

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 2, 2016

Auditor Information			
Auditor name: Richard McVicar			
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Email: mcvicar.consulting@outlook.com			
Telephone number: 618-579-6406			
Date of facility visit: August 15 – 17, 2016			
Facility Information			
Facility name: Williamson County IL Jail			
Facility physical address: 404 N. Van Buren Street, Marion, IL 62959			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 618-997-6541			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Bennie Vick			
Number of staff assigned to the facility in the last 12 months: 88			
Designed facility capacity: 240			
Current population of facility: 118			
Facility security levels/inmate custody levels: minimum – medium - maximum			
Age range of the population: 18 +			
Name of PREA Compliance Manager: Chad Havens		Title: Sergeant	
Email address: chavens@wcsheriff.com		Telephone number: 618-997-6541	
Agency Information			
Name of agency: Williamson County Jail			
Governing authority or parent agency: <i>(if applicable)</i> Williamson County Sheriff Department			
Physical address: 404 N. Van Buren Street, Marion, IL 62959			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 618-997-6541			
Agency Chief Executive Officer			
Name: Bennie Vick		Title: Williamson County Sheriff	
Email address: bvick@wcsheriff.com		Telephone number: 618-997-6541	
Agency-Wide PREA Coordinator			
Name: Samuel L. Jordan		Title: Chief Jail Administrator	
Email address: sjordan@wcsheriff.com		Telephone number: 618-997-6541	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Williamson County Jail (Williamson County Sheriffs' Office - WSCO) at 404 N. Van Buren Street in Marion, IL was conducted on August 15 - 18, 2016 by Richard McVicar, a U.S. Department of Justice Certified PREA Auditor for adult facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a written assessment of standard compliance based on information available prior to the audit. Responses to the questions were submitted by the WSCO management and reviewed by the auditor prior to the on-site audit. During the three days of the on-site audit, the auditor was provided areas in which to conduct confidential interviews. The auditor was provided a room adjacent to the inmate housing area as well as use of the executive conference room to conduct interviews. Formal personal interviews were conducted with facility staff, residents and contractors. The auditor interviewed 10 inmates representing all general population and special management housing units within the facility. Ten facility staff members with direct inmate supervision responsibilities were interviewed at random. In addition to the random interviews the auditor conducted formal interviews with specialty staff including medical, first responder, investigators, intake and screening, human resources, and a security supervisor. Also interviewed were the Sheriff (Chief Administrative Officer), Chief Jail Administrator, PREA Coordinator, and the PREA Compliance Manager. It should be noted that some specialized staff have multiple responsibilities, and some individuals gave more than one interview. Inmates were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The auditor reviewed personnel files for the same ten randomly selected staff members chosen for interviews, as well as newly hired staff members and a staff member who had been promoted within the last year to determine compliance with training mandates and background check procedures. Master file documents for the same randomly selected inmates that the auditor interviewed were reviewed to evaluate screening and intake procedures, and resident education. The auditor reviewed three separate investigations resulting from allegations made by inmates relative to sexual harassment or sexual abuse that had occurred in the past year. None of the inmates making allegations were still confined at the facility. The auditor toured the facility escorted by Assistant Jail Administrator and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, dorm layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas did not allow residents to shower with any confidence of privacy in that camera surveillance partially included those areas. It was also noted that WSCO administrative staff had initiated a remedy to this problem by having privacy barriers fabricated and installed in a manner that provides adequate privacy to inmates using the showers. This project was in progress at the time of audit and was completed prior to submission of this report. Toilets were provided in the cells in the more secure housing area, and within privacy barriers in the dormitory areas. Notices of the PREA audit were posted throughout the facility in common areas. The auditor talked informally to staff and residents during multiple walk-throughs of the facility during the course of the visit. During the on-site audit process, the Sheriff, Chief Jail Administrator (PREA Coordinator), Assistant Jail Administrator, Compliance Manager (PREA Administrator) were present. The auditor was treated with great professional courtesy during the visit and received excellent support in coordinating interviews, accessing information, and touring the facility. The Sheriff and his jail management team clearly take the PREA process seriously and represent their organization in a highly professional manner.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Williamson County Jail is a 240 bed facility with an adult male and female population. The population count at the time of the onsite audit was 118 (19 female). The inmate population is comprised of individuals who have been adjudicated in Williamson County as having violated Illinois State law and are serving misdemeanor sentences, or who are awaiting adjudication for felony or misdemeanor violations. The jail contractually houses federal prisoners for the U.S. Marshals Service and Federal Bureau of Prisons. Additionally, the jail contractually houses residents of a nearby private (not for profit) transition facility identified as Centerstone of Illinois. The Centerstone residents are housed separately in a twenty-four (24) bed dormitory that had a total count of three (3) male residents (all Centerstone) at the time of audit. Centerstone detainees are housed separately in accordance with the terms of that contract and to facilitate their right to enter and leave the facility via “day passes”. The Williamson County Jail was opened in April of 2012 and represents state of the art detention design and construction for that time period. The physical plant is a stand-alone structure that houses all facets of the Sheriff’s Office law enforcement and jail operations. With regard to jail operations, the physical plant has a secure reception area for staff and civilian access, and a booking area for admission of offenders and other secure movement. The facility has ample administrative office space, a large training room, conference area, staff physical fitness room, medical complex, central laundry, and kitchen. Food service personnel and services are contractually based. Inmate meals are prepared in the kitchen and served within the housing areas. Visitation occurs remotely via audio-visual technology between visitors in cubicles located in the public reception area to inmates in secure visiting booth within the secure perimeter of the facility. The Williamson County Jail has thirty-nine direct supervision staff. Security staffing is complemented by a surveillance system that includes seventy-one (71) cameras and monitoring stations in multiple areas that allow for transfer of control to a secure location should security of the housing unit control room be compromised. The system has a DVR capability of at least thirty (30) days which this auditor confirmed. The facility has four (4) medical isolation rooms utilized for close and / or suicide watch purposes. While these rooms have interior cameras, this auditor did not feel that privacy was unduly compromised given the angle of the camera and the exigent circumstances of the rooms usage. Surveillance of shower areas in housing units was problematic for inmate privacy. A construction project was under way at the time of audit (and completed prior to submission of this report) that remedied that problem. Security supervision is indirect. Security rounds are made every thirty minutes and supervisors make unannounced rounds on each shift. Surveillance cameras are monitored in the housing unit control room constantly. The housing unit control room is separated from housing units by security glass panels. The housing unit control room controls all locking devices and has audio capabilities between each cell or dormitory. Control of locking mechanisms can be remotely transferred to a secure area should the control room be compromised. There is a walk way between the control room and housing areas creating a secure buffer. Housing units also have security glass panels facing the control room, providing additional line of sight supervision of housing units from the control room. There are six (6) primary housing areas that surround the housing unit control in circular fashion. Housing units are two tier design with two (2) units capable of housing forty (40) inmates in double bed cells. Two units are capable of housing thirty-two (32) inmates in double bed cells. Two units are capable of housing twenty-four (24) in double bed cells. The six (6) primary housing units are identified sequentially A through F. Additionally, there are two (2) twenty-four (24) bed dormitories. There are four (4) medical isolation cells and six (6) holding cells in the booking area. Four (4) housing units have adjoining recreation areas with skylights. Special management populations, male inmates, and female inmates are all housed in separate living units providing sight and sound separation. The facility is subject to annual inspections from both Illinois Department of Corrections and U.S. Marshals Service and have recently demonstrated compliance with jail and detention standards for both agencies.

SUMMARY OF AUDIT FINDINGS

Williamson County Jail was audited utilizing PREA Prison and Jail Standards. There are forty-three (43) standards established for prisons and jails. Of these forty-three (43) standards, forty-one (41) were applicable to the Williamson County Jail. The Agency (Williamson County Sheriff's Office) does not contract with other entities for confinement of inmates, which makes PREA standard 115.12 not applicable. The facility does not house inmates under the age of eighteen (18) which makes PREA standard 115.14 not applicable. Williamson County Jail complies with the remaining forty-one (41) PREA standards. An individual rationale for each PREA standard finding follows. The rationale articulates this auditor's decision making process. Rationales reflect a reliance on policy, practice, supporting documentation, interviews, and observations in the formation of a final recommendation. Williamson County Jail has demonstrated compliance with all applicable standards and is recommended for PREA certification accordingly.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

WCSO Policy: Rape Elimination Act (20.213 Part II, Pg. 1 and Part VI, Pg. 5) supports compliance with this standard. The Chief Jail Administrator is designated as the facility PREA Coordinator. Duties enumerated within policy in reference reflect compliance with the standard. Additionally, a PREA compliance officer has been designated to assist the PREA Coordinator with relevant compliance responsibilities. The Compliance Officer is responsible for the tracking of individual allegations of sexual abuse or sexual harassment to ensure that each allegation is properly handled according to the PREA policy of WCSO. The Compliance Officer also monitors the WCSO's compliance with PREA related policies. The Compliance Officer reports to the PREA Coordinator. The PREA Coordinator reports to the Sheriff (Chief Administrative Officer). The WCSO organizational chart reflects that designates have a sufficient level of authority to both implement and oversee PREA policy and procedure. Interviews with both the PREA Coordinator and the PREA Compliance Officer (PREA Manager for purposes of this report) reflect that each is committed to the task at hand and vigorously pursue compliance with all relevant standards. The facility meets this standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

WCSO does not contract with other entities for confinement of inmates. This standard is not applicable.

Standard 115.13 Supervision and monitoring

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

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

WCSO Policy: Rape Elimination Act (20.213 Part VII, Pg. 6-7) references staffing and supervision policy and serves to support compliance with this standard. The facility does have a staffing plan to facilitate supervision of the inmate population. Staffing is complemented with an extensive surveillance system comprised of 71 cameras. Secondary documentation to support this standard does not include considerations contained within part (a) of this standard. The facility utilizes overtime and / or reassignment to achieve ongoing compliance with minimum staffing levels and therefore has reported no deviations from the established roster. Illinois statutes require comprehensive annual jail inspections. The inspections are inclusive of a staffing review. The most recent inspection report by the Illinois Department of Corrections (pursuant to statute) certifies that the staffing level is adequate. The facility does have policy that requires intermediate or higher level supervisors to conduct unannounced rounds as required by part (d). This auditor confirmed rounds by reviewing video (DVR) files for confirmation of such rounds during each shift. Procedure prohibits staff from alerting other staff members that these rounds are occurring. The agency has exceeded standard requirements by requiring quarterly PREA reviews and has conducted the first review. Auditor observations and informal staff and inmate contacts during tours of the facility support that the security staffing is consistent with the established staffing plan. It was noted that there are some security position vacancies, the Agency is actively working towards filling those vacancies. The facility is currently utilizing overtime to maintain consistent staffing of required security posts. The facility meets this standard.

Standard 115.14 Youthful inmates

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

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

The facility does not house persons under the age of 18. This standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

WCSO Policy: Rape Elimination Act (20.213 Part X, Pg. 8) supports compliance with this standard. Cross-gender searches or cross-gender visual body searches are restricted to exigent circumstances or when performed by medical staff. The policy further prohibits search or physical examination of transgender or intersex inmates for the sole purpose of determining the inmate’s genital status. Policy in reference requires that staff document all such searches referenced in part (c). 20.213 Part F, Pg. 4 addresses privacy concerns as stipulated in part d of this standard. Policy requires that security staff receive training in searches of cross gender, transgender, and intersex inmates as stipulated by the standard. Training records support compliance. There was no identified cross gender, transgender, or intersex inmates confined at the time of audit. Random staff interviews support compliance with this standard. The facility meets this standard.

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

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XI, Pg. 9) provides direction to assure that inmates with disabilities and inmates who are limited English proficient 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. The policy in reference states that Inmates who are limited English proficient, deaf, visually impaired, limited reading skills, shall be provided inmate education in formats that will meet their specific needs. WCSO has entered in to a memorandum of understanding with a Spanish - English interpreter that is consistent with the needs of this standard. WCSO has had the inmate handbook translated to Spanish. Policy further prohibits reliance on inmate interpreters, inmate readers, or other types of inmate assistants 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, or the investigation of the inmate’s allegations. The facility has contracted with both a Spanish interpreter and a sign interpreter to assist in providing necessary information where language barrier or hearing issues are of concern. Specialized staff interviews and random staff interviews support compliance.

Standard 115.17 Hiring and promotion decisions

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

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

WCSO Policy: Rape Elimination Act (20.213 Part VII, Pg. 5-6) addresses hiring and promotion decisions as stipulated by this standard. Part C of the policy is specific for Non-WCSO personnel requiring access to non-public or public areas of the WCSO and also provides requirements as established by PREA. The policy in reference requires that all staff and Non-WCSO personnel requiring access to non-public or public areas of the WCSO receive criminal background checks. Background checks for staff are repeated every 2 years, contractors upon contract renewal. The agency utilizes a pre-employment information packet that, among other things, requires the applicant to affirmatively report any history or concerns stipulated within this standard. Policy requires that an inquiry is sent to all previous employers (of applicant) to ascertain previous misconduct, inclusive of PREA related concerns. Employees applying for promotion are also required to complete the “self-report” form. The self-report form advises the signatory that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Additionally, the form advises that there is a continuing affirmative duty to disclose any misconduct. Contractors who access private areas of the jail or who have contact with inmates are required to have criminal background checks annually. A file review by this auditor supports compliance. The standard background check is via the NCIC data base. Formal interviews with applicable specialized staff support compliance with this standard. The facility meets this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

Construction of the facility was completed in March of 2012 and the facility was operational in April of that year. There have been no substantial modifications to either the physical plant or surveillance system since that time. WCSO Policy: Rape Elimination Act (20.213 Part VIII, Pg. 7) requires that when the WCSO plans any substantial expansions or modifications, how technology may enhance the ability to protect inmates from sexual abuse shall be considered. The facility meets this standard.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

WCSO conducts its own administrative and criminal investigations. In exceptional circumstances the Illinois State Police or Federal Bureau of Investigation may become involved in criminal investigations. While WCSO has a medical presence, it does not provide SANE or SAFE protocols. Heartland Regional Medical Center is a local hospital that has been designated to serve as the primary source of emergency medical treatment. This facility has been designated as a "Treatment Facility" by the Illinois Department of Public Health pursuant to The Sexual Assault Survivor's Treatment Act (410 ILCS 70 / 1et seq.). A review of this designation and statute reflects that protocols and requirements are consistent with all elements of this standard. This auditor did speak to the head of emergency services at Heartland and was advised that the facility does have SANE trained medical staff that are either on duty or on call. The medical facility is working towards having 24 hours (on duty) SANE coverage. I was also advised by the head of emergency services that the hospital works in cooperation with the Women's Center, who will dispatch a victim advocate during both treatment and forensic stages. The Women's Center is a regional rape crisis center that provides services for both men and women. The center provides advocacy services, intervention services, and related assistance as stipulated within this standard. WCSO Policy: Rape Elimination Act (20.213 Part XXI, pg. 19) requires that Inmate victims of sexual abuse are to receive timely access to emergency medical treatment and crisis intervention services at no financial cost to the inmate. Formal Interviews with applicable specialized staff serve to support compliance. The facility meets this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WCSO Policy: Rape Elimination Act (20.213 Part XIX, Pg. 17-18) requires that an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. WCSO does have a protocol for sexual abuse investigations within the jail that speaks to criminal investigations relative to PREA related allegations. This policy requires that the Illinois State Police investigate matters of staff sexually abusing inmates. There were two (2) allegations of sexual abuse (inmate on inmate) investigated this past year. Both investigations were closed as unfounded. There was one (1) allegation of sexual harassment (inmate on inmate) this past year that was substantiated. This auditor reviewed case files and was satisfied with procedural accuracy. A formal interview with a WCSO Investigator served to support compliance with this standard. WCSO does publish its investigative referral protocol on the WCSO web site as stipulated in part b of this standard.

Standard 115.31 Employee training

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XIII, Pg. 9-10) requires that training curriculum be developed and delivered to staff in a manner that satisfies PREA requirements. The facility has developed training curriculum accordingly. The curriculum is adapted from the Moss Group PREA training program and addresses all criteria established by this standard. The training outline is well thought out, is comprehensive, and provides instructors who are knowledgeably in respective subject matter (example: detective trains on evidence preservation). Policy requires annual training. Staff must certify by signature that they have received and understand the training. At the completion of training, staff receive cards (to carry) with a condensed operational protocol for PREA related incidents. Training records reflect compliance with this standard. Random staff interviews reflect a well-trained security staff who have a good working knowledge of their requirements under PREA. The facility meets this standard.

Standard 115.32 Volunteer and contractor training

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XIII, Pg. 9-10) requires that volunteers and contractors be trained in applicable PREA information. The facility has a training curriculum inclusive of zero tolerance policy, WCSO PREA procedures, viewing an information video "PREA, What You Need to Know", and provides them with a card listing their responsibilities under PREA. The training provides a session for contractors and volunteers to ask questions or discuss the subject matter. The training provision for contractors and volunteers

satisfies all elements of this standard. Training records support compliance. Specialized and informal interviews with volunteer and contractual staff support compliance. The facility meets this standard.

Standard 115.33 Inmate education

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XIV, Pg. 10) provides the facility with direction to satisfy inmate education requirements of this standard. The policy addresses the need of inmates who are limited English proficient, deaf, visually impaired, or who have limited reading skills. The policy requires that information be continuously provided via posters, handbooks, and other written formats. Informational PREA posters were observed in living units and high traffic areas during the onsite tour. A handbook (with PREA insert) is issued to each inmate during intake. The insert is inclusive of the facilities zero tolerance policy, reporting information, PREA grievance process, definitions, prohibited acts, and relevant information for persons confined solely for immigration violation. The handbook has been translated into Spanish. Services of both a Spanish Interpreter and sign reader have been arranged where those services are needed. The facility shows an informational video titled “PREA, What You Need to Know” as part of the orientation process. A file review as well as random and informal inmate interviews serves to support compliance with this standard. Formal Specialized staff interviews and informal interviews with staff assigned to the booking area serve to support compliance. The facility meets this standard.

Standard 115.34 Specialized training: Investigations

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XIX, Pg. 17-18) requires that investigations will be conducted by WCSO investigators. The policy stipulates that the investigators will be trained in sexual abuse claims. A file review of training demonstrates that WCSO Investigators are well trained in their area of expertise. Training is inclusive of 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 prosecution referral. A formal interview with a WCSO Investigator reflects an individual who is a professional and is able to effectively communicate his responsibility as it relates to investigation of sexual assault or sexual harassment within a confinement setting. The facility meets this standard.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The facility has one (1) medical personnel on staff. The facility has a memorandum of understanding with one (1) mental health professional. Both individuals have received standard PREA training that other staff or contractors receive. Neither professional is responsible for forensic examinations. Both individuals have received additional onsite training via a power point presentation generated by The National Commission on Correctional Health Care specific to PREA requirements. Training is inclusive of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The medical staff person, who is a registered nurse, also received certified PREA training from Correct Care Solutions in the same subject matter. A formal interview with the medical staff member reflects an individual who is a professional that understands her role as it relates to PREA. The facility meets this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XV, Pg. 11-12) requires risk assessment screening as part of the intake process. Policy prohibits the discipline of inmates for refusing to answer or for not disclosing complete information as specified in part h of this standard. Policy places a time frame on the initial (intake) assessment as specified by the standard. Additionally, the policy requires a re-assessment within 30 days utilizing any new information or as otherwise warranted as provided in part (g) of this standard. There are controls on dissemination of information as required by the standard. All listed screening criteria as specified in part d of this standard are addressed on the screening instrument. The form is objective in that it scores out high risk levels at both ends of the spectrum. A file review reflects that all inmates at the facility have received risk assessments as required by this standard. It is noted that the facility began the assessment process less than a month prior to the onsite audit. At the time of audit all inmates had not been reassessed, but were on schedule. At the time of submission of this report, communications and additional documentation supplied by the facility confirm that all inmates have been reassessed per requirements of this standard. An effective system is in place to continue both the assessment process and reassessment process going forward. While the time frame is of concern for purposes of this audit, the facility has taken actions that would satisfy any corrective action plan I may have recommended. Further mitigating my concerns is the quality of the system that has been put into place and the level of commitment demonstrated by responsible staff during both informal and formal interviews. The facility plans on automating this process in future months which will only serve to enhance the system. The facility meets this standard.

Standard 115.42 Use of screening information

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

- Does Not Meet Standard (requires corrective action)

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

WCSO Policy: Rape Elimination Act (20.213 Part XV, Pg. 11-12) establishes procedure to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive via utilization of information provided by the risk assessment process. The booking officer confers with the PREA Compliance Officer or (in his absence) higher authority if the assessment reflects that an inmate is at high risk of abusing or who is subject to abuse prior to making housing decisions. Individualized decisions are made with respect to the safety of the inmate and / or the safety of other inmates. The process takes into account the inmates own perception of vulnerability. Housing decisions with respect of transgender or intersex inmates is done on a case by case basis with safety, security, and operational considerations in mind. Transgender and intersex inmates are provided the opportunity to shower individually as required by this standard. All provisions of the standard are satisfied by the above referenced policy. Specialized and random staff interviews serve to support compliance. Random inmate interviews support compliance. There were no transgender or intersex inmates confined at the time of audit. The facility meets this standard.

Standard 115.43 Protective custody

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XV, Pg. 11-12) contains provisions required by this standard with regard to placement of inmates at high risk of sexual victimization in segregated housing. Reviews and time frames are consistent with this standard. WCSO policy addresses part b of the standard, which requires that inmates placed in segregated housing as stipulated above shall have access to programs, privileges, education, and work opportunities to the extent possible. Policy requires that such restrictions be documented with a listing of opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. Policy indicates that involuntary segregation shall not ordinarily exceed a period of 30 days, and requires that the facility only use such housing until an alternative means of separation from likely abusers can be arranged as stipulated in section c of the standard. Policy requires that such placement warrants documenting the reasons for concern for the inmate's safety and the reason no other placement can be arranged. Policy requires a 30-day review as required by the standard. Policy and procedure address all requirements stipulated by this standard. Specialized staff interviews reflect compliance with this standard. The facility reports that no inmates have been housed in involuntary segregation as a result of risk assessment. Procedures are in place should such placement be indicated. The facility meets this standard.

Standard 115.51 Inmate reporting

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

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XVI, Pg. 12-13) references multiple ways that inmates might report cases of sexual abuse or sexual harassment, inclusive of language consistent with the standard relative to reporting retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. WCSO does have a linkage agreement with “Women’s Center” which provides a 24-hour toll free hotline. The hotline was tested and did connect to “Women’s Center” during the onsite tour of the facility. This auditor has personally discussed reporting protocol with an executive staff member of that organization and confirmed that mandatory reporting protocols and confidentiality requirements are consistent with stipulations of this PREA standard. Policy does provide information for inmates detained solely for civil immigration purposes to contact consular officials. Policy requires that WCSO staff is required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. This expectation is further supported in the staff training curriculum. Policy requires that staff immediately document any verbal reports. Training curriculum provides multiple options for staff to privately report sexual abuse and sexual harassment of inmates. A file review reflects that two (2) allegations of sexual abuse and one (1) allegation of sexual harassment were properly reported and reviewed by investigative authority. Random and specialized staff interviews serve to support compliance with this standard. The facility meets this standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

The PREA grievance procedure is located in the inmate handbook (Exhaustion of Administrative Remedies, pg. 16). Provisions for time limits, resolution efforts, third party assistance, emergency grievances, and extensions are consistent with requirements of this standard. Inmates do not have to file grievances with staff who is the subject of the complaint, nor will the grievance be advanced to a staff member who is a subject of the complaint. All requirements of the standard are addressed in the procedure. WCSO reports 3 grievances alleging sexual abuse or harassment in the past year. All grievances were handled in a manner consistent with policy. WCSO reports that there have been no emergency grievances filed this past year. The facility provides inmates with a copy of the grievance procedure during intake as part of the inmate handbook. Random and specialized staff interviews serve to support compliance. The facility meets this standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

made aware of an outside victim advocacy and emotional support service via (among other methods) the inmate handbook. The facility has entered into a linkage agreement with The Women's Center, Inc. This rape crisis center provides victim advocacy services and emotional support services related to sexual abuse. Inmates are provided contact information during intake via a handout, in the resident handbook, as well as signage within the facility. Inmate telephones are located in each housing unit. The center has a 24-hour toll free hot-line and the number is posted. Calls to the hotline are not monitored. Random inmate interviews serve to support compliance. The facility meets this standard.

Standard 115.54 Third-party reporting

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XVI, Pg. 12-13) indicates that third party reporting provisions are available on the agency web site. This auditor did check the web site and confirmed that there is a third party reporting mechanism as required by this standard. The facility meets this standard.

Standard 115.61 Staff and agency reporting duties

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XVI, Pg. 12-13) requires that staff report cases of sexual abuse or sexual harassment and such reports will be referred to WCSO investigators. The policy contains language consistent with the standard relative to reporting retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents or retaliation. Confidentiality requirements referenced in part b of the standard are addressed in policy. WCSO does not house inmates under the age of 18. There are no applicable statutes or ordinance regarding vulnerable persons. The facility meets this standard.

Standard 115.62 Agency protection duties

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

- Does Not Meet Standard (requires corrective action)

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

WCSO Policy: Rape Elimination Act (20.213 Part XVII, Pg. 13-15) establishes the requirement that when WCSO staff learn that an inmate is subject to a substantial risk of imminent sexual abuse immediate action will be taken to protect the inmate. WCSO reports no such occurrences this past reporting period. Random and specialized staff interviews support compliance. The facility meets this standard.

Standard 115.63 Reporting to other confinement facilities

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XVII, Pg. 13-15) provides procedure that is compliant with all elements of this standard. WCSO has policy and procedure in place that assures investigation of allegations of sexual abuse that have been reported by former inmates and who reported the abuse subsequent to transfer to another facility. Concomitantly, WCSO shall forward such reports they receive to the sending facility. There have been no reported occurrences of allegations being received or forwarded this past reporting period. Specialized staff interviews reflect compliance. The facility meets this standard.

Standard 115.64 Staff first responder duties

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XVII, Pg. 13-15) establishes first responder protocol that is consistent with all elements of this standard. Security staff and non-security staff are trained accordingly and receive a carry card which lists every step of the protocol for responding to an incident, protecting the victim, preserving the evidence and crime scene, and reporting to proper authority. Random staff interviews and specialized staff interviews support compliance. Training records confirm training is consistent with all element of this standard and that all current staff have received the training. The facility meets this standard.

Standard 115.65 Coordinated response

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XVII, Pg. 13-15) is a localized procedure. Part XVII provides a systematic protocol for facility staff to follow in the event of an incident of sexual abuse. The protocol coordinates the response between responders, medical and mental health, investigators, and facility leadership. Staff have a "carry card" that condenses the response protocol for quick reference. Staff training is inclusive of this protocol. Specialized staff interviews support compliance. The facility meets this standard.

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

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XXIV, Pg. 25) provides language that mirrors the requirements of this standard. A review of negotiated labor agreements does not limit the agency's ability to remove alleged staff sexual abusers from contact with abusers as defined in this standard. The facility meets this standard.

Standard 115.67 Agency protection against retaliation

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XVIII, Pg. 16) establishes procedure for agency protection against retaliation. WCSO has designated staff to monitor for possible retaliation. Policy contains provisions identified in part b of the standard regarding types of protection measures. Protective measures are inclusive of 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. The policy addresses all requirements of part c of the standard relative to the 90-day monitoring period. This time frame can be extended if warranted. The WCSO policy requires periodic status checks of effected inmates as required by part d of the standard. There have been no reported occurrences of retaliation this past reporting period. Specialized staff Interviews with facility leadership and retaliation monitor support compliance with this standard. The facility meets this standard.

Standard 115.68 Post-allegation protective custody

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XV, Pg. 11-12 and 20.213 Part XVIII, Pg. 16) contains language that satisfy procedural elements of this standard. There are no reported cases of inmates alleged to have suffered sexual abuse being placed in involuntary segregation. Procedures are in place and conditions are consistent with standard 115.43 should this option be exercised. Interviews with staff assigned to supervise inmates in segregation and the Chief Jail Administrator both serve to support compliance. There were no inmates housed in segregation that fall under this status. The facility meets this standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XIX, Pg. 17-18) establishes procedure for conducting criminal and administrative agency investigations in a manner consistent with part “a” of this standard. WCSO investigators are responsible for conducting investigations into allegations of sexual abuse and sexual harassment, for all allegations, including third-party and anonymous reports. WCSO investigators have exceptional credentials, inclusive of training in 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 prosecution referral as stipulated in standard 115.43. All other provisions of this standard relative to investigative protocols, evidence management, interrogation, case preparation, referral, polygraph restriction, and retention of documents is satisfied by WCSO policy. Substantiated cases that appear to be criminal will be reviewed by the Williamson County States Attorney’s Office for possible prosecution. There have been no such actions warranted this past reporting period. Formal interviews with a WCSO Investigator and the Facility Administrator support compliance. Review of case files serves to support compliance with this standard. The facility meets this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XIX, Pg.16-17) establishes policy that requires WCSO to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A formal interview with a WCSO Investigator confirms that the stipulation of this standard is satisfied. The facility meets this standard.

Standard 115.73 Reporting to inmates

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XXII Pg. 19-20) establishes procedure for reporting to inmates as stipulated by this standard. Inmates who are the source of the allegation are to be made aware of investigatory findings, regardless of whether the finding is unfounded or unsubstantiated. Ongoing reporting protocols relative to sexual abuse by other inmates or by staff are consistent with all elements of the standard. Verification that the inmate has been notified is to be in writing. It should be noted that there have been two (2) unfounded and (1) substantiated allegation this past reporting period. A file review reflects that one inmate was made aware of the finding (unfounded) as evidenced by documentation and the jail log. There is no evidence that the other two (2) inmates received notification. This auditor was advised that the other two inmates had bonded out prior to the investigations conclusion and were no longer in the custody of the jail. The policy previously stated that such notifications would be noted in the automated jail log. The policy has been updated to require notifications relative to findings be made to the inmate in writing. This procedural change will enhance verification of such notification going forward. All other elements of the standard with regard to notification of the victim regarding status of staff or inmate abusers are procedurally satisfied, but the facility has not had cause to exercise them this past reporting period. Specialized staff interviews serve to support compliance. The facility meets this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

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WCSO Policy: Rape Elimination Act (20.213 Part XX, Pg. 18) requires that staff be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment. WCSO policy requires that termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse as stipulated by part b of this standard. WCSO policy satisfies due process requirements stipulated by part c of the standard. Staff terminations for violation of agency sexual abuse or sexual harassment policies, regardless of employment status, are to be reported to proper legal authority and relevant licensing bodies unless the activity was clearly not criminal. There has been no staff discipline relevant to sexual abuse or sexual harassment this past reporting period. Specialized interviews with executive staff support compliance with this standard. The facility meets this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XX, Pg. 18) establishes procedure that prohibits contractors or volunteers who engage in sexual abuse from contact with inmates. Additionally, the contractor or volunteer will be reported to appropriate legal authority and licensing authority unless the activity was clearly not criminal. There have been no reported allegations of misconduct by volunteers or contractors this past reporting period. Specialized interviews with executive staff support compliance with this standard. The facility meets this standard.

Standard 115.78 Disciplinary sanctions for inmates

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XX, Pg. 18) establishes that inmates who have been found to have engaged in inmate on inmate sexual abuse pursuant to criminal or administrative investigation will be subject to disciplinary sanctions. WCSO policy addresses consideration of sanctions as identified in part b, mental disabilities as identified in part c, therapy interventions as identified in part d, consent as identified in part e. Discipline may be administered on an inmate for making an intentional false report of sexual abuse. The inmate handbook identifies rule violations and the sanctioning process. WCSO reports that there has been no disciplinary action taken against any inmate this past reporting period with regard to sexual abuse violations. Specialized staff interviews serve to support compliance. The facility meets this standard.

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

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XX1, Pg. 19) establishes a requirement that all inmates receive a medical intake screening. If the screening indicates that an inmate has experienced prior sexual victimization a follow-up meeting with medical or mental health practitioner will be scheduled within fourteen (14) days as stipulated by this standard. The Agency has entered in to an MOU with a mental health professional to satisfy this requirement. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be restricted as required by this standard. Part b of the standard is not applicable as WCSO is not classified as a prison. It is noted that facility policy and procedure regarding this requirement was implemented within the past few months. Measures taken by the agency with regard to establishment of procedures, retention of a mental health professional, and staff training are consistent with any corrective action plan this auditor would recommend. The facility has a system in place and is exercising it, as evidenced by three (3) referrals for mental health services since implementation. Specialized interviews with medical staff serves to support compliance. The facility meets this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XX1, Pg. 19) requires that Inmate victims of sexual abuse receive timely access to emergency medical treatment and crisis intervention services at no financial cost to the inmate. If emergency medical service is needed outside of the facility, an outside medical trip shall be set up to take the inmate victim(s) to Heartland Regional Medical Center and/or Herrin Hospital. Heartland Regional Medical Center is a local hospital that has been designated to serve as the primary source of emergency medical treatment. This facility has been designated as a "Treatment Facility" by the Illinois Department of Public Health pursuant to The Sexual Assault Survivor's Treatment Act (410 ILCS 70 / 1et seq.). A review of this designation reflects that protocols and requirements are consistent with all elements of this standard. The hospital works in cooperation with the Women's Center, who will dispatch a victim advocate during both treatment and forensic stages. WCSO reports no incidents requiring emergency medical services or emergency crisis intervention this past reporting period. The specialized interview with medical staff supports the stipulation that medical and mental health services are determined by medical and mental health practitioners according to their professional judgment as defined in part a of the standard. Part c of the standard requires that inmate victims of sexual abuse shall be 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. These requirements are part of the required protocol established by the above reference Illinois statute. WCSO policy indicates that services are offered at no financial cost to the inmate. Specialized staff interviews serve to support compliance. The facility meets this standard.

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

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XX1, Pg. 19) requires that Inmate victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services at no financial cost to the inmate. WCSO policy provides for pregnancy protocol as stipulated in part e of this standard. WCSO policy also satisfies part h of this standard regarding provision of a mental health evaluation of known inmate on inmate abusers. WCSO has entered in to an MOU with a mental health professional to provide such services on site. WCSO Policy part 2, pg. 1 states that: The WCSO shall provide victims of sexual abuse with the same services victims of sexual abuse would have access to in the community. Tests for sexually transmitted infections as identified in part f are required by Illinois Department of Public Health “The Sexual Assault Survivor's Treatment Act (410 ILCS 70 / 1et seq.)” as part of sexual assault treatment protocol provided at Heartland Regional Medical Center. WCSO policy indicates that services are offered at no financial cost to the inmate. Specialized staff interviews serve to support compliance with this standard. There have been no instances of follow up care for sexual assault victims at WCSO, however procedure and resources are in place. The facility meets this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

WCSO has practice in place that is consistent with all elements of this standard. A review was conducted within appropriate time frames subsequent to an allegation. The review was inclusive of a multi-disciplinary approach and addressed all areas of review as stipulated by this standard. All elements of review as indicated in part d of the standard were satisfied. There were no recommendations for improvement. Specialized staff interviews and review of the post incident follow up serve to support compliance. The facility meets this standard.

Standard 115.87 Data collection

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

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

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

WCSO Policy: Rape Elimination Act (20.213 Part XXIII, Pg. 24) requires that accurate, uniform data for every allegation of sexual abuse is collected using a standardized instrument and set of definitions. An SSV-1 form is utilized to collect information relative to claims of sexual abuse. Information collected satisfies information requirements of the DOJ Sexual Assault Survey (SSV-3). WCSO policy requires that it aggregates data annually utilizing all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews and that incident based data include necessary information to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. WCSO has to date not received the survey from DOJ. It should be noted that this is the first year of data collection. WCSO has posted required information on its web site. Specialized staff interviews and review of materials support compliance with this standard. The facility meets this standard.

Standard 115.88 Data review for corrective action

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

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

WCSO has completed its first annual review so there is no comparison of annual statistics. The report satisfies identification of problem area and corrective action taken and has been signed by proper authority. WCSO has placed the report on its agency web site. Specialized staff interviews with executive staff serve to support compliance. The facility meets this standard.

Standard 115.89 Data storage, publication, and destruction

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

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

WCSO has made all aggregate sexual abuse data from the facility available to the public as required by this standard. Such information is absent of personal identifiers. Material utilized in creation of the report is secure. The retention schedule for such material is defined in WCSO Policy: Rape Elimination Act (20.213 Part XXIII, Pg. 24) and is consistent with the requirements of the standard. The facility meets this standard.

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.

Richard McVicar

September 2, 2016

Auditor Signature

Date