemed appropriate by their program coordinator." Volunteers receive PREA education through the Volunteer PREA Training video. The lesson plan is the PREA training developed by the Moss Group and offered through the National PREA Resource Center. The training is available on the Rock County Sheriff's Office website along with the PREA Application for Volunteers, and PREA test. The website states, "All volunteers that have interactions with inmates must complete the application, watch the video, review the PREA policy, and take the test. The application, the completed test, and a copy of your Driver's License or Identification Card can be turned in at the Rock County Jail at Central Control located in the lobby." The training must be completed prior to the individual providing services to the inmates and entering the facility. Documentation of the training is maintained through the completed PREA test. Due to COVID protocols, volunteers have not been utilized within the facility. The PREA Coordinator stated most of the volunteers on the volunteer list are no longer active and would have to be recertified including PREA training before returning to the jail. The PREA Coordinator will follow-up with the volunteers to see if there are any questions from their training. One volunteer file was reviewed for the process. The volunteer had complied with the training requirements and passed the PREA test. There were no volunteers available during the on-site audit to interview due to the COVID pandemic protocols.

Did Not Meet: All contractors and volunteers have not completed PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies.

Corrective Action Taken: The facility has completed the training of all contractors and active volunteers. The training transcripts of two contractors was provided that documented PREA training in August of 2020. The facility has met substantial compliance.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance

policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33(d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33(e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33(f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Standard Operating Procedure 6.030 Booking Procedure outlines the PREA education required at intake into the facility. Standard Operating Procedure 6.030 states, "Booking staff shall verbally notify each person booked of the existence of jail rules for inmate behavior and the potential disciplinary actions for violating the rules. Copies of the jail rulebook are located in each local control and on the kiosk in each section of the jail. Each person booked shall also be notified that PREA (Prison Rape Elimination Act) reports may be made to any staff member or via the jail phone system. Booking staff shall have inmate view the PREA (Prison Rape Elimination Act) informational video and give the inmate a PREA information brochure. Staff will fill out the PREA Risk Assessment Screening Form and the Personal Information Sheet. Ensuring the inmate signs and initials in the designated spots regarding the facilities rules and that they have been provided information and training regarding PREA. The PREA assessment form will be attached to the booking paperwork for classification and the Personal Information Sheet will go in the inmate's file." During the booking process, the PREA information that is to be provided to the inmates is through viewing the video PREA What You Need to Know, providing the inmate with PREA brochure End the Silence, and Inmate Rule Book. The brochure provides the zero-tolerance policy; explains what is sexual harassment; explains what is sexual abuse; explains what is staff voyeurism; provides tips for avoiding sexual abuse and sexual harassment; how to report sexual abuse/harassment providing numerous reporting methods with phone numbers; the emotional support services available including contact phone numbers and addresses; what to do if you have been sexually abused; and notice for failure to report. The Inmate Rule Book provides the zero-tolerance policy; how to make a report with reporting methods and contact information; and victim support services with contact information. The Inmate Rule Book is available to the inmates on the KIOSK in the housing areas. The intake staff interviewed stated the PREA educational information is provided at intake through the brochure, showing the PREA video, and explaining the use of the phone to report an allegation outside the agency. The staff interviewed stated the inmates receive the PREA information usually within 10-15 minutes to an hour and always within 72 hours. The intake staff stated the intake process is the same for all inmates, new intakes and transferred inmates. The Auditor observed an inmate intake into the facility. The inmate after the risk assessment and signing the Personal Information Sheet acknowledging of receiving PREA information and watching the PREA video, was provided a personal size DVD player to watch the PREA video. The inmate was able to ask any questions of staff if needed. The inmate was provided the PREA brochure. During the audit period, 3,578 inmates were admitted to the facility. The Pre-Audit Questionnaire indicated all inmates received educational information at intake. Twenty-four

inmates were interviewed utilizing the Interview Guide for Inmates, fourteen inmates acknowledging receiving PREA information at intake through watching the video and/or receiving the PREA brochure. Three of the fourteen inmates note that staff explained the PREA information and informed the inmates of the Inmate Rule Book and PREA video was available on the tablet. The other ten inmates stated they did not receive any PREA information at intake. One inmate shared staff had him sign the paperwork but did not provide any PREA information. Three inmates said they were told about the PREA video and was discouraged from watching it since the video was 30 minutes long, so they did not watch it. Officers acknowledged the video is not always offered to the inmate for viewing or they ask if the inmate wants to watch it. The inmates are not receiving consistent PREA information upon intake. Since the inmates are required to sign the Personal Information Sheet prior to receiving PREA information or watching the video, the inmate files could not be used to verify the education received.

Did Not Meet: During the intake process, inmates are not receiving the facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The inmates currently sign acknowledge receiving PREA information prior to receiving the information (Personal Information Sheet). Inmates stated they did not receive the information. Officers acknowledged the video is not always offered to the inmate for viewing or they ask if the inmate wants to watch it.

Corrective Action Taken: The facility has provided refresher training through written directive to all correctional staff and supervisors on providing inmates PREA information during the intake/booking process. The memo refresher training stated, "The risk assessment form will be completed during the actual booking process in the cubicle. During this time, the English brochure or Spanish material (if applicable,) will be given to each subject. Further, officers need to notify the inmate that we have a Zero Tolerance policy for sexual assault/harassment. Officers must also inform inmates that important phone numbers can be found in the material for reporting said allegations." The facility has purchased a television and DVD player to play the PREA video in the booking area for education. The newly developed PREA Risk Assessment Screening has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided to the inmate. The facility provided documentation of the PREA Risk Assessment form with the signatures of the inmates verifying the viewing of the video and receiving the brochure. The facility has met substantial compliance.

The facility admitted 837 inmates whose length of stay was for 30 days or more and the PAQ stated all inmates received comprehensive education within 30 days of intake. The facility's process is to provide comprehensive education to all inmates at intake through the viewing of the PREA video PREA What You Need to Know as comprehensive education for inmates. Based on the inmate interviews, inmates indicated they are not viewing the video in booking and other inmates acknowledged it playing, however, was not able to view since numerous inmates were shown the video at the same time on the small DVD player. Officers acknowledged the video is not always offered to the inmate for viewing or they ask if the inmate wants to watch it. The Auditor could not determine if comprehensive education was provided to all inmates, especially since the inmate signs acknowledging the PREA education prior to receiving it.

Did Not Meet: Inmates are not provided comprehensive education within 30 days of intake. The practice is for inmates to observe the PREA video PREA What You Need to Know in booking. Inmates indicated they are not viewing the video in booking and other inmates acknowledged it playing, however, was not able to view since numerous inmates were shown the video at the same time on the small DVD player. Some other inmates stated the booking officers discourage them from watching the video by stating it is 30 minutes and boring. Officers acknowledged the video is not always offered to the inmate for viewing or they ask if the inmate wants to watch it.

Corrective Action Taken: The facility has purchased a television and DVD player to play the PREA video

in the booking area for comprehensive education. The correctional staff and supervisors received procedural direction stating, "When the video is being played, the regular television must be turned off. After the video is played, inmates will be required to sign off on the personal information sheet that they viewed the video. I realize that inmates typically fill out this form right at the on-set, which they can continue to do, however, they will have to wait and sign the form until after the PREA video is played. Booking officers will need to explain to each individual that they must wait to sign off on the sheet. The process of signing the personal information sheet will occur during the process of completing the PREA risk assessment form and after the PREA video is provided." The newly developed PREA Risk Assessment Screening has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided. The facility provided documentation of PREA Risk Assessment forms with signatures of the inmates verifying the viewing of the PREA video and receiving the PREA brochure. The facility has met substantial compliance.

Did Not Meet: The agency must maintain documentation of inmate participation in these education sessions (intake process, comprehensive education).

Corrective Action Taken: The facility developed a new PREA Risk Assessment Screening that has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided to document the inmate education. The facility provided documentation of PREA Risk Assessment forms with the signatures of the inmates demonstrating the documentation of the inmate's participation in the PREA education. The facility has met substantial compliance.

Policy 115 Limited English Proficiency Services states, "It is the policy of the Rock County Sheriff's Office to reasonably ensure that LEP individuals have meaningful access to law enforcement services, programs, and activities, while not imposing undue burdens on its members." The agency has a designated LEP Coordinator whose responsibilities include coordinating and implementing all aspects of the Rock County Sheriff's Office LEP services to LEP individuals and ensuring that a list of all bilingual members and authorized interpreters is maintained and available to each Shift Supervisor and Communications Director. The PREA Coordinator is also the LEP Coordinator for the agency. The PREA Coordinator/LEP Coordinator said the facility receives very few LEP inmates and Spanish is the main language of the LEP inmates. The facility provides PREA information to LEP inmates through written information translated in Spanish (Rock County Jail Inmate Book, PREA Brochure End the Silence, PREA handout), viewing the PREA video in Spanish, and qualified bilingual staff, and interpreters. Other languages would be provided through interpreter services. The facility has a contract with Language Line for interpretation services. The facility's Foreign and Sign Language list provides contact information for fluent Spanish staff interpreters (9), county-wide employee interpreters (Spanish Albanian, French, Korean, Russian, and Italian), and community interpretation services. The list identifies if the interpreter can provide translation services. The facility posted PREA information in Spanish in the housing areas after the on-site audit. The Auditor interviewed three Spanish LEP inmates through an interpreter, two of the three inmates said they did not receive information in a language they understood, the information was provided in English. The other LEP inmate said he received the PREA information in Spanish and English. All the LEP inmates said they could go to an officer that is bilingual to assist them or request assistance through a request or staff member for assistance. All the inmates knew how to report an allegation through telling an officer.

Did Not Meet: Inmates interviewed stated they did not receive PREA information in a language they understand. The facility could not demonstrate the limited English proficient (LEP) inmates received PREA information in a manner they understood.

Corrective Action Taken: The facility provided refresher training to staff in providing how to communicate with LEP inmates through the use of an interpretation line, staff interpreters, or other methods which

includes providing PREA information/education the inmate can understand. A memo was sent to all correctional and supervisors that stated, "Anytime we have Limited English Proficient speaker (LEP), they must be given the same information. Realizing that the bulk of LEP are Spanish speaking, this will be accomplished by utilizing a Spanish speaking officer when available. If none is available, you must use the Language Line found in the booking area. The same will apply for LEP inmates of languages other than Spanish. Employees being utilized as interpreters for PREA purposes must generate a report in Spillman. We have created a PREA option as a "Nature" of incident. It goes without saying that another inmate cannot be utilized as an interpreter for this form." The facility submitted documentation of the Rock County Correctional Facility Personal Information Sheet for LEP inmates along with a report from the inmate's computerized file showing staff provided translation during the booking process including explaining PREA in Spanish and providing the PREA brochure in Spanish to the inmate. The facility has purchased a television and DVD player to play the PREA video in the booking area, the video has captions for the hearing impaired. The newly developed PREA Risk Assessment Screening has a section that captures the signature of the inmate after viewing the PREA video and receiving the PREA brochure and in which language the information was provided. The facility provided documentation of PREA Risk Assessment forms with the signatures of the inmates verifying the viewing of the video and receiving the brochure in a language they understand (Spanish). The facility has met substantial compliance.

The inmates did not have continuous and readily available PREA education. PREA posters were not posted in the housing areas or in other areas accessible to the inmates. The PREA Coordinator stated the information is removed from the inmates if posted in the housing areas. The Inmate Rule Book and the PREA brochure would provide continuous and readily available PREA information if the inmate was provided the information at intake. Through random inmate interviews and discussions with inmates on the facility tour, inmates acknowledged they have not received PREA information upon arrival at the facility.

Does Not Meet: The agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Posters were not visible in the housing pods; they were taken down by inmates.

Corrective Action Taken: The facility has posted the PREA educational information in the inmate housing areas and throughout the facility. The posters are under plexiglass to ensure they are not removed by inmates. The posters provide that the agency has zero tolerance for any form of sexual abuse or sexual harassment; how to report sexual abuse with phone numbers and addresses; and victim support services information. The facility provided photographs of the postings. The facility has also uploaded PREA information and the Jail Rule Book to the inmates' tablets and KIOSKs. The facility has met substantial compliance.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34(d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

General Order 6.375 Prison Rape Elimination Act states, "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases." Policy 308 Prison Rape Elimination Act Training states, "Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity

warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.” At the time of the on-site audit, the facility had four specialized trained investigators that had completed PREA Investigator School through Northeast WI Technical College. The training is the Powerpoint training PREA Investigation Sexual Abuse and Harassment developed through the Moss Group Inc. and the National PREA Resource Center. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The Investigator interviewed stated she received investigator training in a classroom setting at Northeast Technical College and the course was 3 days. She stated the training included gender specific issues, communication, evidence collection, SANE exams, transgender and LGBTI issues, confidentiality, techniques for interviewing, the difference between Garrity and Miranda rights, and the criteria required to substantiate a case for administrative or prosecution referral. The Auditor reviewed the six investigative files, one investigation was completed by a staff member that had not completed the specialized investigator training and the other five were completed by specialized trained investigators.

Did Not Meet: Not all investigators have received specialized training for investigations in a confinement setting. An investigation was completed by an untrained investigator.

Corrective Action Taken: The agency determined all Sergeants, Corporals, Classification Officers, and Detectives will complete the investigative training through National Institute of Corrections (NIC). A directive was forwarded to the supervisors, Detective Bureau and Classification that stated, “All Supervisors, Detectives, and Classification will be required to take the PREA Investigator training through National Institute of Corrections at <https://nic.learn.com>. You will have to create an account and will receive an approval to utilize the site. There will be a variety of courses. You will all need to take the course titled, “Investigating Sexual Abuse in a Confinement Setting,” located in under the PREA learning center. There is also a class for “Advanced Investigations (Detectives),” which is beneficial for all take. Once you complete the course, you will receive a certificate that you can print out.” The facility has submitted training certificates of 12 staff who completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting class and one staff member that also completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting Advanced Investigation to demonstrate compliance. The facility has met substantial compliance.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?

Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 308 Prison Rape Elimination Act Training states, "All staff, volunteers, and contractors who have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Sergeant shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of sexual assault or abuse." Contractors take the same annual PREA training as staff. Policy 308 states, "The Training Sergeant shall be responsible for developing and administering this training, covering at minimum the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse

and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; an individual's right to be free from sexual abuse and sexual harassment; the right of the inmates to be free from retaliation for reporting sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, transgender, intersex, or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; how to avoid inappropriate relationships with inmates." Policy 308 also states, "All full and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and reporting allegations or suspicions of sexual abuse and sexual harassment. If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they shall receive the appropriate training to conduct such examinations." The healthcare staff do not conduct forensic exams, per interviews with healthcare staff, policy, and the PAQ. Through the health care staff interviews (medical and mental health), they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the exam.

The health care staff (medical and mental health) receive specialized training for sexual abuse and sexual assault, through lesson plan Nurse Responsibilities for PREA and an annual PREA training PREA Review lesson plan. The lesson plan was developed through Advanced Correctional Healthcare's Director of Medical Operations. The Nurse Responsibilities for PREA lesson plan includes introduction to PREA, definitions, hiring and promotion decisions, special provisions (youth transgender); cross gender viewing standards; access to care; housing; reporting requirements; understand signs/symptoms of sexual abuse/harassment; preservation of physical evidence of sexual abuse; professional response to the victim; follow reporting procedures dictated by jail policy; inmate rights; signs of sexual abuse and harassment; red flags; investigation; jail nurse assessment; jail nurse documentation; and maintaining professional boundaries. The annual refresher training includes detecting victimization; the impact of sexual abuse in jail; responding to sexual abuse; and detainee rights under PREA. The training has section quizzes through the training. Both trainings have pre and post-tests. The three health care staff interviewed confirmed the topics covered through the training that meets the requirements of the standard. They stated they attend annual in-service with facility staff which includes PREA. They also complete annual training through their corporation. The corporation's annual training is a computer module training. The healthcare staff interviewed were able to explain how to detect signs of sexual abuse and assault; how to preserve physical evidence of sexual abuse; and how to respond effectively and professionally to victims of sexual abuse and sexual harassment. The healthcare staff were able to explain the reporting requirements for allegations of sexual abuse and sexual harassment.

Policy 308 states, "The Training Sergeant shall maintain documentation the facility's health care and mental health professionals have received the training referenced above, either from this office or elsewhere." The training is documented on training transcripts for the health care staff. The Auditor was provided the transcripts for health care staff that demonstrated the staff had completed the general PREA training all facility staff receive and the specialized training through Advanced Correctional Healthcare.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No N/A

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?
 Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?
 Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?
 Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The intake screening and reassessment process for the risk of victimization and abusiveness are outlined in the Standard Operating Procedures 6.030 Booking Procedures, 6.150 Inmate Classification, and 6.320 Medical and Mental Health Intake and Policy 509 Inmate Classification. Standard Operating Procedure 6.030 Booking Procedures states, "Staff will fill out the PREA Risk Assessment Screening Form and the Personal Information Sheet. Ensuring the inmate signs and initials in the designated spots regarding the facilities rules and that they have been provided information and training regarding PREA. The PREA assessment form will be attached to the booking paperwork for classification and the Personal Information Sheet will go in the inmate's file. Standard Operating Procedure 6.320 Medical and Mental Health Intake states, "The booking staff conducts an initial medical/mental health intake screening at the time of booking using the forms Booking Pre-Admission Questions for Inmates, Brief Jail Mental Health Screen, PREA Risk Assessment Screening, and Fees for Health Care Services...The PREA Risk Screening form will be filled out based on the booking officer's observations

and the questions asked of the inmate upon intake. Once completed, the original goes in the inmate's file and a copy is attached to the Classification File." The two staff interviewed that perform screening for risk of victimization and abusiveness stated inmates are screened at booking by intake officers. The staff interviewed indicated that the risk screening is completed upon arrival and always within 72 hours of the inmate's arrival. The staff stated the inmate does not leave the booking area until the intake screening is completed. The facility had 3,578 inmate intakes during the audit period, the PAQ indicated that a risk screening was completed on all inmates; 2,068 inmates' length of stay was longer than 72 hours. Standard Operating Procedure 6.150 Inmate Classification states, "Within 72 hours after the initial housing assignment has been made, all information recorded about an inmate will be routed to the classification staff, at which time all inmates will be subject to the primary classification process." This timeframe requires the PREA Risk Assessment to be completed prior to the initial housing placement which occurs before 72 hours. The intake officers ask all the questions on the PREA Risk Screening and responses require a yes or no from the inmate. The assessment is then scored to determine if the inmate is at risk of victimization or abusiveness. Twenty-four inmates were interviewed utilizing the Interview Guide for Inmates, 21 inmates acknowledged the PREA Risk Screening occurring as soon as arriving at the facility in booking. Most stated the assessment was completed with an hour with some noting within 15 minutes. Three of the inmates stated they were not asked the PREA Risk Screening questions. The Auditor reviewed twelve inmate files for PREA Risk Assessment completed at intake and within 72 hours. All the files had completed PREA Risk Assessments completed. Ten of the files documented the PREA Risk Assessment being completed on the day of intake, one on the next day, and one was completed at five days. The Auditor observed an intake, the intake officer completed the PREA Risk Screening immediately along with the General Intake Booking Pre-Admissions Questions for Inmates, and Brief Jail Mental Health Screen forms. The inmate was scored at no risk.

The PREA Risk Assessment Screening Form is divided into two sections Risk of Victimization and Risk of Being Sexually Abusive. The intake screening for risk of victimization considers the following criteria: does the inmate has a mental, physical, or developmental disability; is the inmate's age less than 21 years or greater than 40 years; does the inmate have a slight build; is this the inmate's first incarceration; does the inmate's criminal history include violence; does the inmate's criminal history include prior convictions for sex offenses against an adult or child; does the inmate identify as or is the inmate perceived to be gay, bi-sexual, or transgendered; has the inmate previously experienced sexual victimization; does the inmate perceive him/herself to be at risk of sexual victimization; and is the inmate detained solely for civil immigration purposes. An affirmative answer is 2 points, and a negative answer is 1 point. A score of 18 points or higher indicate a high risk of being sexually victimized. For an inmate to be classified at risk of victimization, an inmate needs affirmative answers to nine of the ten questions. The intake screening for risk of being sexually abusive considers does the inmate have any prior acts of sexual abuse; does the inmate have any prior convictions for a violent offense; and does the inmate have a history of prior institutional violence. An affirmative answer is 2 points, and a negative answer is 1 point. A score of 6 points or higher indicated a high risk of being sexually abusive. The inmate would have to provide an affirmative answer to all three questions to score as being at high risk of being sexually abusive. Although the risk assessment considers all the screening criteria required by the standard, the scoring of the instrument for victimization and abusiveness requires a high score where the offender would have to provide positive answers to all questions to identify at risk for victimization or being abusive. The risk screening is not an objective screening instrument.

Did Not Meet: Although the risk assessment considers all the screening criteria required by the standard, the scoring of the instrument for victimization and abusiveness requires a high score where the offender would have to provide positive answers to all questions to identify at risk. This does not address the intent of the standard or provide an objective screening instrument.

Corrective Action Taken: The facility developed a new risk screening instrument, Rock County

Correctional Facility PREA Risk Assessment Screening, for initial risk assessments and the 30-day reassessment. This form identifies five questions in the section of Risk of Victimization where a positive response and/or a score of four or more scores the inmate at risk of victimization and must also be referred to mental health. In the section of Risk of Being Sexually Abusiveness, if an inmate scores three or more positive responses, the inmate is considered at risk for abusiveness. Procedural direction was also provided to all correctional staff and supervisors that stated, "Review risk assessment forms via a face-to-face with-in 72 hrs to determine sexual victimization screening and abusiveness. Make appropriate housing determination based on PREA criteria to separate inmates with high risk of being sexually victimized from inmates with high risk of being sexual abusers. The risk assessment form will be utilized to make appropriate decisions reference housing, work, education, and program assignments. Make referrals to Mental Health Specialist based on risk assessment form and individual screening. The referral will be made by providing the Mental Health Specialist with a copy of the risk assessment form." The facility provided documentation of the new Rock County Correctional Facility PREA Risk Assessment Screening being utilized. The facility has met substantial compliance.

The PREA Risk Assessment is utilized for initial and 30-day reassessments. Based on the type of assessment, staff will mark initial assessment or 30-day reassessment at the top of the form. The two staff interviewed that perform screening for risk of victimization and abusiveness stated inmates are reassessed as part of classification within or at 30 days asking the exact same questions. Other reassessments are on request by staff. The Auditor had a classification staff member explain the reassessment process. The staff member explained the reassessment is completed on the same risk assessment form as the initial risk assessment and designates it as the 30-day review by checking the box. The staff member stated the inmate is asked the risk assessment questions, discusses with the inmate if there are any problems in the housing unit, and just asks common sense questions to determine the inmate's safety. The staff member also expanded that reassessments was not being completed during the COVID breakout. Other reassessments are on request by staff. Standard Operating Procedure 6.150 Inmate Classification does not directly address the PREA Risk Reassessment. The procedure states, "It is the purpose of the classification review procedure to assure a fair and consistent periodic review of the inmate's classification in security, housing, and programs. Any Jail staff member may request a classification review on an inmate at any time. The classification staff will notify the appropriate person as to the status of the request." Policy 509 Inmate Classification states, "The classification correctional officer shall review the status of all inmates who have been incarcerated in the facility for more than 30 days. Additional reviews should occur each 30 days thereafter. The review should examine changes in the inmate's behavior or circumstances... Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness." Of the 24 inmates interviewed, only two stated they had received a reassessment that was conducted by classification. The review of the 12 inmate files showed only two inmates had reassessments completed and were completed within 30 days.

Did Not Meet: The facility is not consistently conducting reassessments of inmates within 30 days of arrival determined by staff interviews and inmate file review. The facility is not completing reassessments of the inmate's risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Corrective Action Taken: The facility developed a new risk screening instrument, Rock County Correctional Facility PREA Risk Assessment Screening to be utilized for initial risk assessments and the 30-day reassessment. Procedural direction was provided to all correctional staff and supervisors that stated, "Conduct a face-to-face reassessment 30-days after initial assessment. Classification will reevaluate all PREA questionnaire and make any additional referrals to Mental Health Specialist if appropriate. If the individual identifies as transgender and is in our facility for an extended period of

time, a reassessment must be completed at minimum twice per year.” The facility provided documentation of the new Rock County Correctional Facility PREA Risk Assessment Screening being utilized for initial and 30-day reassessments to demonstrate compliance. The facility has met substantial compliance.

Recommendation: The facility should expand the Standard Operating Procedure 6.150 Inmate Classification and Policy 509 Inmate Classification to specifically address the PREA reassessment process and the required timeframe as directed by the written directive.

Policy 509 Inmate Classification states, “Inmates may not be compelled by threat of discipline to provide information or answers regarding whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate’s own perception of vulnerability.” The Standard Operating Procedure 6.205 LGBTI, Transgender, Non-Gender Conforming Intake and Housing states, “Inmates shall not be disciplined for refusing to answer questions related to sexual orientation or gender identity.” The staff interviewed said inmates do not have to answer questions and can refuse. They will try to obtain the information through reviewing the inmate’s information and they will encourage the inmate to answer by explaining it assists in the determination of housing placement to protect them. The information may also be obtained by reviewing past records, arrest records, and during reassessments.

Policy 509 Inmate Classification states, “Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know.” The staff interviewed stated the information is maintained in the inmate’s file which any staff has access to. The PREA Coordinator also confirmed that all staff has access to the inmates’ files which include the PREA Risk Assessment Screening forms.

Did Not Meet: The facility is not providing appropriate controls on the dissemination of the PREA risk screening form in order to ensure sensitive information is not exploited by staff or other inmates. The information is maintained in the inmates’ files and classification file that is accessible to all staff.

Corrective Action Taken: The facility developed a method for appropriate controls of the PREA Risk Assessment Screening form in order to ensure sensitive information is not exploited by staff or other inmates. The facility requires the PREA Risk Assessment form to be forwarded to Classification to be maintained in a designated file cabinet with limited access. Upon the release of the inmate, all risk assessments forms will be forwarded to record keeping for storage. This procedural direction was shared with all correctional staff and supervisors through a memo on May 26, 2021. The facility has met substantial compliance.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the

goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42(g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility's Policy 509 Inmate Classification, Standard Operating Procedure 6.150 Inmate Classification, and Standard Operating Procedure 6.205 LGBTI, Transgender, Non-Gender Conforming Intake and Housing address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized from those at high risk of being sexually abusive separate. Policy 509 states, "The initial classification process is intended to identify predatory, violent, and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporary held in the facility and until a decision is made to place the individual into a more permanent housing assignment...Housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety." Standard Operating Procedure 6.150 states, "It is the purpose of the classification review procedure to assure a fair and consistent periodic review of the inmate's classification in security, housing, and programs." The PREA Coordinator said the facility utilizes the PREA Risk Screening form to screen for victims and abusers and would utilize the screening for the housing of victims and predators to maintain separation. Two classification staff interviewed said the risk screening it utilized to identify inmates at risk for victimization and abusiveness as determined by a high score on the screening tool. They utilize the risk screening information along with discussions with the inmate about their safety in the facility to determine housing placement. They stated they also discuss with the inmate their preference for housing in a large of smaller housing unit. They offer involuntary segregation if the inmate does not feel safe in the facility. The Auditor observed a classification meeting with an inmate. The Classification staff member reviewed the PREA Risk Assessment Screening form that was in the inmate's classification file prior to meeting with the inmate. The Classification staff member reviewed the screening questions with the inmate and asked further questions for the targeted questions during discussion with the inmate. The inmate had no risk factors and was assigned to general population. The Classification staff member stated if the inmate scored at

risk for victimization or abusiveness, the supervisor would be notified to determine housing placement. Classification staff work 1st and 2nd shifts to conduct the classification process and determine housing placements. On 3rd shift, the Supervisor would make the classification housing decision. If there is a question on housing placement, the inmate would be housed in administrative segregation or other safe housing until appropriate housing plan is developed within 24 hours. The housing/bed and program assignments are made on a case-by-case basis. Through inmate and staff interviews and the classification observation, it was determined that the facility addresses the needs of the inmate consistent with the security and safety of the individual inmate.

Policy 509 states, "Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility safety concerns. A transgender or intersex inmate's views with respect to his/her own safety shall be given serious consideration." The Standard Operating Procedure 6.205 LGBTI, Transgender, Non-Gender Conforming Intake and Housing states, "During the intake process, staff shall take inmate transgender and intersex status, behaviors, characteristics, and concerns for safety into consideration when determining where the inmate is housed. Segregation or administrative confinement shall not be a default housing designation for LGBTI or gender non-conforming inmates. The goal shall be placement in the least restrictive environment necessary to ensure the inmate's health and safety and provide the inmate with equal access to facility services (i.e., programs, privileges, education, and work opportunities)." The procedure also states, "As part of the booking process, the booking officer in consultation with mental health staff and classification staff, if available, shall discuss housing options with transgender, intersex, and gender non-conforming inmates. When deciding whether to assign a transgender or intersex inmate to a housing area for male or female inmates, and in making other housing and programming assignments, the Sheriff's Office shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. This assessment may consider such things as gender identity, inmate privacy issues, the physical layout of housing options, levels of supervision available, level of supervision needed, criminal history, institutional history, housing availability, inmate genitalia (if known), inmate appearance, and gender non-conforming attributes. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration." The PREA Coordinator said the facility determines housing and program assignments for transgender and intersex inmates through the PREA Risk Assessment Screening completed at intake. The transgender or intersex inmate would be housed in general population unless the inmate has concern for their own safety. The housing and program assignments are made by classification after a face-to-face interview and review of the inmate's file. The review would include any consideration of previous incidents, criminal history, current charges, and the inmate's behaviors. The classification staff stated the transgender or intersex inmate's views of their own safety is discussed during the classification meeting with the inmate, the conversation includes asking the inmate where they would feel most comfortable. The discussion with the inmate will include assessing any problems or issues the inmate may identify and the inmate's own views for housing based on security and safety. The classification staff shared that most transgender inmates are repeat inmates and know the facility and feel comfortable. There were no transgender or intersex inmates housed at the facility during the on-site audit to interview. The Auditor did interview one lesbian, one gay, and four bisexual inmates. Four of the inmates shared that intake and classification staff at intake discussed with them about how they felt about their safety in the facility and were told to contact staff if needed. The lesbian inmate said she was not asked how she felt about her safety. And the gay inmate acknowledged he was not asked but stated they all know me here.

Standard Operating Procedure 6.205 states, "Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. Housing placement and programming assignments shall also be reassessed by classification staff at any time the inmate or staff makes a request for such reassessment." One of the classification staff said transgender and intersex inmates are reassessed like everyone else

and they can also request a reassessment. The other classification staff member said a reassessment is conducted at 30-days and currently the 30-day reassessments are not being conducted. The PREA Coordinator stated a reassessment is conducted at 30-days. Although policy requires a transgender or intersex inmate be reassessed at least twice a year, the staff were not aware of the requirement. The PREA Coordinator noted there has not been any transgender or intersex inmate that have been housed longer than six months.

Did Not Meet: Staff were not aware of the standard and policy requirements for completing reassessments on transgender inmates at least twice a year.

Corrective Action Taken: The facility developed a new risk screening instrument, Rock County Correctional Facility PREA Risk Assessment Screening to be utilized for all initial assessments and reassessments. Procedural direction was provided to all correctional staff and supervisors that stated, "If the individual identifies as transgender and is in our facility for an extended period of time, a reassessment must be completed at minimum twice per year." The facility has not housed a transgender inmate for a period of time that required a reassessment at six months. The new Rock County Correctional Facility PREA Risk Assessment Screening being utilized for reassessments and the procedural direction given to staff demonstrate compliance. The facility has met substantial compliance.

Standard Operating Procedure 6.205 states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates." The classification staff and the PREA Coordinator stated there are individual showers with a door or curtain in the housing units and all inmates shower one at a time. If a transgender inmate did not feel comfortable showering in the housing unit, the inmate could shower in the medical area. The showers are located outside the housing pod in a hallway in the housing unit for Housing Units A, B, C, and D. Only one inmate is permitted to be in the shower area at a time.

Standard Operating Procedure 6.205 states, "Inmates who are LGBTI or gender non-conforming shall not be placed in dedicated facilities or housing units solely on the basis of such identification or status, unless such placement is in a dedicated area established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such inmates." Of the six identified LGBTI inmates interviewed, the inmates indicated they were not housed in dedicated housing, and all felt safe at the facility. The Auditor reviewed the housing assignments of the inmates, and it demonstrated the inmates are housed throughout the facility. The PREA Coordinator stated LGTBI inmates are not housed in dedicated units and the facility has no consent decree, legal settlement, or legal judgement requiring the agency to develop a dedicated housing unit. It was also stated that LGBTI inmates are housed in general population based on the risk screening.

Standard 115.43: Protective Custody

115.43 (a)

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

assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine

whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility's General Operating Procedures 6.270 Lockdown/Administrative Confinement, 6.375 Prison Rape Elimination Act and Policy 509 Inmate Classification address segregated housing for protective custody for risk of victimization. Policy 509 states, "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available means of separation from likely abusers." General Operating Procedure 6.375 states, "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed. If an involuntary protective custody assignment is made because of a high risk for victimization, the approving supervisor shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged. The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days." General Operating Procedure 6.270 states, "Inmates at high risk will not be placed on Administrative Confinement unless an assessment or alternative placement has been made and documented and that inmates are held in involuntary Administrative Confinement for no more than 30 consecutive days." The Jail Commander said administrative segregation housing would only be used as a last resort after all other housing options are reviewed and then discussed with the inmate. Consideration would be given to smaller units with housing in direct sight line of the officers. Administrative housing would never be used to isolate the inmate. He stated the goal is to keep the inmate in general housing under direct supervision. The Superintendent also stated if an inmate is placed in administrative segregation, the inmate would be housed only until a better housing placement is found. This would be accomplished as soon as possible although it may be up to a day or two. The Jail Commander confirmed there has been no inmate at risk for sexual victimization housed in administrative segregation housing for protective custody. The Sergeant interviewed that supervises inmates in segregated housing said there have been no inmates housed in administrative custody for risk of victimization and they would try to house the inmate in the medical area first. There were no inmates housed in involuntary segregation housing during the audit period per the PAQ and staff interviews.

General Operating Procedure 6.375 states, "Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are put in place, the approving supervisor shall document the following: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations." General Operating Procedure 6.270 states, "Inmates assigned to administrative confinement are to be placed in the lockdown section (depending upon available housing space and inmate gender consideration). They are allowed general reading material; they will be allowed to use the law library; they will be allowed a shower following the shower schedule; they will be allowed access to a phone daily; they will not be allowed T.V.; they are allowed visitation following the visitation schedule; and they will be allowed one hour per day of

time outside their cell.” The Sergeant said the inmate would have accessibility to programs, privileges, and education opportunities while in administrative segregation. The inmates would receive packets to allow continued access to education materials and GED classwork and testing as well as access to staff for assistance and questions. The inmates would receive privileges the same as the general population including tablets, commissary, visitation, and phone. other than television, including visitation, phone calls, canteen, recreation, and library books, and law library materials as requested. Programs would include art therapy, religious services, and any other programming available at the time. The Sergeant stated that programming, privileges, work opportunities, and education would only be restricted through the disciplinary process after being found guilty of a rule violation or a change completed by classification. The disciplinary hearing would document the restriction duration, what opportunities was restricted, and the reasons for restriction.

General Operating Procedure 6.375 states, “Every seven days, the Classification supervisor or another supervisor in his/her absence shall afford each such inmate a review to determine whether there is a continuing need for protective custody.” General Operating Procedure 6.375 states, “The Correctional Supervisor will review each Administrative Confinement every seven days. The review shall contain the reason the inmate was placed in Administrative Confinement and the length of time the inmate is to remain in Administrative Confinement. This will be in written form and placed in the inmate's file. The jail's Mental Health Worker should be part of the review process whenever possible.” The Sergeant stated a weekly meeting is held with classification and mental health to review the inmate's housing and whether there is a need for continued protective custody. The review is documented through a written report that would be reviewed by jail administration.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No N/A

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51(d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Rock County Jail has established procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. General Operating Procedure 6.375 Prison Rape Elimination Act states, "Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose." Reporting information is provided to the inmate population through the Inmate Rule Book, PREA brochure End the Silence, and the PREA video PREA What You Need to Know. The housing units did not have PREA reporting information and hotline numbers available within the housing pods. The facility has added the PREA reporting information to the inmate tablets, on the KIOSK within the unit, and newly posted information in the housing units providing inmates readily accessible PREA educational information including how to report an incident and methods for reporting, PREA reporting number, and the PREA Coordinator's name. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English and Spanish. PREA reporting methods are shared with inmates at intake and continuously by the newly posted PREA information in the housing areas. The reporting information informs the inmates they can report an allegation through reporting to any staff, volunteer, contractor, medical and/or mental health staff; submit a grievance, submit a sick call slip; report to the PREA Coordinator; tell a family member, friend, counsel, or anyone else outside the facility; use the inmate phone system by pressing #9; or report

eternal to the Walworth County Sheriff's Office. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English and Spanish. During the formal and informal inmate interviews, most inmates indicated they felt comfortable reporting sexual abuse or sexual harassment to a staff member. They also were able to identify other options available to them for reporting including dialing #9 on the phone, write a slip, on the tablet, file a grievance, report to individual outside the facility, call family, complete a request slip, talk to officer through the intercom, and tell another inmate. Inmates were not aware they could report anonymously. This information is provided within the Inmate Rule Book and now on the newly posted PREA information in the housing units. The five allegations reported at the facility were through the PREA hotline (1), grievance (1), verbally to non-security staff (1), verbal to security staff (1) and through an inmate request form (1). These reporting methods were demonstrated through review of policies and procedures, the Inmate Rule Book, newly posted PREA information, review of investigative files, and interviews with inmates and staff.

General Operating Procedure 6.375 Prison Rape Elimination Act states, "Inmates may also report sexual abuse or sexual harassment to the Walworth County Jail, who has the ability to immediately forward reports to this facility." During the on-site audit, the inmates were able to dial #9 that connected them to the facility for reporting. The Auditor tested the reporting line and the phone line connected to the facility's classification office for reporting. Although the Walworth County Jail is listed as an external reporting method, the numbers were not readily accessible for the inmates to utilize to make an external call. The facility did not have an MOU to demonstrate the partnership for accepting and reporting allegations of sexual abuse. The Auditor tested the reporting lines and all phone lines connected for reporting.

Did Not Meet: There is not a method for the inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The current PREA hotline messages are forwarded to the facility's classification office.

Corrective Action Taken: The facility has developed a MOU with Walworth County Sheriff's Office to receive confidential outside reporting from the public or from inmates wishing to report a PREA allegation that occurred at Rock County Jail. The MOU was signed on April 26, 2021. The MOU outlines the Walworth County Sheriff's Office will receive the complaint in a confidential manner if the reporting person so requests which allows inmates to report anonymously. The inmates are provided this information on a posting with the phone number for Walworth County Sheriff's number. The correctional staff and supervisors were informed of the new process through a procedural directive memo. The facility has met substantial compliance.

General Operating Procedure 6.375 Prison Rape Elimination Act states, "Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Policy 606 Prison Rape Elimination Act states, "Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports... Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Jail Commander)." Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports." Staff interviewed indicated they were aware of the reporting methods available to inmates to report sexual abuse and sexual harassment. Staff were also knowledgeable on the ways inmates could report to any staff member and their responsibility in the reporting process. Staff acknowledged through interviews that they would report immediately any allegation to a supervisor and/or PREA Manager and document it through a written report immediately. Staff also shared that the information would not be shared with other staff unless there was a need to know. Through the review of the investigative files, allegations reported to staff were reported immediately and an incident report was written. Staff were not aware how they could report privately sexual abuse or sexual harassment of

inmates. The majority of staff stated they would have to use the chain of command to report. Only two staff noted they could report outside the facility or utilize the PREA hotline.

Did Not Meet: Staff were unaware how they could report privately report sexual abuse and sexual harassment of inmates. The current method of documenting and submitting information through the electronic system allows other staff to view the reports.

Corrective Action Taken: The facility provides a method for staff to privately report sexual abuse and sexual harassment of inmates to the Jail Commander, the agency's Detective Bureau (outside entity from the facility), and the Walworth County Sheriff's Office. This information is available to staff in the PREA policy and presented during annual training. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)

Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt

from this standard.). Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52(g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility's Policy 609 Inmate Grievances outlines the administrative procedure for inmate grievances regarding sexual abuse and harassment. At the beginning of the audit process the policy did not address all the requirements of the standard. The facility has updated the policy to address the standard requirements. Staff were provided policy updates during annual in-service. Policy 609 states, "All inmates shall be provided with a grievance process for resolving complaints arising from facility matters with at least one level of appeal. Inmates will receive information concerning the grievance procedure during the intake process. Information will also be contained and available to view on the tablets, which include the inmate handbook." The policy also states, "The following apply to grievances that are related to sexual abuse allegations. Inmates may submit a grievance regarding an allegation of sexual abuse at any time, no time limit shall be imposed. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit

on the ground that the applicable statute of limitations has expired. Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint. Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Sergeant/Correctional Supervisor for investigation. Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse.” During the random interview process, inmates indicated they felt comfortable reporting sexual abuse or sexual harassment and they know the options available to them for reporting including filing a grievance. An inmate may file a grievance through the electronically on the KIOSK or tablet, they can also submit a grievance by written form. A grievance filed through the KIOSK or grievance is forwarded to Correctional Supervisor for investigation. There was one allegation reported through the grievance process (written grievance) for sexual harassment during the audit period. Upon receiving the grievance, the PREA Coordinator saw the inmate the same day of the grievance to discuss his concerns. After discussion with the inmate, it was determined the allegation made by the inmate did not fall under PREA. The PREA Coordinator explained his concern was not a PREA violation and the inmate understood this, and they discussed his other complaints. Upon review of the grievance and the written report the Auditor confirmed the PREA Coordinator response was correct, it was not a PREA related concern.

Did Not Meet: The policy needs to address timeframes for sexual abuse and harassment grievances decisions including emergency grievances.

Corrective Action Taken: The facility has updated Policy 609 Inmate Grievances to include the required timeframes for sexual abuse and sexual harassment grievances that mirror the standard. The updated policy states, “Inmates may submit a grievance regarding an allegation of sexual abuse at any time, no limit shall be imposed... The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made... Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Jail Captain, who will investigate and issue a final decision within 5 calendar days.” Policy updates were provided to all correctional staff and supervisors through shift briefings and annual in-service. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility had no grievances related to sexual abuse during the corrective action period. The facility has met substantial compliance.

Did Not Meet: The policy needs to address standard provisions (d)(2), (d)(3), and (d)(4).

Corrective Action Taken: The facility has updated Policy 609 Inmate Grievances to include language that addresses all provisions of 115.52(b). Policy 609 Inmate Grievances states, “The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency’s ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.” Policy updates were provided to all correctional staff and supervisors through shift briefings and annual in-service. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility had no grievances related to sexual abuse during

the corrective action period. The facility has met substantial compliance.

Policy 609 states, "The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. The Jail Captain shall ensure that grievances related to sexual abuse are investigated and resolved within a reasonable amount of time of the initial filing. The Jail Captain may grant an extension if reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made. At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level." Through the review of the one grievance, it was demonstrated the grievances were handled in a timely and proper manner. There were no extensions required.

Did Not Meet: The policy needs to address standard provisions (f)(1) and (f)(2) regarding the timeframe for the final decision of an emergency grievance.

Corrective Action Taken: The facility has updated Policy 609 Inmate Grievances to include the required timeframes for sexual abuse and sexual harassment grievances that mirror the standard. The updated policy states, "The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made." Policy updates were provided to all correctional staff and supervisors through shift briefings and annual in-service. All correctional employees have completed training through in-service in 2021. The facility has provided the lesson plan, PREA Training for Correctional Staff and training certificates of 221 employees to demonstrate compliance. The facility had no grievances related to sexual abuse during the corrective action period. The facility has met substantial compliance.

Policy 609 states, "Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision." There were no third-party grievances filed on behalf of an inmate.

Policy 609 states, "Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Jail Captain, who will investigate and issue a final decision within 5 calendar days. The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance." There were no emergency grievances filed during this audit period per the PREA Coordinator and the PAQ.

Policy 609 states, "Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith." The facility had no disciplinary actions against an inmate for having filed a grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "The facility 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, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible." The emotional

support information is provided to the inmates upon intake to the facility through the PREA brochure End the Silence and the Inmate Rule Book. The brochure states support services are available from the Rock/Green County Sexual Assault Recovery Program and provides the addresses and phone numbers for the Family Services Main Office and Janesville Office. At the time on the on-site audit, emotional support service information was not posted in the housing units. Since the audit, the facility has posted emotional support information in the housing units (No Means No poster) that includes victim support service contact information. The Inmate Rule Book informs the inmates that the RCSO has partnered with Family Services to provide survivors of sexual abuse with emotional support services. To access these services, contact (608) 365-1244 or you can send a letter to: 205 N. Main St., Janesville, WI 53546.

Did Not Met: The policy cited for compliance addressing victim advocacy services during the forensic exam process and does not address accessibility of emotional support services at other times for inmates.

Corrective Action Taken: The facility updated Policy 606 to address emotional support service information available other than during the forensic exam, "The facility 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, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies." A memo from the PREA Coordinator dated May 26, 2021, to provide refresher training to all correctional staff stated, "The purpose is to provide all staff training with respect to access to outside confidential support services. In compliance to PREA (28 CFR 115.53(b)), we must offer victims of sexual abuse the ability to seek confidential emotional support services outside of this facility. Although this information is provided to each inmate in the brochure during the booking process, it is important everyone has this information readily available. This resource is in addition to our in-house Mental Health Specialist and Sexual Assault Recovery Program advocate (SARP). Rock County Sheriff's Office is partnered with the following outside provider: Family Services Main Office, 416 College St, Beloit, WI 53511, (608) 365-1244 or Family Services Janesville Office, 205 N. Main St, Janesville, WI 53546, (608) 365-1244. This resource should be provided to inmates any time there is an incident of sexual abuse. It should also be provided to offenders that may need emotional support services for incidents that occurred previously to incarceration." This information is also available to inmates on postings in the housing units. The MOU, refresher training memo, and photo of the posting demonstrated compliance. The facility has met substantial compliance.

The facility has a MOU with Family Services of S. WI and N. IL (Sexual Assault Recovery Program - SARP) for victim advocacy services. This MOU outlines the victim advocacy services that would be provided through the forensic medical examination process and investigatory interviews including provide an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview process as requested by the victim; provide emotional support services to include emotional support, crisis intervention, information and referral; and work with the RECAP (Rock County Education and Criminal Addiction Program) facilitator to identify and provide services to sexual assault survivors who are participating in the RECAP program. The MOU outlines the emotional support services may be conducted by mail, in person, by telephone, or an approved telecommunication method. The victim advocate will obtain consent and a release of information from the victim before reporting an incident of sexual abuse, any fears or concerns the victim has related to safety or disclosing other confidential information to the facility. The Auditor interviewed a representative from the Sexual Assault Recovery Program who confirmed the services provided to the facility. The PREA Coordinator stated the victim advocates are trained through the Family Services of S. WI and N. IL (Sexual Assault Recovery Program - SARP) to conduct victim advocacy and crisis services. The PREA Coordinator also stated that the facility has a trained qualified staff member that could provide victim advocacy services if Family Services was not available. The Mental Health Coordinator is trained as documented through a training certificate.

The PREA Manager also indicated all inmates would receive the information on how to obtain victim advocacy services once an allegation is reported and the information is available on housing unit postings. The two inmates interviewed that reported sexual harassment stated they were given a sheet of information with services available to them and that it was also posted on the walls.

The inmates interviewed were not aware of services available outside of the facility for dealing with sexual abuse and emotional support services. However, the facility provides the information with contact numbers and addresses to the inmates in numerous methods as demonstrated through the Inmate Rule Book and the PREA brochure at the time of the audit, and after the audit the newly posted information.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member." During interviews with staff and inmates, all were aware that allegations can be reported through a third-party. The inmates stated their family, friends, or another inmate could report for them. There were no third-party reports during the audit period. The agency does not publicly distribute information on how to report sexual abuse or sexual harassment on behalf of inmates.

Did Not Meet: The agency does not distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

Corrective Action Taken: The facility has updated the website information to provide reporting methods for the public. The website information states, "If you, or someone you know, is a victim of a sexual assault that occurred while housed in the Rock County Jail, we want you to REPORT IT IMMEDIATELY. Reports can be made verbally, in writing and may remain anonymous. However, the more detailed information you provide, including your name, the name of others involved and the specific locations of the incident, the better we can investigate the actions. A PREA Hotline phone number has been established for you to directly report such incidents of sexual misconduct. To make a report of sexual misconduct utilizing the PREA hotline number: From outside the facility dial: 608-757-8039: From

inside the facility: Press 1 for English, 2 for Spanish, then * 91; To make a report to an outside source of sexual misconduct utilizing the Walworth County Sheriff's Office: From outside the facility dial: 262-741-4520." The facility has met substantial compliance.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a

State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?

Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?

Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law." Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. The majority of staff acknowledged through interviews that they would report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their immediate supervisor, Jail Administrator, Jail Commander, and/or PREA Coordinator. They also indicated they would document the report through an informational report. Staff interviewed also stated information would only be shared with the supervisor and other staff on a need-to-know basis as directed. Through the review of the investigative files, staff reported allegations to their shift supervisor immediately. The reporting requirement is the same for volunteers and contractors. This is covered with staff in the annual in-service training, orientation training, and briefings.

Did Not Meet: Staff need to report all allegations of sexual abuse or harassment. A staff member stated that all allegations are not reported. In the RCAP program there are numerous allegations of sexual harassment, when reported these allegations are reviewed with the supervisor and they a determination whether to remove the offender from the program. These are not reported to the investigators.

Corrective Action Taken: All correctional staff and supervisors were provided refresher training through a memo dated May 26, 2021. The memo to all correctional staff and supervisors stated, "The purpose is to provide all staff with refresher training in respect to reporting all allegations of sexual abuse or sexual harassment. During the PREA audit and interviews, it was disclosed that not all allegations of sexual harassment are reported to a PREA Investigator. The Rock County Sheriff's Office has absolutely ZERO tolerance against any acts of sexual abuse or harassment regardless of how minor it may be. There is no exception to this rule. Per our PREA policy 606, any knowledge, suspicion, or information regarding an incident involving sexual abuse or sexual harassment must be reported to your immediate supervisor. Every allegation must be investigated by a PREA Investigator. It is important that each Officer review the policy and pay close attention to section 606.7 (First Responders). All Officers are considered First

Responders and this section applies to each and every one of you. Anytime you receive a complaint, allegation, or report of sexual abuse or sexual harassment, you will be required to generate an Admin Report. These reports will no longer be entered into Spillman. This information must be maintained confidential and shall be distributed on a need to know basis. Your Admin Report will be given to your supervisor, which will be attached to the PREA investigation.” Reporting requirements are also provided through the PREA policy and presented during annual training and briefings. All correctional employees have completed training through in-service in 2021. The facility has provided the refresher training memo, lesson plan, PREA Training for Correctional Staff, and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

Policy 606 states, “The Responsible Physician or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18. Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions.” Standard Operating Procedure 6.110 Health Services states, “Medical and mental health staff shall obtain informed consent before reporting an incident of sexual abuse that occurred outside the facility, unless the inmate is under 18 years of age.” Of three health care staff interviewed, only two staff stated they disclose the limitations of confidentiality and duty to report to the inmate during the initial medical intake assessment and at the beginning of each visit; indicating confidential will be maintained as much as possible. The inmates are required to sign a consent form before releasing information. The other staff member stated she was not sure and has not been in that situation. Two of the staff indicated youthful offenders (inmates under the age of 18) would be considered adults within the facility by Wisconsin law. They would use the same consent form as adults. The other staff member did not know if there was a separate consent process for inmates under the age of 18. The health care staff stated they would report any allegations or information to a shift supervisor, immediately. One allegation reported during the audit period was reported to a mental health staff. The mental health staff member interviewed acknowledged reporting the allegation reported to her. She indicated she reported immediately to shift supervisor. The allegation was reported to a shift supervisor and an investigation initiated. This was documented in the investigative file reviewed by the Auditor.

Did Not Meet: Medical and mental health staff were not aware for a youthful offender (under the age of 18) the agency must report the allegation to the designated State or local service agency under applicable reporting laws. Staff considers all inmates as adults.

Corrective Action Taken: The facility provided refresher training to all nursing staff and jail Supervisors through a memo dated May 26, 2021. The refresher training memo stated, “The State of Wisconsin adjudicates youth offenders under the age of 18, who commit adult crimes, as adults for the purpose of prosecution. However, per PREA standards, individuals housed in our facility who are 17 years of age or younger are considered minors. Therefore, mandated reporting laws continue to apply for said subjects. Wisconsin law (48.981(2)) requires that any mandated reporter who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected, or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that the abuse or neglect of the child will occur, make a report to the county CPS or law enforcement. Additionally, Wisconsin Law (175.32) requires that any mandated reporter who believes in good faith, based on a threat made by an individual seen in the course of professional duties regarding violence in or targeted at a school, that there is a serious and imminent threat to the health or safety of a student or school employee or the public, make a report to law enforcement. Reports of suspected child abuse and neglect can be made to the county where the child resides or to the law enforcement of where the child resides or to the law enforcement of where the possible abuse and/or neglect occurred. Reports of suspected school violence must be made to law enforcement. It’s important to note the following: Persons making reports in good faith are immune from

criminal and civil liability; A person who is mandated to report suspected child abuse or neglect will be informed by the county what action, if any, was taken to protect the health, safety, and welfare of the child who is the subject of the report; Penalty: Persons required to report, who intentionally fail to report suspected child abuse or neglect or threats of school violence may be fined not more than \$1,000 or imprisoned not more than 6 months or both (§ 48.981(6)).” The medical staff also has completed PREA and HIPPA in Correctional Health Care as documented through submitted training transcripts. With the refresher training for medical staff, the facility has demonstrated compliance. The facility has met substantial compliance.

The policy also states, If the alleged victim is under the age of 18 or considered a vulnerable adult, the Shift Sergeant shall also report the allegation as required under mandatory reporting laws and office policy. There were no allegations from vulnerable adults or youthful offenders reported during the audit period.

Policy 606 states, “An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual harassment and 4th Degree Sexual Assault may be investigated by a Patrol Deputy or sworn Jail Sergeant. All other allegations of Sexual Abuse shall be investigated by a Detective.” The Jail Commander said all allegations of sexual abuse and harassment are investigated immediately by a trained investigator once the allegation is reported. All allegations reported were investigated based on the Auditor’s review of the investigative files.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 addresses the first responder duties when a sexual abuse or harassment allegation is made. The policy did not address specifically when an inmate is subject to a substantial risk of imminent sexual abuse and the action staff would take to protect the inmate. The Sheriff stated the Rock County Sheriff’s Office takes decisive, timely, and affirmative action to protect inmates at high risk of sexual abuse. We consider alternative housing options including special needs units and segregation. We also notify our mental health specialist and nursing staff. The Jail Commander stated the inmate would be moved from the risk immediately and classification staff would evaluate housing options. All staff interviewed knew the steps to take to protect an inmate at risk for sexual abuse; to immediately separate the inmate from the area, to keep the inmate safe and separate from other inmates; notify the supervisor; and write an

incident report. These staff responsibilities are covered for all staff in the annual in-service training, orientation training, and briefings.

Did Not Meet: The policy addresses when an allegation is made, it does not address when an inmate is subject to a substantial risk of imminent sexual abuse and the action taken to protect the offender. Staff were not aware of the actions to take if an inmate is subject to a substantial risk of imminent sexual abuse and the action taken to protect the inmate in the housing units. They all addressed the booking process if an inmate discusses sexual abuse or fear of abuse.

Corrective Action Taken: The facility updated Policy 509 Inmate Classification. The policy update states, "If an inmates is identified as being in substantial risk of imminent sexual abuse, decisive and corrective measures will be taken on a timely manner to protect those inmates at high risk from sexual abuse. Staff identifying an at risk inmate of sexual abuse, based on but not limited to, inmate behavior, information received, or observations, must remove the at risk inmate from said risk. The inmate must be placed in a safe location pending a thorough review or investigation. When necessary, keep separates shall be documented, monitored, and extended as necessary. PREA keep separates shall be reviewed by Classification and PREA Coordinator prior to removal." The facility has provided the refresher training memo, lesson plan, PREA Training for Correctional Staff, and training certificates of 221 employees to demonstrate compliance. The facility has met substantial compliance.

During the audit period, there no inmates reported feeling at imminent risk of sexual abuse or identified by staff for imminent risk of sexual abuse.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?
 Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 states, "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Commander shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Jail Commander shall ensure that the notification has been documented." The Sheriff stated upon notification of a PREA complaint that occurred at another facility, the PREA Coordinator will contact that organization to determine if the allegation was investigated. The point of contact for outside agencies to report sexual abuse or sexual harassment within the Rock County Jail is the PREA Coordinator, Jail Captain, or Jail Commander. During the audit period, there were no allegations reported at the facility that an inmate was abused while confined at another facility. This process was confirmed through the interviews with the Jail Commander and the PREA Coordinator/ Investigator.

The facility's policy did not address the actions taken when the facility is notified of a sexual allegation by another facility that occurred at your facility. The facility updated the policy to address the standard. Policy 606 now states, "If another facility notifies the Rock County Sheriff's Office of a report of sexual abuse or sexual harassment which occurred while the inmate was in our facility, the allegation must be investigated according to 28 CFR 115.81. Every step will be made to determine: when the incident occurred; where the incident occurred; all parties involved in the incident; notify the victim of confidential victim advocacy providers and emotional support services related to sexual abuse and sexual harassment; determine if the incident was previously reported and investigated by our facility; notify the reporting facility by providing them with the necessary documentation that the allegation has been investigated; and notify the victim of the outcome of the investigation." There was one allegation reported to the facility from another facility where the allegation was reported. The incident was reported by a police department for an alleged incident that occurred in 2019 at Rock County Jail. An investigation was initiated the day of the report. The Investigator interviewed the inmate the day after the reported allegation. The investigation was completed and determined unfounded. The details provided from the inmate did not match the date or the housing location of his placement previously at Rock County and the inmate could not provide names of abusers. The Sheriff confirmed there was one allegation reported to Rock County Jail and the allegation was investigated.

Did Not Meet: The facility's policy did not address the actions taken when the facility is notified of a sexual allegation by another facility that occurred at your facility.

Corrective Action Taken: The facility has updated Policy 606 PREA to include the procedural directives when the facility is notified by another agency that an incident occurred at the Rock County Jail. The updated policy states, "If another facility notifies the Rock County Sheriff's Office of a report of sexual abuse or sexual harassment which occurred while the inmate was in our facility, the allegation must be investigated according to 28 CFR 115.81. Every step will be made to determine: When the incident occurred; Where the incident occurred; All parties involved in the incident; Notify the victim of confidential victim advocacy providers and emotional support services related to sexual abuse and sexual harassment; Determine if the incident was previously reported and investigated by our facility; Notify the reporting facility by providing them with the necessary documentation that the allegation has been

investigated, and Notify the victim of the outcome of the investigation.” The facility has provided refresher training through briefings, policy updates, and annual in-service with lesson plan, PREA Training for Correctional Staff. Training certificates of 221 employees were provided along with the updated policy to demonstrate compliance. The facility has met substantial compliance.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?
 Yes No

115.64(b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 states, "If an allegation of inmate sexual abuse is made, the first correctional officer to respond shall separate the parties; request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals; establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence; and if the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating); consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing; and determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation. If the first responder is not a supervisor, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a supervisor." The facility has developed a PREA First Responder Form to document the first responder's responsibilities. The form captures when notified of the allegation, victim's name, abuser's name, location where it happened, the separation of the victim and abuser and the locations used for separation; the preservation of evidence and crime scene; was the victim and abuser requested not to destroy evidence; when the victim and abuser was seen by medical; when the allegation was turned over to detectives; a brief description of the incident, and the officer's name and employee number.

Through random interviews with staff, it was demonstrated that staff were knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; request the alleged victim and alleged abuser to take no action to destroy evidence; and contact a supervisor. The first responder responsibilities are covered in orientation training, annual in-service training, and briefings. The Auditor interviewed three first responders, two security and one non-security. The security staff interviewed stated they separated the victim and abuser by sight and sound by taking the victims to medical and the one abuser to booking and the other to lockdown; contacted the shift supervisor; they locked down the area to protect the crime scene and an officer secured the area until a detective cleared the scene; they asked the victim and abuser not take any actions to destroy evidence; and contacted medical and mental health for services. The non-security staff member interviewed indicated the allegation was a reported sexual harassment. She contacted the shift supervisor and wrote an administrative report.

Of the six reported allegations, only one was a sexual abuse allegation. The allegation was a staff member touched the inmate's back during a cell check. A correctional officer was the first security staff to respond and then the shift supervisor was notified. There was no physical evidence to collect. The officer separated the inmate from the area to separate from the staff member and to be interviewed. The Investigator started the investigation. The first responder protocols were followed.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

At the time of the audit, the agency did not have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Jail Commander stated there was not a written plan all spelled out, everyone knows their responsibilities. Staff reference the PREA policy. During staff interviews, each department detailed their coordinated responsibilities during a sexual abuse incident.

Did Not Meet: The agency does not have a facility written institutional plan for coordinated response of a sexual abuse incident.

Corrective Action Taken: The facility developed a facility written institutional plan, PREA Coordinated Response Plan, that outlines the actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility has provided training of the PREA Coordinated Response Plan through staff briefings, policy updates, and annual in-service with lesson plan, PREA Training for Correctional Staff. Training certificates of 221 employees were provided along with the updated policy to demonstrate compliance. The facility has met substantial compliance.

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66(b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The Rock County Sheriff's Office has an Agreement between Rock County Wisconsin and the Rock County Correctional Officers Association 2020-2021. The language under Article Discharge, Suspension Section 17.01 states, "The Employer may discharge, suspend, or otherwise discipline any employee for proper cause. An employee discharged or suspended will be informed of the reasons in writing within two working days of the discharge. The Sheriff said we are in a collective bargaining agreement with the Supervisors' Union, the Deputy Sheriff's Union, and the Correctional Officer's Union. The contracts allow termination for cause and the contracts state the employee may discharge, suspend, or otherwise discipline any employee for proper cause.

There were no staff terminated for PREA related incidents.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation. Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized. The Jail Commander or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Jail Commander should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation." The Sheriff stated we consider all reasonable measures to protect an individual against retaliation. We consider alternative housing options, including special needs units, segregation, or possible release, if appropriate. The Jail Commander said supervisors review and complete check-ins with inmates to determine if retaliation is occurring. If retaliation was suspected, we would remove the inmate or staff from the area; place the inmate in different housing; assign staff different job assignments; and always start an investigation. The PREA Coordinator assigned to monitor for retaliation stated the facility has not been conducting retaliation monitoring. If an inmate has an issue, they would be brought to a private office to discuss their concerns. We place "keep separates" on inmates that are involved in an allegation. And if staff are involved, the staff member would not be assigned to the area where the inmate is housed. She did indicate that monitoring would occur for 90 days per policy and as long the inmate is housed at the facility.

Did Not Meet: The facility did not provide documentation to demonstrate retaliation monitoring on the victims and/or involved individuals in a sexual abuse incident. Staff acknowledged retaliation monitoring was not occurring. The agency has not designated a staff members charged with monitoring retaliation.

Corrective Action Taken: The facility developed a form to document retaliation monitoring, Retaliation Monitoring Form. The form captures the name of the individual being monitored; the staff monitoring; reason for monitoring; sections for review notes every 30 days including the monitoring actions taken and documentation that was reviewed as part of the monitoring; and additional comments. The form also captures the staff member conducting the monitoring interview, the date, and the location of the interview. The form directs staff that, "Pursuant to PREA standard 115.67, it is RCSO's policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The alleged victim and reporter of sexual abuse or harassment shall be monitored for a minimum of 90 days for any evidence of retaliation. RCSO shall act promptly to remedy any such retaliation. In accordance with this PREA standard, the obligation to monitor shall terminate if RCSO determines that the allegation is unfounded." The agency has designated the PREA Coordinator as the individual responsible to monitor retaliation. The facility provided eight examples of retaliation monitoring utilizing the Retaliation Monitoring Form completed

through interviews with the PREA Coordinator. It was noted that all inmates shared no retaliation occurring. The facility has met substantial compliance.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility's General Operating Procedures 6.270 Lockdown/Administrative Confinement, 6.375 Prison Rape Elimination Act and Policy 509 Inmate Classification address segregated housing for post-allegation protective custody. Policy 509 states, "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available means of separation from likely abusers." General Operating Procedure 6.375 states, "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed. If an involuntary protective custody assignment is made because of a high risk for victimization, the approving supervisor shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged. The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days." General Operating Procedure 6.270 states, "Inmates at high risk will not be placed on Administrative Confinement unless an assessment or alternative placement has been made and documented and that inmates are held in involuntary Administrative Confinement for no more than 30 consecutive days." The Jail Commander said administrative segregation for post allegation protective custody housing would only be used as a last resort after all other housing options are reviewed and then discussed with the inmate. Consideration would be given to smaller units with housing in direct sight line of the officers. Administrative housing would never be used to isolate the inmate. He stated the goal is to keep the inmate in general housing under direct supervision. The Superintendent also stated if an inmate is placed in administrative segregation, the inmate would be housed only until a better housing placement is found. This would be accomplished as soon as possible although it may be up to a day or two. The Jail Commander confirmed there has been no inmate housed in administrative segregation housing for post allegation protective custody. The Sergeant interviewed that supervises inmates in segregated housing said there have been no inmates housed in administrative custody for risk of victimization and they would try to house the

inmate in the medical area first. There were no inmates housed in involuntary segregation housing during the audit period per the PAQ and staff interviews.

General Operating Procedure 6.375 states, "Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are put in place, the approving supervisor shall document the following: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations." General Operating Procedure 6.270 states, "Inmates assigned to administrative confinement are to be placed in the lockdown section (depending upon available housing space and inmate gender consideration). They are allowed general reading material; they will be allowed to use the law library; they will be allowed a shower following the shower schedule; they will be allowed access to a phone daily; they will not be allowed T.V.; they are allowed visitation following the visitation schedule; and they will be allowed one hour per day of time outside their cell." The Sergeant said the inmate would have accessibility to programs, privileges, and education opportunities while in administrative segregation. The inmates would receive packets to allow continued access to education materials and GED classwork and testing as well as access to staff for assistance and questions. The inmates would receive privileges the same as the general population including tablets, commissary, visitation, and phone. other than television, including visitation, phone calls, canteen, recreation, and library books, and law library materials as requested. Programs would include art therapy, religious services, and any other programming available at the time. The Sergeant stated that programming, privileges, work opportunities, and education would only be restricted through the disciplinary process after being found guilty of a rule violation or a change completed by classification. The disciplinary hearing would document the restriction duration, what opportunities was restricted, and the reasons for restriction.

General Operating Procedure 6.375 states, "Every seven days, the Classification supervisor or another supervisor in his/her absence shall afford each such inmate a review to determine whether there is a continuing need for protective custody." General Operating Procedure 6.375 states, "The Correctional Supervisor will review each Administrative Confinement every seven days. The review shall contain the reason the inmate was placed in Administrative Confinement and the length of time the inmate is to remain in Administrative Confinement. This will be in written form and placed in the inmate's file. The jail's Mental Health Worker should be part of the review process whenever possible." The Sergeant stated a weekly meeting is held with classification and mental health to review the inmate's housing and whether there is a need for continued protective custody. The review is documented through a written report that would be reviewed by jail administration.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and

anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]

Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?
 Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?
 Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?
 Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility

assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The Policy 606 Prison Rape Elimination Act, General Orders 6.375 Prison Rape Elimination Act, and the General Operating Procedures 5.400 Sexual Assault outlines the investigative process for sexual abuse and sexual harassment. Policy 606 states, "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual harassment and 4th Degree Sexual Assault may be investigated by a Patrol Deputy or sworn Jail Sergeant. All other allegations of Sexual Abuse shall be investigated by a Detective that has received training in confinement settings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases. When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed." General Operating Procedures 5.400 Sexual Assault states, "Unless circumstances dictate that an exception should be made (exceptions to be approved by the Captain of the Detective Bureau) a detective will be assigned to the follow-up investigation as soon as possible after the initial complaint and will remain responsible for the case until it is closed or removed from his/her responsibility." General Order 6.375 Prison Rape Elimination Act states, "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases." The Sheriff stated all allegations of sexual abuse or sexual harassment are investigated. Upon notification of an allegation of sexual abuse or harassment the first step is to separate the parties involved and notify the supervisor. Depending on the severity of the incident several departments could be called in to include the Bureau of Identification, Detective Bureau, and Command Staff. As the PREA Coordinator shared, the facility's Investigators conduct the administrative investigations and the Sheriff's Office Detective Bureau conducts the criminal investigations. Once an allegation is reported and the supervisor is notified, an investigation would be started immediately by a facility investigator. The Investigator stated the investigation would be started immediately after notification following a report of sexual abuse or harassment. If after work hours, if a trained investigator is not available on shift, a trained investigator would be called-in for the investigation. The Investigator shared that all jail functions freeze when a sexual abuse is reported, and an investigation is started immediately. A sexual harassment investigation is started immediately based on the availability of the PREA Coordinator or another investigator. Until the investigation is stated the individuals would be separated. If the allegation is reported through a third-party it would be treated as any investigation and investigated the same. The Investigator's interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol. Through the review of the investigation reports, the investigations were initiated immediately by a specialty trained PREA Investigator, except for one allegation where the staff member was not a specialized trained investigator.

Did Not Meet: A sexual harassment investigation was completed by an investigation that had not completed special training for sexual abuse investigations pursuant to 115.34.

Corrective Action Taken: The facility required investigator training for all Sergeants, Corporals, Classification Officers, and Detectives to ensure adequate number of investigators on each shift and within the facility to conduct PREA investigations. A directive was forwarded to the supervisors, Detective Bureau and Classification that stated, "All Supervisors, Detectives, and Classification will be required to take the PREA Investigator training through National Institute of Corrections at <https://nic.learn.com>. You will have to create an account and will receive an approval to utilize the site. There will be a variety of courses. You will all need to take the course titled, "Investigating Sexual Abuse in a Confinement Setting," located in under the PREA learning center. There is also a class for "Advanced Investigations (Detectives)," which is beneficial for all take. Once you complete the course, you will receive a certificate that you can print out." All Sergeants, Corporals, Classification Officers, and Detectives completed the investigative training through National Institute of Corrections (NIC). The facility has submitted training certificates of 12 staff who completed the NIC PREA: Investigating Sexual Abuse in a Confinement

Setting class and one staff member that also completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting Advanced Investigation to demonstrate compliance. Policy 606 PREA requires all allegations shall be investigated by staff that has received training. The facility has met substantial compliance.

Policy 901 outlines the investigator responsibilities which include gathering and preserving direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data; interviewing alleged victims, suspects, and witnesses; and reviewing any prior complaints and reports of sexual abuse involving the suspect. The Sheriff said the Detective Bureau completes investigative interviews, collects of SANE evidence, and makes arrests as deemed necessary. The Investigator stated once a report is generated in the system, the investigation would be assigned to an investigator. The investigator would begin the investigation by reviewing video, interviewing the victim and predator, review reports through the chain of command, and listen to phone calls. The investigation process was reviewed within the investigative files that documented the evidence collected and reviewed, the interviews conducted, video reviewed, and review of other reports and documentation available.

Policy 606 states, "If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges." The Investigator stated the Detective Bureau contacts the prosecutors and will collaborate with the Prosecutor's Office on proceeding with the investigation. None of the allegations during the audit period were referred for prosecution.

Policy 901 states, the Investigators responsibility includes assessing the credibility of the alleged victim, suspect or witness on an individual basis and not by the person's status as a detainee or a member of the Rock County Sheriff's Office. The Investigator stated everyone is treated the same until proved otherwise. This would be based on consistency through the interviews and supported through other documentation. Policy 606 states, "Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation." The investigator said an inmate is not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation. There were no inmates that reported sexual abuse to interview during the on-site audit.

Policy 606 states, "Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." The Investigator stated when determining whether staff action or failures to act contributed to the sexual abuse, she reviews if staff followed policies and post orders, the training of staff or lack of training, and if staff rounds were made appropriately. The Investigators must complete a written report with investigation findings. The report format contains when the incident was reported; who reported the incident; the individuals involved; interviews conducted; any evidence collected; a thorough summary of the incident including the physical, testimonial, and documentary evidence; what action or inaction was taken; attachments from the investigation; administrative review and summary; and the investigation outcome. The criminal investigation reports would contain the same information as well as the referral to the District Attorney's Office and if charges were filed.

There were six allegations reported during the audit period, five within the facility and one report from another facility of an incident that occurred at Rock County Jail. The five of the allegations reported at the facility were one staff-on-inmate sexual assault, three inmate-on-inmate sexual harassment, and one staff-on-inmate sexual harassment. All the cases had completed investigations. The staff-on-inmate sexual assault was found unsubstantiated. Of the three inmate-on-inmate sexual harassment; one was unfounded and two were unsubstantiated. The one staff-on-inmate sexual harassment was determined unfounded. The incident reported by another agency was an inmate-on-inmate sexual abuse. The case

was investigated and determined unfounded. The Auditor reviewed the six investigation files, and all had completed investigations documented by written investigative reports. The investigation reports provided detailed process of the investigation and were easy to follow the reasoning for the findings.

Policy 606 and General Orders 6.375 state, "The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years." Investigative files are maintained in the PREA Manager/PREA Investigator's office as observed by the Auditor.

General Orders 6.375 states, "The departure of an accused employee, agency representative, volunteer or contractor shall not provide a basis for terminating an investigation. The Investigator stated all administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the facility." The Investigator shared that the investigation would continue until completion with an outcome, it would follow the same process as any investigation. If the investigation involves staff, the Detective Bureau would complete the investigation. This practice was demonstrated in the review of the investigative files that all investigations were completed with an outcome finding.

All investigations are conducted by the agency. The facility's Investigators conduct the administrative investigations and the Sheriff's Office Detective Bureau conducts the criminal investigations. The Investigator stated she is the point of contact for the facility and would stay in contact with the Detective Bureau on any open investigations.

Standard 115.72: Evidentiary standard for administrative investigations

115.72(a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act and General Orders 6.375 Prison Rape Elimination Act state, "The Jail Commander or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence." The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. This is also documented through the Investigation Training lesson plan. The Investigator's interview and review of the investigation reports confirm compliance with the policy and standard.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "The Jail Commander or the authorized designee shall inform a victim inmate whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate. If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever: the staff member is no longer assigned to the inmate's unit or employed at the facility and the Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file." The Jail Commander shared the inmate is provided the outcome of the investigation through a Shift Sergeant. The Shift Sergeant would provide the outcome to the inmate and answer any questions the inmate may have. The PREA Coordinator indicated that she is responsible to make the notification to the inmate.

The PAQ and the staff interviews stated notifications were made on four of the investigations. The PREA Coordinator said the notifications were made verbally, and the facility lacked documentation of the notification. The facility developed a process to provide the notification to the inmate in writing. The facility provided documentation of the notifications made in writing to the inmate. The investigation outcomes are now provided to the inmate through a written letter format called Notice of Disposition. This letter provides the date of the allegation, the allegation was investigated, the investigation outcome and the

staff name providing the notification.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act and Policy 901 Prison Rape Elimination Act outlines the discipline process for staff that violating sexual abuse or sexual harassment policies. Policy 901 states, "All personnel shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for office members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories. All terminations for violations of this policy, or resignations by members who would have been terminated if not for their resignation, shall be criminally investigated unless the activity was clearly not criminal and reported to any relevant licensing body." Policy 606 States, "The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies."

The collective bargaining agreement has language under Article Discharge, Suspension Section 17.01 states, "The Employer may discharge, suspend, or otherwise discipline any employee for proper cause. An employee discharged or suspended will be informed of the reasons in writing within two working days of the discharge. The Sheriff said we are in a collective bargaining agreement with the Supervisors' Union, the Deputy Sheriff's Union, and the Correctional Officer's Union. The contracts allow termination for cause and the contracts state the employee may discharge, suspend, or otherwise discipline any employee for proper cause.

The Jail Commander said a staff member suspected of sexual abuse would be moved to a non-contact inmate post or placed on administrative leave until the investigation is completed. If the case was substantiated, the staff member would be terminated through the disciplinary process.

There were two allegations reported during the audit period that involved staff, one staff-on-inmate sexual and one staff-on-inmate sexual harassment. The staff-on-inmate sexual assault was found unsubstantiated, and the staff-on-inmate sexual harassment was determined unfounded. There were no staff disciplined or terminated for PREA related incidents during the audit period.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77(b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act and Policy 901 Prison Rape Elimination Act outlines the discipline process for staff that violating sexual abuse or sexual harassment policies. Policy 606 states, "Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy. Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies." Policy 901 states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and reported to any relevant licensing bodies. The Sheriff shall take appropriate remedial measures and consider whether to prohibit further contact with detainees by a contractor or volunteer."

The Jail Commander said any volunteer or contractor that violates the facility's sexual abuse and sexual harassment policy would have their facility clearance revoked, an investigation would be initiated, and if the action is criminal the contractor/volunteer would be prosecuted. Contractors interviewed confirmed knowledge of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of inmates. The disciplinary sanctions are contained in the volunteer and contractor PREA training and orientation training provided prior to assignment. There were no volunteers available to interview due to COVID.

There were no PREA incidents involving volunteers and/or contractors during the audit period.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?
 Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Policy 600 Inmate Discipline outlines the disciplinary sanctions for inmates. Policy 600 states, "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Inmates who are subject to discipline as a result of rule violations shall be offered the procedural due process established in the policies, procedures, and practices relating to inmate discipline. All inmates will be made aware of the rules of conduct related to maintaining facility safety, security and order, as well as clearly defined penalties for rule violations. Staff will not engage in arbitrary actions against inmates. All disciplinary sanctions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied." The Inmate Rule Book informs the inmates that "while you are incarcerated at the Rock County Jail you are under the jurisdiction of the Rock County Sheriff's Office and are subject to all applicable federal, state and municipal statutes. You may be arrested for any violations of these statutes which occur while you are in jail and you should be aware that the penalties for certain statutes may be increased due to your incarceration. Finally, in addition to the above-mentioned statutes, you are subject to administrative rules, which are listed below. Any violations of these rules are punishable by up to ten days in lockdown/solitary confinement (per incident) unless otherwise noted. Other punishments may include restriction of commissary or television privileges, loss of time earned for good conduct or loss of Huber law privileges if the violation occurred while working under Huber law." The Inmate Rule Book outlines the violations including sexual acts with others, excessive and/or obscene behavior, and sexual behavior. Policy 600 states, "Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates." The Jail Commander shared the disciplinary process would begin with a conduct report and the inmate would enter the disciplinary process. Sanctions are based on a disciplinary matrix to ensure discipline is commensurate with the offense committed and are comparable to similar offenses. He shared the disciplinary matrix was developed last year to make sanctions more appropriate. Sanctions may include restrictions, internal discipline sanctions, increase security measures, and prosecution if warranted.

Policy 600 states, "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed." The Jail Commander said shift supervisors would review the inmate's file and consult with the mental health specialist. Policy 600 states, "To the extent that there is available therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits." The mental health staff stated inmates would be offered counseling services, referrals to more specific programming by an outside agency, and refer to the Sexual Assault Recovery Programs for resources. The inmate's participation is all voluntary.

Policy 600 also states, "No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. No inmate will be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based on a reasonable belief that the alleged conduct occurred. Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced."

There were no substantiated administrative investigations of inmate-on-inmate sexual abuse or harassment during the audit period.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Standard Operating Procedure 6.110 Health Services states, "When an inmate discloses that they have previously experienced sexual abuse they will be offered a meeting with mental health staff within 14 days of the disclosure." Two classification staff interviewed; one staff stated an inmate who disclosed prior sexual victimization would be referred to mental health if I felt there was a need. If a referral is made, mental health usually sees the inmate the same day or the next. The other staff member stated a referral would not be made.

The PAQ indicated that no inmates that disclosed prior victimization or abusiveness were referred to mental health for a follow-up meeting. Five inmates that were interviewed shared they disclosed prior sexual victimization at intake, one inmate said she was offered a referral and refused; four of the inmates stated they were not offered a referral to mental health. The Auditor reviewed the inmate's files and found the inmates were not referred to mental health. The mental health staff member stated mental health will see an inmate that is referred usually the next business, referrals are usually received through the Detective Bureau.

Did Not Meet: Inmates that disclosed sexual victimization are not referred to medical and mental health to be seen by medical and mental health within 14 days of intake screening. This was confirmed through interviews and documentation review of medical and mental health files.

Corrective Action Taken: The facility revised the procedure for the referral to medical/mental health of inmates that disclose previously sexual abuse. The revised protocol directs the booking officers send all PREA Risk Assessment Forms to Classification. Classification are the only ones who make the referrals to mental health by reviewing the forms and all forms that note a referral need will be forwarded to mental health. The new PREA Risk Assessment Screening Form contains a section, Referral to Mental Health Specialist, that records if a referral is made; the staff member that made the referral, and date of referral. In the examples provided to the Auditor, the mental health practitioner noted on the form the date the referral was received and the date of the mental health contact. The facility also provided mental health notes for the referred inmates to document mental health referral and contact within 14 days. The facility has met substantial compliance.

Policy 606 states, "Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions." Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law." Healthcare staff interviewed indicated healthcare information is securely maintained in the healthcare area and information is only shared with staff that have a legitimate reason for the information for security and management decisions. The Auditor observed the healthcare files securely stored within the medical area.

Policy 606 states, "The Responsible Physician or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18." Standard Operating Procedure 6.110 Health Services states, "Medical and mental health staff shall obtain informed consent before reporting an incident of sexual abuse that occurred outside the facility, unless the inmate is under 18 years of age." Of three health care staff interviewed, only two staff stated they disclose the limitations of confidentiality and duty to report to the inmate during the initial medical intake assessment and at the beginning of each visit; indicating confidential will be maintained as much as possible. The inmates are required to sign a consent form before releasing information. The other staff member stated she was not

sure and has not been in that situation.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "Examination, testing and treatment shall include the following: Forensic medical examinations shall be performed as evidentiary or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor

SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs; provisions shall be made for testing the victim for sexually transmitted diseases; counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided; and victims shall be offered information about, and given access to, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases. This shall be done in a timely manner.” The policy also states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

The healthcare staff stated the inmate is seen immediately upon arrival in the medical area, the staff complete an assessment for physical injuries, and if necessary, the inmate is transported to an outside hospital for emergency medical treatment and/or forensic exam. The inmate would be the first priority upon arrival to medical. Mental health staff stated mental health will see the inmate immediately following medical treatment and once the inmate is safe. The healthcare staff also stated the nature and scope of services are determined by their professional judgement, the provider’s directive, and through facility and agency policies and protocols.

The Mercy Health System Corporation is utilized for forensic examinations by a SANE/SAFE provider and emergency medical care. The facility has an agreement with the hospital that was documented through a Memorandum of Understanding (MOU) from the Mercy Health System Corporation Vice President of Operations and the Sheriff dated July 7, 2021. Prior to a formal MOU the facility utilized the hospital as needed. An interview was conducted with a SANE nurse from Mercy Health Emergency Room regarding the SANE services provided at the hospital. The SANE stated the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list, or a trained emergency department provider could complete the sexual abuse examinations and evidence collection. The PREA Manager and healthcare staff confirmed the forensic exams are conducted at an outside hospital. There were no allegations that required a forensic examination at the local hospital during the audit period.

There was one allegation of sexual abuse during the audit period. The inmate alleged an officer touched his back during a cell check. Medical treatment was not required.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy- related medical services? (N/A if all-male facility.)
 Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.83(h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606, Prison Rape Elimination Act states, "Victims shall be provided with follow-up services,

treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services. Victims shall be offered information about, and given access to, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases. This shall be done in a timely manner. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

The healthcare staff stated the inmate is seen immediately upon arrival in the medical area, the staff complete an assessment for physical injuries, and if necessary, the inmate is transported to an outside hospital for emergency medical treatment and/or forensic exam. The medical assessment would include a head-to-toe evaluation, take vital signs, would access for any physical injuries, would respond to any trauma or bleeding before transport to the local hospital, and based on the type of assault would determine the treatment needed. Mental health staff stated mental health will see the inmate immediately following medical treatment and once the inmate feels safe. The healthcare staff stated the healthcare services provided are consistent with the level of care in the community if not more.

The healthcare staff stated the hospital would complete initial testing, bloodwork for a baseline, and start prophylaxis. The facility would continue any treatment as part of the discharge papers and orders provided by the provider. Further testing would be completed, as appropriate through the providers orders. Treatment services are provided to every victim without any financial costs per policy. Mental health stated they would complete a mental health assessment and offer support services if the inmate agrees to the services. The inmate would be scheduled for follow-up appointments with the provider, medical, and mental health services, as needed. There were no inmates that reported sexual abuse to interview during the on-site audit to confirm services.

Medical staff indicated nursing staff through approval of the provider would provide female inmates information and access to all awful pregnancy related services. These services are provided by community agencies. This information would be provided immediately after emergency treatment or the inmate’s return from the hospital.

There was one allegation of sexual abuse during the audit period. The inmate alleged an officer touched his back during a cell check. Medical treatment was not required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?
 Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?
 Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?
 Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?
 Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, “An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and or mental health professionals, as appropriate.” The policy outlines the review team will consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification status or perceived status, gang affiliation, or other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse; assess the adequacy of staffing levels in the area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The PREA Coordinator stated the facility has not conducted an incident review since there were no substantiated or unsubstantiated sexual abuse allegations. She expanded the incident review team, and the review process is going to be the same model of the suicide committee which includes the Jail Administrator/Captain, medical, mental health, classification, and supervisors. The Jail Commander stated the review team will consist of the Jail Commander, Jail Administrator/Captain, Nursing Supervisor, mental health, PREA Coordinator, supervisors, and officers. He further stated the team reviews will include the physical plant where the incident occurred, they type of housing cell, blind spots, and will determine if anything needs improved.

The Jail Commander and the PREA Coordinator identified all the elements that would be considered during the incident review. They indicated the team will review the incident in detail, including a whole picture of the incident of what happened before and after the incident. Under motivation they will review past history, gender identity, high profile cases, previous charges, who was involved, was there proper housing, gang related, and if retaliation was occurring. In reviewing the location of the incident, they consider if the area is isolated, adequate lighting, has blind spots, any physical barriers, did the inmate create a physical barrier, and lack of supervision line of sight. When assessing staffing, is there an assigned post, were wellness checks completed by policy and were staff following policies and procedures. Under monitoring technology, the team reviews camera location, adequate mirrors, sufficient cameras, intercoms working, camera views, and whether cameras need to be adjusted.

Policy 606 states, the review team will “prepare a written report of the team’s findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA Coordinator. The Jail Commander or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.” The PREA Coordinator stated she would be responsibility to ensure all approved recommendations, if any, are completed.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?

Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act outlines the PREA Coordinator is responsible for establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. The policy states, "The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ. The data shall be aggregated at least annually. All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case

disposition, medical, and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30.”

The facility utilizes the Survey of Sexual Victimization for the collection of uniformed data on each allegation reported as reviewed by the Auditor. The PREA Coordinator oversees the reporting of sexual abuse and sexual harassment information for the agency. The PREA Coordinator stated all alleged sexual abuse and sexual harassment incidents are reviewed and the Survey of Sexual Victimization is completed for each incident. The facility posts an annual PREA Stats report on the agency’s website. The PREA Stats reports include the location of the incident, number of victims, number of perpetrators, age and race of victim and perpetrator, if injuries were sustained, type of incident, outcome of investigation, and if referred for charges for each incident. The 2015 through 2020 PREA Stats Reports are available for review on the agency’s website. The reports were reviewed by the Auditor as part of the audit process.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?
 Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?
 Yes No

115.88 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?

Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training by identifying problem areas; identifying corrective actions taken; recommending corrective actions; comparing current annual data and corrective actions with those from prior years; and assessing the office's progress in addressing sexual abuse." The facility posts an annual PREA Stats report on the agency's website. The PREA Stats reports include the location of the incident, number of victims, number of perpetrators, age and race of victim and perpetrator, if injuries were sustained, type of incident, outcome of investigation, and if referred for charges for each incident. The 2015 through 2020 PREA Stats Reports are available for review on the agency's website. The reports were reviewed by the Auditor as part of the audit process. The PREA Coordinator stated she reviews the facility's PREA stats and maintains the information on a spreadsheet. The PREA Coordinator stated all alleged sexual abuse and sexual harassment incidents are reviewed and the Survey of Sexual Victimization is completed for each incident.

Policy 606 also states, "The reports shall be approved by the Jail Commander and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated. All aggregated sexual abuse data from Rock County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed." The PREA Coordinator stated the PREA Stats reports do not include any personal identifiers such as names of victims, perpetrators, or staff or any other type of personal identifiable information would be omitted for confidentiality purposes. The facility does not contract with private facilities for the housing of inmates.

Did Not Meet: The website has the annual Stat reports. The Stat report does not address the requirements of an annual report. The annual report needs to include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Corrective Action Taken: The facility has expanded their Annual Report format to include narrative that outlines Rock County Sheriff's Office zero tolerance policy, investigation process including disciplinary sanctions and prosecution for violations for inmates, staff, contractors, and volunteers. The report explains the different outcomes with definitions. The statistics include the total number of inmate-on-inmate non-consensual abusive sexual contacts, inmate-on-inmate sexual harassment, staff sexual misconduct, and the staff-on-inmate sexual harassment allegations. It compares data from the previous year, noting that the overall number of reported PREA complaints have decreased from 11 in 2019 to 5 in 2020. The 2020 PREA Stats Report include the location of the incident, number of victims, number of perpetrators, age and race of victim and perpetrator, if injuries were sustained, type of incident, outcome of investigation, and if referred for charges for each incident. The website contains the reports for public information. The facility has met substantial compliance.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?
 Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Policy 606 Prison Rape Elimination Act states, "The reports shall be approved by the Jail Commander and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated. All aggregated sexual abuse data from Rock County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed." The PREA Coordinator stated the PREA Stats reports do not include any personal identifiers such as names of victims, perpetrators, or staff or any other type of personal identifiable information would be omitted for confidentiality purposes. The facility does not contract with private facilities for the housing of inmates.

Policy 606 also states, "All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise." The PREA Coordinator stated data is securely retained in locking file cabinets with an office. The data is secured in a locked file cabinet as observed by the Auditor.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and offenders?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency ensures that a PREA audit is conducted once every three years for compliance with the Prison Rape Elimination Act (PREA) Standards. The agency only operates one facility. This is the second PREA audit for this facility. The initial audit was in December 2016.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the Auditor for conducting staff and inmate interviews. Inmate interviews were conducted in a private office. Staff interviews were held in a private office or in the administrative conference room. Posted notices advised inmates and staff they could send confidential information or correspondence to the Auditor. The Auditor received no correspondence from staff or inmates.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

A review of the agency's website www.co.rock.wi.us/sheriff under the Jail page and PREA tab confirms that the agency publishes PREA final reports and makes them available through the website to the public. The Auditor observed on the agency's website the last PREA audit final report completed in 2016. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings. This is the second PREA audit for this facility.

AUDITOR CERTIFICATION

I certify that:

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

Barbara King

December 19, 2021

Auditor Signature

Date